

CONCERNS BROCHURE

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THE SIX CORNERSTONES OF FINANCIAL PLANNING

Cash Reserves
Emergency and Opportunity
Income and Expenses

CASH FLOW / DEBT MANAGEMENT

RISK MANAGEMENT

Life Insurance Long Term Care
Disability Insurance Health Insurance

Income Sustainability through
Retirement

RETIREMENT PLANNING

TAX PLANNING

Tax Strategies*

401k
IRA
Roth IRA
Annuities

529
Education
Plans
Employee
Benefits

Mutual
Funds,
stocks,
bonds, etc.

WEALTH ACCUMULATION

ESTATE PLANNING

Generational Wealth Transfer
Wills/Trusts Review*

* First Genesis of Virginia does not provide tax or legal advice. Please consult your tax advisor or attorney for such guidance. LPL Financial Representatives offer access to Trust Services through The Private Trust Company N.A., an affiliate of LPL Financial.

Confidential Personal Information

Thank you for taking an interest in filling out our Concerns Brochure. Kindly fill out the requested information below. **Be sure to save all your changes before closing the document.**

Name (A): _____ Name (B): _____
 Occupation: _____ Occupation: _____
 Date of Birth: _____ Date of Birth: _____
 Email: _____ Email: _____
 Mobile Phone (A): _____ Mobile Phone (B): _____
 Home Phone: _____
 Address: _____
 Do you have dependents? (Y/N): _____ Live with you? (Y/N): _____
 Best days and times for meetings: _____
 How did you find out about us? _____
 Name of referrer: _____

Retirement Concerns

Check the appropriate box:

HOW CONCERNED ARE YOU ABOUT:

	High	Low
Having enough money to enjoy a comfortable retirement?		
Knowing how much income your current retirement programs can provide?		
Knowing if you will run out of money during retirement?		
Knowing how inflation impacts your dollar's buying power during retirement?		
Maximizing available tax benefits on your savings and investments?		
Reducing taxation on your retirement income, either now or in the future?		
Long-term care expenses (yours or your parents) depleting your savings?		

	Yes	No
Do you have a company provided retirement plan?		
Does your spouse have a company provided retirement plan?		
Are you satisfied with your mix of investments and/or returns?		
Do you have a target age for retirement in mind?		
Do you intend to maintain your lifestyle during retirement?		
Have you had a retirement analysis completed recently?		
Are you interested in having a retirement analysis completed?		
Do you have long-term care insurance on yourself or your parents?		

Other Savings Concerns

Check the appropriate box:

HOW CONCERNED ARE YOU ABOUT:	High	Low
Starting additional personal savings programs?		
Paying for your children's education?		
Knowing what college costs are projected to be in the future?		
Saving money to buy a business?		
Accumulating funds for any other special needs?		
Planning for Long Term Care for you and your spouse?		
Planning for Long Term Care for your parents?		
Having Investment Property?		
Having a Vacation/Retirement Home?		
Other:		

Wealth Preservation Concerns

Check the appropriate box:

HOW CONCERNED ARE YOU ABOUT:	High	Low
Having an up-to-date will?		
Learning more about estate conservation tax reduction strategies?		
Knowing how to transfer assets to your heirs without incurring probate delays/costs?		

	Yes	No
Are you expecting an inheritance that concerns you or your spouse?		
Do you have a gifting program in place to reduce the size of your estate?		
Are you making, or do you plan to make any charitable bequests in your will?		
Do you work with a board-certified tax attorney (J.D./LLM)?		

Income Protection Concerns

Check the appropriate box:

HOW CONCERNED ARE YOU ABOUT PROVIDING FUNDS SOURCE TO:	High	Low
Replace you or your spouse's income in the event of death?		
Continue receiving your income in the event of a disability?		
Pay off your mortgage in the event of death?		
Pay for Final Expenses?		

WOULD YOU BE INTERESTED IN HAVING:

	Yes	No
An income protection analysis completed (funds needed in the event of disability)?		
A survivorship income analysis completed (fund needed in the event of death)?		

	Name (A)	Name (B)
Does your company provide group term life insurance?		
Does your company provide a group disability income program?		
Are you familiar with the rules concerning taxation of disability benefits?		
Has a professional reviewed your company provided benefits recently?		

Planning Concerns*

Check the appropriate box.

	Yes	No
Have you completed a financial plan recently?		
Are you interested in having a financial plan completed (updated)?		
Would you pay a fee for a financial plan if your circumstances merited it?		
Does a CPA prepare your income tax return?		
Do you meet with a CPA annually to do income tax planning?		
Do you have a child or a dependent with special needs?		

Confidential Financial Information

Gross Annual Income:

Name (A): \$ _____

Name (B): \$ _____

Total Assets: (Excluding residence)

Under \$50,000	
\$50,000-\$200,000	
\$200,000-\$600,000	
\$600,000-\$1,000,000	
\$1,000,000 & over	

Total Liabilities: (Excluding mortgage)

Under \$50,000	
\$50,000-\$200,000	
\$200,000-\$600,000	
\$600,000-\$1,000,000	
\$1,000,000 & over	

Residence Value: (If owned)

Value: _____

Mortgage: _____

Monthly Payment: _____

Interest Rate: _____

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Insurance Information

Total Life Insurance:

	Name (A)	Name (B)
NONE		
Under \$250,000		
\$250,000-\$500,000		
\$500,000-\$1,000,000		
\$1,000,000 & over		

How was your life insurance protection amount calculated: (Check all that apply)

No formal calculation was used	
An outstanding mortgage balance	
Funds required to replace earnings	
Funds to pay children's educational costs	
Funds to offset anticipated estate taxes	

Present Finance (Check those you currently own)

Term Life Insurance with No Cash Value	
Cash Value Life Insurance	
CDs and/or Money Market Accounts	
College Funding / 529 Plans	
Mutual Funds	
Real Estate (other than residence)	
Annuities	

Stock and Bonds	
US Government Bonds	
IRA - Traditional	
IRA - Roth	
401K / Salary Saving	
Pension / Profit Sharing Plan	
Other	

Do you Currently Own:

Long-term care insurance policy (yourself) _____

Long-term care insurance policy (your parents) _____

Notes

Confidential Business Owner Information

Name of Business: _____

Type of Business (LLC, S-Corp, etc.): _____

Owners:	Name	Percentage
	_____	_____ %
	_____	_____ %
	_____	_____ %
	_____	_____ %
	_____	_____ %

Business Owner

Please rate how important the following concerns are to you.

HOW CONCERNED ARE YOU ABOUT:	High	Low
Business Continuity?		
Key Employee Coverage?		
Employee Benefits Planning?		
Evaluating or beginning a company retirement plan?		
Estimating your startup costs?		
Determining financing needs?		
Protecting Intellectual property rights?		
Notes		

