



Income protection analysis worksheet

Fact finder — short questionnaire

Today's date: _____

Client information (client A)

Client name: _____

Gender: _____ Date of birth: _____

Married Single Divorced Widowed

Tabacco use: Yes No

Occupation: _____

W2 Employee 1099 Employee

Underwriting class: _____

State of residence: _____

Number of children: _____

Financial information

Client A annual income: \$ _____

Client B annual income: \$ _____

Other annual income (including bonuses): \$ _____

Total adjusted gross income: \$ _____

Client information (client B)

Client name: _____

Gender: _____ Date of birth: _____

Married Single Divorced Widowed

Tabacco use: Yes No

Occupation: _____

W2 Employee 1099 Employee

Underwriting class: _____

State of residence: _____

Number of children: _____

Other financial advisors

CPA: _____

Attorney: _____

Property & casualty advisor: _____

Investment advisor: _____

Trust advisor: _____

Assets

Asset Name	Client A	Client B	Joint
Miscellaneous (Personal property, boats, cars, jewelry, collectibles, planes, etc.)	\$	\$	\$
Retirement plans (401(k), IRA, pensions, etc.)	\$	\$	\$
Life insurance	\$	\$	\$
Individual disability	\$	\$	\$
Group disability	\$	\$	\$
Long term care insurance	\$	\$	\$
Total assets	\$	\$	\$

Liabilities and Net Worth

Liabilities	Client A	Client B	Joint
Real estate mortgages	\$	\$	\$
Student loans	\$	\$	\$
Auto loans	\$	\$	\$
Other debts	\$	\$	\$
Total Liabilities	\$	\$	\$
Net Worth (Total Assets – Total Liabilities)	\$	\$	\$

Goals

Indicate primary goals you would like to plan for (check all that apply):

- Replace family income
 Provide for mortgage/debt liquidation
 Provide for estate supplement cost & taxes
 Taxes charitable gift insurance plan
 Insure/supplement retirement funds*
 Insure/supplement college fund*
 Provide for special needs planning
 Other: _____

Check if maximum contribution is being made to your Qualified Retirement Plan

*Approximate years until the supplemental funds are needed: _____

Education start: _____ End: _____ Retirement start: _____

Concerns: _____

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