



Church Legacy Ministries

Phone: (904) 940-9555

Email: Admin@YourFamilyBank.org

Church: _____

Phone: _____

Email: _____

Name: M F _____

Desired Retirement Age: _____

Second Name: M F _____

Desired Retirement Age: _____

Number of Children: _____ Ages _____, _____, _____, _____, _____

Resident State: _____.

Birth Date: ___ / ___ / ___

Birth Date: ___ / ___ / ___

Current Concerns

Controlling Spending

Creating your own Family Bank

Eliminating Debt

Wills/Trust

Reducing Taxes

Asset Protection

Providing for children's or grandchildren's education

Estate Planning

Maximizing Savings

Future Expenditures: _____

Real Estate

Personal Residence Information:

Mortgage Payment (P&I only) \$ _____

Outstanding Mortgage \$ _____ Term Remaining _____ years

Interest Rate: _____%

Type of Mortgage (check one & circle applicable term)

Fixed Term (30 year, 15 year, etc.) ARM (5 yr, 7 yr, 10 yr, etc.)

Interest Only

Other Property Owned:

Mortgage Payment (P&I only) \$ _____

Outstanding Mortgage \$ _____ Term Remaining _____ years

Interest Rate: _____%

Type of Mortgage (check one & circle applicable term)

Fixed Term (30 year, 15 year, etc.) ARM (5 yr, 7 yr, 10 yr, etc.)

Interest Only

Debt Related

Please list any outstanding debts other than mortgages

Name	Amount Owed	Interest Rate	Minimum Payment	Actual Payment
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____

Insurance

Life Insurance

General Health: _____

Preferred Standard Non-tobacco: Tobacco:

Permanent or Term

Yearly Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Permanent or Term

Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Life Insurance

General Health: _____

Preferred Standard Non-tobacco: Tobacco:

Permanent or Term

Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Permanent or Term

Premium: \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Income & Expenses

MONTHLY Gross Income Primary

Partner

Wages/Salary	\$ _____		\$ _____
Social Security	\$ _____		\$ _____
Pension	\$ _____		\$ _____
Investment Income	\$ _____		\$ _____
Rental Income	\$ _____		\$ _____
Other Income	\$ _____		\$ _____
Total Income	\$ _____		\$ _____

Desired Retirement Income \$ _____ \$ _____

Do you expect a significant change in cash flow in the near future? Yes No

If yes, please explain: _____

Investment Accounts: Non-Qualified Accounts, Qualified Accounts, Savings Accounts

**List account type IRA, Roth, 401K, 403b, 457, Savings, etc.
 Check the box if the account value, contributions, or both are available**

Financial Institution	Account Type	Account Value	Available?	Monthly Contribution	Available?
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>

Any Asset not listed: _____

