



DIAMOND FINANCIAL GROUP
AN OFFICE OF **METLIFE**

2008 Client
Information
Package

Name: _____

Date: _____

Concerns

(1 very low concern)

(9 very high concern)

-----**Low**

High-----

How concerned are you about:

Inflation Hedge	Having your savings and investments keep pace with inflation								
1	2	3	4	5	6	7	8	9	
Tax Advantage	Obtaining all legal and suitable tax benefits								
1	2	3	4	5	6	7	8	9	
Safety	Being sure you do not lose your original investment								
1	2	3	4	5	6	7	8	9	
Liquidity	Ability to quickly convert your investments to cash								
1	2	3	4	5	6	7	8	9	
Current Income	Withdrawing maximum income from your savings & investments this year								
1	2	3	4	5	6	7	8	9	
Family Benefit	Keeping your investment program from being overly complex or difficult for your family to manage in the event of your death								
1	2	3	4	5	6	7	8	9	

Notes:

Education Goals

Number of children who will be attending college? _____

In today's dollars, what will it cost (per child): \$ _____

Number of years in college (per child): _____

Pre-Paid: Yes ___ No ___ 529: Yes ___ No ___ UGMA: Yes ___ No: ___

Pre-Paid: Room & Board ___ Tuition ___ 529 balance: ___ UGMA balance: ___

Notes:

Income

	Client	Spouse
Salary	\$ _____	\$ _____
Bonus	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

Notes:

Monthly Savings

Savings/Money Market Account	\$ _____
College Savings Plan	\$ _____
Brokerage (Stocks/Bonds/Mutual Funds)	\$ _____
Saving Bonds	\$ _____
Retirement Plan A: Type _____	\$ _____
Company Match:	\$ _____
Retirement Plan B: Type _____	\$ _____
Company Match:	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Total Monthly Savings	\$ _____

Notes:

Do you foresee any substantial change in your income over the next two years?

Yes _____ No _____ Explain: _____

Life Insurance

INSURED	COMPANY	FACE AMOUNT	DATE	PREMIUM	TYPE	BENEFICIARY	CASH VALUE

How did you arrive at the amount of life insurance you have? _____

Disability Income Insurance

Long Term	INSURED	COMPANY	ANNUAL PREMIUM	BENEFIT	BENEFIT PERIOD
	Short Term				

Notes:

Long-Term Care Insurance

Insured	Company	Annual Premium	Benefit
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Are you concerned with using your own assets to pay for certain medical expenses in the future? Yes _____ No _____ Explain: _____

Will you be caring for your parents later in life? Yes _____ No _____

Notes:

General Insurance

Policy Type	Policy Name	Annual Premium
Homeowner's	_____	\$ _____
Auto	_____	\$ _____
Medical/Health	_____	\$ _____
Dental	_____	\$ _____
Vision	_____	\$ _____
Liability/Umbrella	_____	\$ _____

Notes:

Retirement

At what age would you and your spouse like to retire? Client: _____ Spouse: _____

Monthly income desired: Client: \$ _____ Spouse: \$ _____

Include social security benefits? Client: _____Y _____N Spouse: _____Y _____N

Age to begin social security income: Client: _____ Spouse: _____

Amount of Social Security Benefit: Client: _____ Spouse: _____

Grouped asset rate of return: _____% Increase need annually by: _____%

Pension and other Direct Income:

Who	Source	Amount	Start Age	PV/FV	Annual ↑
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____

Notes:

Estate

	Client A	Client B	Dated
Do you have a Will?	__Y__N	__Y__N	__/__/__
Do you have a Revocable Trust?	__Y__N	__Y__N	__/__/__
Do you have a Irrevocable Trust?	__Y__N	__Y__N	__/__/__
Do you have an Advanced Healthcare Directive?	__Y__N	__Y__N	__/__/__
Do you have a Durable Power of Attorney?	__Y__N	__Y__N	__/__/__
When did you last update your will?			__/__/__
Have any changes occurred since the last update? Yes_____ No_____			
Explain:_____			

Notes:

Primary Beneficiaries

Name:_____ SSN._____ D.O.B.:_____ %:_____

Name:_____ SSN._____ D.O.B.:_____ %:_____

Contingent Beneficiaries

Name:_____ SSN._____ D.O.B.:_____ %:_____

Name:_____ SSN._____ D.O.B.:_____ %:_____

Client A Signature:_____

Date: __/__/__

Client B Signature:_____

Date: __/__/__



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www.TheDiamondFinancialGroup.com

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