



Financial Needs Analysis

Proper Protection, Debt Freedom, Financial Independence

Prepared for

Your Representative

On a scale of 1 – 10, 10 being the highest, how would you rate your desire to **earn more income** and become **properly protected, debt free and financially independent**?

FNA Process

Customized | Confidential | Complimentary

Step **1**

Answer some basic questions about your current situation and future goals and dreams.

Step **2**

We'll help determine what it will take to achieve your goals and dreams.

Step **3**

We'll help you create and implement your customized financial program.

Congratulations on taking the first step toward Financial Independence!

How did you answer the question on the front page? Primerica believes that if you have the DESIRE to earn more income and become properly protected, debt free and financially independent, then it's POSSIBLE for you to achieve those goals – regardless of income level. We've worked with thousands of families over many years to achieve their goals and we can do the same for you. All it takes is getting started.

By completing this brief questionnaire, your Representative can help you develop your personalized Financial Needs Analysis (FNA). Your FNA will help identify what's leading you toward your financial goals and what's holding you back. By applying our proven strategies, you can begin to move forward with a game plan that ultimately leads to financial independence.

Overcoming Obstacles

In our experience, people don't plan to fail; they just fail to plan and then hope for a financial miracle. Don't let any of the following stand in the way of reaching your financial goals:

- Living day-to-day without a written game plan
- Too much debt
- Having all your eggs in one basket
- Too little knowledge
- Procrastination
- Not having an emergency fund
- Too little insurance (or the wrong kind)
- Overspending
- Not having a will
- Not paying yourself first

YOU can overcome these common mistakes with a little discipline and a detailed financial strategy.

With the help of your customized FNA program, you will begin to set your financial house in order and make steady progress toward your goals. Remember, even if you only make one change at a time, you are still heading toward your ultimate goal of financial independence!

Getting Started

Representative Checklist

Before collecting FNA information be sure to:

- (i) Provide the client(s) with the Privacy Notice appropriate for the client's state of residence and then
- (ii) Have the client(s) sign the "Acknowledgement & Consent" (on page 10 of this booklet). Keep the signed Acknowledgement & Consent in your files.

Helpful items to have on hand

The following items will help minimize the time it takes to collect information when creating your FNA:

- Recent paycheck stubs
- Life insurance policies
- Your checkbook register
- Education savings statements
- Savings & investment account statements
- Financial aid & tuition amounts
- Retirement plan statements
- Mortgage documents
- Company benefit statements
- Loan & credit card statements



Personal Info

Data gathering note... Shaded input fields are available to collect detailed account information.

	Client	Spouse	Home Address	
Name*	<input type="text"/>	<input type="text"/>	Address 1	<input type="text"/>
Gender*	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	Address 2	<input type="text"/>
Birthdate*	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	City	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	State	<input type="text"/>
Cell	<input type="text" value="- -"/>	<input type="text" value="- -"/>	Zip Code	<input type="text"/>
Home	<input type="text" value="- -"/>	<input type="text" value="- -"/>	Best Way To Contact	
Office	<input type="text" value="- -"/>	<input type="text" value="- -"/>	Best Way	<input type="text"/>
Fax	<input type="text" value="- -"/>	<input type="text" value="- -"/>	Best Time	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM

Child Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birthdate*	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

Goals

What statement best describes you?* Saving for retirement Within 5 years of retirement In retirement

Based on your current retirement plan, do you know what age you will be able to retire? Yes No

		Client	Spouse
At what age would you realistically like to retire?*	Normal retirement age	<input type="radio"/> - or -	<input type="radio"/> - or -
	Other retirement age	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
What age would you like to use as your life expectancy?*	Computer estimate	<input type="radio"/> - or -	<input type="radio"/> - or -
	Other age	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

How much monthly household income would you like during retirement?* % - or -
(On average, it's recommended you'll need 80% of your current income)

Monthly goal \$

Income During Retirement?

		Client	Spouse
Will you earn additional income during retirement? (working part time, rental property, etc.)	Monthly amount	<input type="text"/> \$	<input type="text"/> \$
	Starting at age	<input type="text"/>	<input type="text"/>
	Ending at age	<input type="text"/>	<input type="text"/>

Estate to Heirs

		Client	Spouse
Do you want to leave an estate to your heirs (future \$)?	Amount	<input type="text"/> \$	<input type="text"/> \$

Benefits

Social Security

	Client	Spouse
Include Social Security benefits in retirement analysis?	<input type="checkbox"/>	<input type="checkbox"/>

If you chose to include Social Security benefits, select "Computer estimate" or, if you have a retirement benefits estimate from the Social Security Administration, enter that amount as "Other amount" based on your "normal retirement age". If you are currently receiving benefits, enter that amount as "Other amount".

	Client	Spouse
Use Computer estimated -or-	<input type="radio"/>	<input type="radio"/>
Enter an Other amount in today's \$	<input type="radio"/> <input type="text"/> \$	<input type="radio"/> <input type="text"/> \$

Pensions (summary)

Most pension plans are paid as an annuity payment (periodic payments for life or for a definite period of time). If your employer offers a pension plan that provides such a benefit – a "defined-benefit pension plan" – enter the monthly benefit you'll receive at retirement.

	Client	Spouse
If you have a pension, what will the monthly benefit be in today's \$?	<input type="text"/> \$	<input type="text"/> \$

Pension Details (optional)

	Pension Name*	Monthly Benefit*	Today's \$ -or- Future \$*	Start Age*	Benefit COLA ¹	Survivor % ²
Client	<input type="text"/>	<input type="text"/> \$	<input type="radio"/> Today's \$ <input type="radio"/> Future \$	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Spouse	<input type="text"/>	<input type="text"/> \$	<input type="radio"/> Today's \$ <input type="radio"/> Future \$	<input type="text"/>	<input type="text"/> %	<input type="text"/> %

If you have any additional pensions, collect the same information listed above. You can enter up to three pensions per individual within the FNA.
 1. If your pension is adjusted for cost-of-living increases during retirement, enter the annual rate at which you expect your pension to grow.
 2. Enter the percentage of the annual pension benefit your surviving spouse will continue to receive after you die.

Retirement Assets (summary)

How much have you currently saved for retirement?

Client	Spouse	Joint
\$	\$	\$

Are any of these savings from a previous employer?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
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Have you rolled them over to a personal account yet?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
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How much do you contribute monthly?

\$	\$	\$
----	----	----

How much does your employer contribute monthly?

\$	\$
----	----

If you expect other assets to be available at retirement, enter that amount here (Future \$)

\$	\$
----	----

Retirement Asset Details (optional)

Asset Owner*	Asset Name*	Balance*	Monthly Contribution	Company Match	Outstanding Loan?	AUM?	(notes)
		\$	\$	\$	<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"/>	

Tip... AUM? Check if the asset is currently under management with Primerica? If not, use the (notes) field to record when it may be available for management.

Non-Retirement Assets (summary)

How much do you have saved for needs and goals other than retirement?

Client	Spouse	Joint
\$	\$	\$

List checking & savings, stocks, bonds, CDs, mutual funds, etc.

How much do you contribute monthly?

\$	\$	\$
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Non-Retirement Asset Details (optional)

Asset Owner*	Asset Name*	Balance*	Monthly Contribution	AUM?	(notes)
		\$	\$	<input type="checkbox"/>	
		\$	\$	<input type="checkbox"/>	
		\$	\$	<input type="checkbox"/>	
		\$	\$	<input type="checkbox"/>	
		\$	\$	<input type="checkbox"/>	
		\$	\$	<input type="checkbox"/>	
		\$	\$	<input type="checkbox"/>	
		\$	\$	<input type="checkbox"/>	

Tip... AUM? Check if the asset is currently under management with Primerica? If not, use the (notes) field to record when it may be available for management.

Client Income

Gross Income (pre-tax)* Monthly Annually

Other Monthly Income

Social Security (if retired)

Pensions (if retired)

Monthly Income Taxes

Spouse Income

Gross Income (pre-tax)* Monthly Annually

Other Monthly Income

Social Security (if retired)

Pensions (if retired)

Monthly Income Taxes

Client Employment

Employer

Position

Hire Date

Spouse Employment

Employer

Position

Hire Date

Tax Returns?

Do you normally receive a tax refund? Yes No

If yes, how much do you anticipate this year?

Would you like to avoid having too much income tax withheld from your pay? See how much you can add to your paycheck.

Do you get a big tax refund check every year? If so, you could be overpaying on taxes throughout the year.

According to the IRS, 75% of individual taxpayers receive an annual refund - with the amount averaging \$2,800! That's money that could be working for you. Talk to your tax adviser to see if you can reduce your federal tax withholdings without owing taxes at the end of the year. To calculate it yourself, go online to <http://www.irs.gov/Individuals/IRS-Withholding-Calculator>. **Always consult with a tax professional about your personal situation before making any withholding changes that could impact what you might owe.**

Do you want to see how a change in withholdings could impact your financial program? Yes No

1. Average 2018 tax refund according to IRS.gov

Basics

No matter what your personal debt situation is, you can't afford NOT to be in the know.

Do you know your credit score? Yes No

Importance of your Credit Score

When in your adult life did you feel you had control of your credit score? Not your credit – your score. A good credit score can determine a lot of things today – whether you will be approved for credit, what interest rate you get on a loan, the cost of homeowners and car insurance and much more.

Has anyone tried to steal your identity? Yes No Not sure

Do you currently have any debt? Yes No

Do you know when you will be out of debt? Yes No

If I can show you a tool that can help you get a handle on monitoring your credit and allows you to create a plan towards getting out of debt, would you consider it? Yes No

Debts

Enter your current debts and see what your debt payoff date could be and how much interest you could save.

If you have a debt that you pay off each month, you may not want to include it.

1st Mortgage

Debt Name*	Current Balance*	Principal & Interest Pmt*	Additional Principal Pmt?	Interest Rate*	Payment Type*	Include Debt	Accelerate Debt
1. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> ARM	<input type="checkbox"/>	<input type="checkbox"/>
		Monthly Property Taxes	\$ <input type="text"/>		Monthly Homeowners Insurance	\$ <input type="text"/>	
		Monthly Private Mortgage Insurance (PMI)	\$ <input type="text"/>		Home Value	\$ <input type="text"/>	

2nd Mortgage and Consumer Debt

Debt Name*	Current Balance*	Minimum Payment*	Additional Payment?	Interest Rate*	Payment Type*	Include Debt	Accelerate Debt
2. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
5. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
6. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
7. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
8. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
9. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
10. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
11. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
12. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
13. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
14. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>
15. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="radio"/> Fixed <input type="radio"/> Revolving	<input type="checkbox"/>	<input type="checkbox"/>

If you have any additional debt, collect the same information listed above. You can enter up to 30 debts within the FNA.

Basics

What is your most valuable asset?

Your home? Your car? Actually, it's your income.

In the event of your untimely death, your income goes away. A wise life insurance purchase is like buying a substitute for your income which can mean the difference between maintaining the family's current standard of living and financial disaster for those left behind.

Would you say that it's... Unimportant Important Very Important ... to protect you family's financial future if you were to die prematurely?

Do you currently own any life insurance? Yes No

If no, when a responsible family like yours doesn't have any life insurance outside of work or is under insured, it's usually due to one of the following reasons:

Which reason best describes you? Didn't see a need for it Didn't think you could afford it Never got around to it

Existing

Existing Life Insurance (summary)

What is your total life insurance coverage (personal and group)?

Client	Spouse	Children
\$	\$	\$

What are your current monthly premiums?

Client	Spouse	Children
\$	\$	\$

Existing Life Insurance Details (optional)

Company Name*	Person Covered*	Coverage Type* ¹	Coverage Amount*	Monthly Premium*	Policy Number	Issue Date	Cash Value	Replace
			\$	\$		/ /	\$	<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"/>

1. Personal, Employee-Paid Group, or Employer-Paid Group

About Group Coverage

If you have group coverage through work, do you know what happens when you leave your employer? (Generally, you lose it.)

We recommend you don't rely on group insurance for your family's protection in case you change jobs, lose your job, or your company changes benefits.

Doesn't it make sense to own your own program that's portable, you control, and you can take with you no matter where you go?

Yes No

Is the agent who sold you your policy a close friend or relative? Yes No

If I can put together a better program, would you be open to changing? Yes No



Needs

If you were to die prematurely, would you want your family's standard of living to be: Better? Worse? Or at least stay the same?

DIME Method

How much of your current monthly income would you like your spouse and kids to have if you die prematurely? If you have other monthly obligations, such as care for elderly dependents, you may want to consider including that as well. (If no income is earned, enter a desired monthly goal amount.)*

	If Client dies Survivor will need		If Spouse dies You will need
% of income	<input type="text"/> %	- or -	<input type="text"/> %
monthly goal	<input type="text"/> \$		<input type="text"/> \$

How many years do you want to provide that income?*

A specific number of years years

Until youngest child is years old

Until your spouse retires

Until spouse's Social Security benefits begin

Until spouse's life expectancy

Check the items you want to take care of or pay off.

Data pre-populates... If you complete the Debt Resolution and Education sections, the shaded fields will be pre-populated.

Keep in mind... If you choose to pay off your mortgage or consumer debt, your income replacement needs may be less because you won't have these monthly debt payments.

	If Client dies Survivor will need		If Spouse dies You will need
Pay off Mortgage	<input type="checkbox"/> <input type="text"/> \$		<input type="checkbox"/> <input type="text"/> \$
Pay off Consumer Debt	<input type="checkbox"/> <input type="text"/> \$		<input type="checkbox"/> <input type="text"/> \$
Fund Children's Education	<input type="checkbox"/> <input type="text"/> \$		<input type="checkbox"/> <input type="text"/> \$
Funeral Expenses	<input type="checkbox"/> <input type="text"/> \$		<input type="checkbox"/> <input type="text"/> \$

Income Multiple Method (optional)

Most experts recommend 5 to 10 times your annual income for life insurance. How much would you like to plan for your spouse and kids if you died prematurely?*

Client	<input type="text"/> x annual income	Spouse	<input type="text"/> x annual income
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Life Insurance Qualification

Have you used tobacco or nicotine in any form in the last twelve months?	<input type="radio"/> Yes <input type="radio"/> No	Spouse	<input type="radio"/> Yes <input type="radio"/> No
Have you ever had an issue qualifying for life insurance in the past or had any major health issues in the past ten years?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
Has any person named in this application had a parent who died prior to age 65 as a result of cardiovascular illness or cancer?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
Height	<input type="text"/> Ft. <input type="text"/> In.		<input type="text"/> Ft. <input type="text"/> In.
Weight	<input type="text"/> Lbs.		<input type="text"/> Lbs.

If I can put together an affordable Life Insurance program that adequately protects your family and improves upon your current program, will you implement that program today? Yes No



Commitments

Monthly Commitment

How much could you commit toward improving your family's program?

We find that most of our clients can free up \$200 per month. However, there are a fortunate few who can free up \$500 or more. And then there are those who are on a fixed or limited budget who can only free up \$100.

Which category best describes you?

- \$100 per month
- \$200 per month
- \$500 per month
- Other Monthly Amount

Can you commit to this amount?

- Yes
- No

What three expenses could you avoid or reduce without decreasing your quality of life?

For example, assume you purchase three sodas per day from the vending machine at work. Each soda costs \$1.00. That equals \$3 per day, \$15 per week, or \$60 per month!

Other Commitments

1. Your Program: If we can put together a program that helps you reach your short-term (insurance and getting out of debt) and long-term (savings) goals, is there any reason why you would not go ahead and begin implementing the program on our next appointment? Yes No

2. Referrals: Assuming you feel good about what we do for you, is there any reason you wouldn't recommend 10 or more people like yourselves who should hear about the program? We will mention that we have been helping you with your financial needs. Of course, they would make up their own minds. *(Referral sheets are provided at the end of the FNA questionnaire.)* Yes No

3. Primerica Opportunity:

Are you making enough money every month?

Most everyone is looking for additional income. Unfortunately many families struggle with having enough money to do the things we NEED to do, much less have extra money to do the things we WANT to do. Often times, we get to the end of the money BEFORE we get to the end of the month!

If our analysis identifies a shortfall between your current income and your family's future goals and dreams, is there any reason why you wouldn't consider the Primerica opportunity at least part-time? Yes No

To see the impact additional income could have on your ability to achieve your goals, enter an additional monthly income amount.

4. Follow-up visit scheduled for: Date Time AM PM

5. Business Orientation scheduled for: Date Time AM PM

Acknowledgement & Consent

To ensure that we provide the best possible service to our clients, we ask you, by signing below, to certify that the information you will provide your representative for your Financial Needs Analysis ("FNA") will be accurate and is the information you want us to use. We also want you to understand how the information you provide will be used.

The FNA is designed to assist you in identifying your financial needs and goals so that you can make better decisions in managing your money. Your FNA will be developed based on the information you provide and on certain generally accepted assumptions and reasonable estimates. The FNA is provided to you as a complimentary no-obligation product by Primerica.

The calculations and assumptions are based on your current financial situation and today's economic environment, which are subject to change. We recommend that you review your financial needs and goals periodically to determine if you are making progress, especially when there is a change in jobs, a change in marital status, or an addition to your family. As time passes and your financial situation changes, you should ask your representative to do a new FNA to see how the FNA's suggestions change.

The personal information you provide in preparation of your FNA may also be shared with other Primerica Representatives in your Representative's organization. This may be done in order to offer you products that may be appropriate for you.

I/we are providing this information to you, as my/our representative, and to Primerica and its affiliates, to prepare a Financial Needs Analysis (FNA) in order to assist me/us in identifying financial needs and solutions. I/we understand that the results of this FNA are largely dependent on the information I/we provide.

I/we understand that this FNA is not an application for any financial product. By separate application, I/we may apply for one or more of the products mentioned in the FNA presentation, and be considered under the applicable qualification criteria. I/we understand you may also share this information with other Primerica Representatives to offer me/us products that may be appropriate for me/us.

I/we understand that to avoid a need to provide this information in any subsequent applications, information provided for this FNA can be imported into any Primerica application (including any application to be a Primerica Representative) I/we complete in the future, regardless of the Representative assisting me/us with the application. I/we will be sure that the information imported or otherwise included in an application is current and correct at the time the application is submitted.

I/We certify that the information I/we will provide to you for my FNA will be accurate and complete and is the information I/we want to be used. I/We have received a privacy notice. I/We also hereby consent to and authorize the use of the information by Primerica and its Representatives as described above.

Client's Name (please print name)

X

Client's Signature

Date

Spouse's Name (please print name)

X

Spouse's Signature

Date

Representatives may represent the following affiliated companies: (a) as insurance agents in these jurisdictions: National Benefit Life Insurance Company (Home Office, Long Island City, NY) in New York; and Primerica Life Insurance Company (Executive Offices, Duluth, GA) in all other U.S. jurisdictions; (b) if securities licensed, PFS Investments Inc.; (c) if mortgage licensed, Primerica Mortgage, LLC; (d) Primerica Client Services, Inc. for various other products, as well as (e) Primerica Financial Services, LLC

For use in U.S. (including New York)

Basics
Importance of an Education Savings Account

The cost of a college education is continuing to rise each year. It's a good idea to establish an education savings account as early as possible. The more you save now, the less you will have to come up with in the future. With an education savings account in place, even small monthly contributions have the potential to grow significantly over time.

Would you say that it's... Unimportant Important Very Important ... to save for your child(ren)'s college education?

Are you currently saving for your child(ren)'s education? Yes No

Are all of your current education savings in a tax-deferred education savings account such as a 529 or Coverdell account? Yes No

Needs

Child's Name*	Age When School Starts*	Years In School*	School Name ¹ *	Annual Cost ¹ *	% You Intend To Pay*	Current Savings	Monthly Contributions
1				\$	%	\$	\$
2				\$	%	\$	\$
3				\$	%	\$	\$
4				\$	%	\$	\$
5				\$	%	\$	\$
6				\$	%	\$	\$
7				\$	%	\$	\$
8				\$	%	\$	\$

1. You can use the college cost database in the FNA to find current annual costs for a specific college - or - choose from the national averages listed below.

Average Annual Cost Per Year

	Tuition	Room & Board	Books	Total
Average Two-Year Public Institution	\$4,800	\$7,100	\$1,400	\$13,300
Average Four-Year Public Institution	\$9,700	\$10,600	\$1,300	\$21,600
Average Two-Year Private Institution	\$18,000	\$9,500	\$1,400	\$28,900
Average Four-Year Private Institution	\$31,100	\$11,500	\$1,200	\$43,800

Source: Peterson's Undergraduate Database © 2020



Basics

Importance of setting your goals and crystallizing your dreams.

You cannot hit a target if you don't have one. Goals and dreams must be specific, measurable and dated or they never become real.

You may have to make a tradeoff between spending more now or spending more later. Or a tradeoff between saving more now or borrowing more later.

With savings accounts in place for your goals and dreams, even small monthly contributions have the potential to make your goals and dreams come true.

Have you set some goals or been dreaming about what you would like to have? Yes No

Are you currently saving for your goals and dreams? Yes No

Needs

Goal or Dream Name*	Cost in Today's \$*	Years / Months From Today*	Date Wanted (year/month)*	Current Savings	Monthly Contributions
1 <input type="text"/>	\$ <input type="text"/>	<input type="text"/> <input type="text"/> or	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2 <input type="text"/>	\$ <input type="text"/>	<input type="text"/> <input type="text"/> or	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3 <input type="text"/>	\$ <input type="text"/>	<input type="text"/> <input type="text"/> or	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4 <input type="text"/>	\$ <input type="text"/>	<input type="text"/> <input type="text"/> or	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
5 <input type="text"/>	\$ <input type="text"/>	<input type="text"/> <input type="text"/> or	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
6 <input type="text"/>	\$ <input type="text"/>	<input type="text"/> <input type="text"/> or	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
7 <input type="text"/>	\$ <input type="text"/>	<input type="text"/> <input type="text"/> or	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
8 <input type="text"/>	\$ <input type="text"/>	<input type="text"/> <input type="text"/> or	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>



Emergency Fund

Basics

Before you begin your long-range savings plan...

It's a good idea to establish an Emergency Fund. This is your reserve fund in the event of an unforeseen emergency (like loss of your job or a serious medical problem) or an unexpected expense (like a major household repair).

With an Emergency Fund in place, you're protected against being wiped out financially or being forced to withdraw from your long-term savings.

Do you currently have an Emergency Fund? Yes No

How much do you have saved? \$

How much do you contribute each month? \$

Needs

A Good Rule of Thumb

Set a goal of having 3 months worth of household expenses in your Emergency Fund.

To quickly calculate household expenses, subtract any after-tax savings from your take-home pay. If that's too much, then start with a \$1,000 goal.

How much money would you like to accumulate in your Emergency Fund?* \$

When would you like to achieve this goal?* Years Months



Auto & Home

Supplemental

Do you currently have the right auto and homeowners coverage? Yes No Not sure

Are you paying too much? Yes No Not sure

How much do you spend each month on auto and homeowners coverage? Auto Insurance \$ Homeowners Insurance \$

Have you received a Primerica Secure Premium Quote? (enter that here) Auto Insurance \$ Homeowners Insurance \$

Get a Primerica Secure Quote Today!

Call Now! English: (877) 855-8111
Spanish: (877) 788-8111

Rep Name

Rep's Code Number

Auto Insurance info needed

- All drivers' Social Security numbers
- All Vehicle Identification Numbers (VINs)
- Drivers License for each insured driver
- Declarations page of your existing policy

Homeowner's Insurance info needed

- The year your home was built
- Square footage of your home
- Type of security devices in your home
- Declarations page of your existing policy



Legal Protection

Do you currently have access to affordable legal counseling and services to help protect your family from legal problems? Yes No

Do you have a current will? Yes No

How much do you spend each month on legal expenses? \$

Where is your money going?

The first step in managing your finances is understanding where you are spending your money. Use this Budget Worksheet to get a handle on where you are currently spending your money and identify areas that you could cut in order to reduce your overall expenses.

Please note... shaded input fields can be entered as you work through your budget or can be pre-populated from other sections when the FNA is printed.

	Now	Future		Now	Future
Housing			Leisure		
Rent	\$	\$	Vacations	\$	\$
Home Phone	\$	\$	Hobbies	\$	\$
Mobile Phone	\$	\$	Club Memberships	\$	\$
Cable / Satellite	\$	\$	Restaurants	\$	\$
Electricity / Gas	\$	\$	Movie Theaters / Rentals	\$	\$
Water / Waste Mgmt.	\$	\$	Entertainment	\$	\$
Maintenance & Repair	\$	\$	Books & Magazines	\$	\$
Home Improvements	\$	\$	Other	\$	\$
Household Help	\$	\$			
Lawn Service	\$	\$	Subtotal (e)	\$	\$
Association Dues	\$	\$			
Other	\$	\$	Consumer Debt		
Subtotal (a)	\$	\$	Mortgage	\$	\$
			Other Debt	\$	\$
			Subtotal (f)	\$	\$
Family			Insurance Premiums		
Food & Grocery	\$	\$	Life Insurance	\$	\$
Clothing	\$	\$	Auto Insurance	\$	\$
Medical / Dental / Prescriptions <i>(not covered by insurance)</i>	\$	\$	Homeowners Insurance (include PMI)	\$	\$
Laundry & Dry Cleaning	\$	\$	Health Insurance	\$	\$
Child Care	\$	\$	Long Term Care / Disability	\$	\$
Educational Expenses	\$	\$	Legal Protection	\$	\$
Legal Expenses	\$	\$	Subtotal (g)	\$	\$
Alimony / Child Support	\$	\$	Savings		
Baby Sitters	\$	\$	Retirement	\$	\$
Other	\$	\$	Non-Retirement	\$	\$
Subtotal (b)	\$	\$	Education	\$	\$
			Other Goals & Dreams	\$	\$
Giving			Emergency Fund	\$	\$
Charitable	\$	\$	Subtotal (h)	\$	\$
Non-Charitable	\$	\$	Taxes		
Gifts (birthday, holiday, etc.)	\$	\$	Income Taxes	\$	\$
Other	\$	\$	Property Taxes	\$	\$
Subtotal (c)	\$	\$	Subtotal (i)	\$	\$
Transportation					
Gas & Oil	\$	\$			
Maintenance & Repairs	\$	\$			
Other (travel, etc.)	\$	\$			
Subtotal (d)	\$	\$			

	Now	Future
Total Monthly Income	\$	\$
Total Living Expenses - <i>(a + b + c + d + e)</i>	\$	\$
Total Other Expenses - <i>(f + g + h + i)</i>	\$	\$
Surplus / (Shortfall) =	\$	\$

Introductions List

Assuming you feel good about what we do for you, is there any reason you wouldn't **recommend 10 or more people** like yourselves who should hear about the program? We will mention that we have been helping you with your financial needs.

Of course, they would make up their own minds. Write down everybody you know and everybody who knows and trusts you. Use the memory jogger at the bottom of the page to help you remember people you may have forgotten.

<p>1</p> <p>Client Name <input style="width: 100%;" type="text"/></p> <p>Spouse Name <input style="width: 100%;" type="text"/></p> <p>Address <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 25%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/></p> <p>Home Ph <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> Work Ph <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/></p> <p>Email <input style="width: 100%;" type="text"/></p> <p>Occupation <input style="width: 100%;" type="text"/></p> <p>Relationship <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Age 25-55 <input type="checkbox"/> Married <input type="checkbox"/> Children</p> <p><input type="checkbox"/> Homeowner <input type="checkbox"/> Employed F-T <input type="checkbox"/> Income \$25K +</p>	<p>2</p> <p>Client Name <input style="width: 100%;" type="text"/></p> <p>Spouse Name <input style="width: 100%;" type="text"/></p> <p>Address <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 25%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/></p> <p>Home Ph <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> Work Ph <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/></p> <p>Email <input style="width: 100%;" type="text"/></p> <p>Occupation <input style="width: 100%;" type="text"/></p> <p>Relationship <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Age 25-55 <input type="checkbox"/> Married <input type="checkbox"/> Children</p> <p><input type="checkbox"/> Homeowner <input type="checkbox"/> Employed F-T <input type="checkbox"/> Income \$25K +</p>
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- | | | | |
|---|---|--|---|
| <ul style="list-style-type: none"> • Works With You • Works For You • Ate Lunch With Yesterday • Closest Friend • Brother • Sister • Other Relatives In Vicinity • Who Lives On Your Left • Who Lives On Your Right • Who Lives Across The Street | <ul style="list-style-type: none"> • Needs More Money • Owns Business • Sells Something • Best Salesman • Ambitious • Financially Successful • Recent Job Promotion • In A Business Partnership • Manager • Single Working Person | <ul style="list-style-type: none"> • Church • Large Family • New Baby • Adopted Children • Recent Death • Teacher • Minister • Doctor – Dentist • Working Couple • Golf - Bowl | <ul style="list-style-type: none"> • Bridge Club • Good Traveler • Wealthy Grandparents • Most Enthusiastic • Thrift-Minded • Charity Work • Has Day Off In Week • Works For A Company That Has Poor or No Pension Plan |
|---|---|--|---|

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Client Name

Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
 Homeowner Employed F-T Income \$25K +

8

Client Name

Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
 Homeowner Employed F-T Income \$25K +

9

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Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
 Homeowner Employed F-T Income \$25K +

10

Client Name

Spouse Name

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Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
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Client Name

Spouse Name

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Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
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12

Client Name

Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
 Homeowner Employed F-T Income \$25K +

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Client Name

Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

Relationship

Age 25-55 Married Children
 Homeowner Employed F-T Income \$25K +

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Client Name

Spouse Name

Address

City State Zip Code

Home Ph - - Work Ph - -

Email

Occupation

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