



FINANCIAL CENTERS OF AMERICA

Life • Health • Retirement • Benefits

Please complete the following information

Full Name:

Date of Birth:

Birth City/State/Country:

Social Security #:

Home Address:

Home Phone #:

Cell Phone #:

Email Address:

Business Address:

Business Phone #:

Occupation/Duties:

Annual Income:

Net Worth:

Driver's License # and Exp. Date:

Company TIN (If needed):

Please list ALL Beneficiary Information

Name(s) & Relationship:

Social Security #(s):

Date of Birth:

Address:

Phone #:

Please answer the following questions if applying for life insurance

Have you flown as a pilot, traveled outside the country or plan to within the next year? Y / N

Have you been convicted of two or more moving violations or motor vehicle related report? Y / N

Have you declared bankruptcy? Y / N If so when? _____

Are you an active member of the military? Y / N

Do you use alcohol? Y / N If yes, amount and frequency: _____

Do you use tobacco? Y / N If yes, amount and frequency: _____

Please list all Physicians seen within the LAST FIVE YEARS. Include the following

<u>Dr Name</u>	<u>Address</u>	<u>Phone</u>	<u>Last Visit Date</u>	<u>Results</u>
-				
-				
-				

Your Height: _____ Your Weight: _____

Health Issues: (include Surgeries and/or Conditions treated by a physician)

List all current medications:

Family History: (Current age and health /OR Age at death and cause)

Father:

Mother:

All Sibling(s):

Please list all in-force insurance (personal and business):

<u>Carrier/Company</u>	<u>Amount</u>	<u>Policy Number</u>	<u>Issue Date</u>	<u>Type</u>
Ex: Lincoln Financial Group	\$250,000	T123456789	03/01/2016	Term

-
-
-

Face Amount Requested (And length of term, if applies)

Please answer the following questions in regards to your Retirement account(s):

<u>Company/Custodian</u>	<u>Tax Status (IRA, SEP, Non-qualified, etc.)</u>	<u>Type of Account (Annuity, Brokerage, etc.)</u>	<u>Estimated Value</u>
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1)

2)

3)

Please include all current statements

After completion, please email to Support@fcoaonline.com.
For any additional questions, feel free to contact us at (407) 679-1599.

Financial Centers of America
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Maitland, FL 32751
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F: (407) 679-3417
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Investment and Financial Planning

1. Do you currently work with a financial advisor/planner? Y / N

If so, how long and how happy are you with the relationship?

2. Years of investment experience (401k, IRAs, stocks, mutual funds, etc.?) _____

3. How would you characterize your risk tolerance (Conservative, Moderate, Aggressive)?

4. What, if any, short term financial goals do you have (within the next 5 years)?

5. What, if any, intermediate term financial goals do you have (5 – 10 years)?

6. How much monthly income (in today's dollars) are you targeting for retirement?

_____ At what age(s) _____

7. Have you checked the government website (www.socialsecurity.gov) to see what

Your estimated social security benefits are projected to be? Y / N

If so, what are those numbers at full retirement age? _____

8. We are currently using an inflation rate of 3-4% to project future expense needs.

Are you comfortable with these numbers? Y / N If not, what is your preference? _____

9. Besides social security, what other retirement income sources do you expect to

Have? This includes pensions, rental income, inheritance, etc. _____

10. How do you see us helping you? _____

Thank you for your time and considering us for your financial planning needs!