# Needs Assessment Questionare

NAME: ______________________ SPOUSE: ______________________ DATE: ______________________

DEPENDENTS: ______________ ______________ ______________ ______________ ______________

PREFERRED METHOD OF CONTACT: ○ PHONE: ( ) ______________________ BEST TIME TO CALL: ______________________

○ E-MAIL: ______________________

## What are your top three goals or concerns regarding your financial future?

○ Auto Insurance ○ Homeowners/Renters Insurance ○ Reducing Debt ○ Life Insurance ○ Critical Illness/Long-Term Care Insurance

○ Savings Goal ○ Protecting Your Income ○ Education Planning ○ Retirement Planning ○ Estate Planning ○ Other ______________

## Your risks.

| Are you concerned about: | YES | NO | CURRENT PLAN/COVERAGE | NAME OF CURRENT PROVIDER |
|---|---|---|---|---|
| Having adequate property insurance and protection from a loss? | ○ | ○ | ○ Auto Insurance<br>○ Homeowners /Renters<br>○ Liability | ______________<br>______________<br>______________ |
| Reducing your current debt/paying for unexpected expenses? | ○ | ○ | ○ Refinance<br>○ Home Equity Loan/Line of Credit<br>○ Savings<br>○ Credit Card | ______________<br>______________<br>______________<br>______________ |
| Protecting your loved ones from financial burden if you die or become disabled? | ○ | ○ | ○ Life Insurance<br>○ Disability Insurance | ______________<br>______________ |
| Protecting your assets if you or a loved one needs medical care or long-term care services | ○ | ○ | ○ Critical Illness Insurance<br>○ Long-Term Care Insurance | ______________<br>______________ |

## Your dreams.

| Is it a goal/dream of yours to: | | | | |
|---|---|---|---|---|
| Have money for personal wants/goals [vacation, home ownership, etc.]? | ○ | ○ | ○ Savings<br>○ Mortgage Loan | ______________<br>______________ |
| Pay for education – private school, university? | ○ | ○ | ○ RESP | ______________ |
| Retire when you choose and have enough money? | ○ | ○ | ○ Retirement Plan | ______________ |

## Your legacy.

| | | | |
|---|---|---|---|
| **Do you have a plan in place to distribute your assets following your death?** | ○ | ○ | ○ Will |

What significant events or changes in your life have occurred in the past year or do you expect in the future?

| | When? | | When? |
|---|---|---|---|
| ○ Change in marital status | ______________ | ○ Job change | ______________ |
| ○ Birth/adoption | ______________ | ○ Business owner | ______________ |
| ○ Major purchase [car, home, etc.] | ______________ | ○ Other ______________ | ______________ |
| ○ Move | ______________ | | |

What is your annual household income? $

I understand that during the course of the State Farm Insurances and Financial Review® that I (or my spouse) may provide personal, financial, and/or health information which may be utilized by my State Farm agent (or a successor agent) and by State Farm Mutual Automobile Insurance Company and its affiliates, in in forming me of insurance or other financial products or services available through State Farm. I understand State Farm will not sell my personal information to any third party. I acknowledge that i have been informed about how my personal information may be shared as a result of this Insurance and Financial Review ○ Yes, I agree. ○ No, I do not agree.

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