

Confidential Service Review

Prepared for:

This regular review of your financial program, which makes certain that your policy information is accurate and that your financial needs and those of your family are being met, is provided by

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Securities & Investment Advisory Services offered thru the Morris Group, a member of NASD.

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Personal Information
Please review the following for accuracy.

Name: _____ Date: ____/____/____

Age: ____ Birthdate: ____/____/____ Home Phone: _____ Cell Phone: _____

Personal E-Mail: _____

Home Address: _____

Own Rent _____
(City, State and Zip)

Employer: _____

Position: _____

Business Address: _____

Business Phone: _____ Business E-Mail: _____

If Married: Spouse's Name: _____ Age: ____ Birthdate: ____/____/____

Employer: _____

Position: _____

Business Address: _____

Business Phone: _____ Business E-Mail: _____

Children:	Name	Age	Sex
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Professional Advisors

	Name	Phone
Attorney	_____	_____
Accountant	_____	_____
Other	_____	_____

Insurance Information
Please review the following for accuracy and add any coverage not listed.

Life Insurance

Yours:

Company	Death Benefit	Cash Value	Beneficiary
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Total	\$ _____	\$ _____	

Your Spouse's:

Company	Death Benefit	Cash Value	Beneficiary
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Total	\$ _____	\$ _____	

Your Children's:

Insured	Company	Death Benefit	Cash Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
	Total	\$ _____	\$ _____

Disability Insurance

	Company	Income	Duration
Short-Term (Self)	_____	\$ _____ /mo.	_____ months
(Spouse)	_____	\$ _____ /mo.	_____ months
Long-Term (Self)	_____	\$ _____ /mo.	_____ years
(Spouse)	_____	\$ _____ /mo.	_____ years

Medical Insurance

Health	Company	Employer-Provided?
_____	_____	_____

	Company	Income	Duration
Long-Term (Self)	_____	\$ _____ /mo.	_____ months
Care (Spouse)	_____	\$ _____ /mo.	_____ months

Property and Casualty Insurance

	Company	Expiration Date
Homeowners Insurance	_____	_____
Automobile Insurance	_____	_____
Personal Liability Insurance	_____	_____

Investment Information
Please estimate your current investment position.

Investment Portfolio

	Amount	Are you satisfied?	
		Yes	No
Savings and CDs	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Money Market Fund	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Fund(s)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Individual Stocks	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Individual Bonds	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Annuity(ies)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Limited Partnership(s)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Investment Real Estate	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Investment Goals

Estimate of dollars currently available for:

Emergency Fund	\$ _____			
Short-Term Purchase Fund	\$ _____			
Education Fund	\$ _____			
Retirement Fund	\$ _____			
Current Systematic Savings	\$ _____	per week	month	year

Service Needs

	Yes	No
Do you need any information on your insurance or investments?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to repay any life insurance loan?	<input type="checkbox"/>	<input type="checkbox"/>
Are your beneficiaries/trustees correct?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any term insurance to be converted?	<input type="checkbox"/>	<input type="checkbox"/>
Are all family members protected?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want any investment "shifts" to be made?	<input type="checkbox"/>	<input type="checkbox"/>
Should more dollars be committed to systematic savings?	<input type="checkbox"/>	<input type="checkbox"/>

Financial Statement
Please provide an estimate of your current financial position.

Income

Your Annual Income

- Less than \$50,000
- \$50,000 to \$100,000
- \$100,000 to \$250,000
- More than \$250,000

Spouse's Annual Income

-
-
-
-

Assets

	As of ____/____	As of ____/____
Home Value	\$ _____	\$ _____
Investment Portfolio	\$ _____	\$ _____
Life Insurance Cash Value	\$ _____	\$ _____
Retirement Plan(s)	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____
Business Interest(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____

Liabilities

	As of ____/____	As of ____/____
Home Mortgage	\$ _____	\$ _____
Installment Loans	\$ _____	\$ _____
Charge Accounts/Credit Cards	\$ _____	\$ _____
Investment Portfolio Liabilities	\$ _____	\$ _____
Life Insurance Loans	\$ _____	\$ _____
Business Debt(s)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____

Net Worth

Total Assets	\$ _____	\$ _____
Total Liabilities	- _____	- _____
Net Worth	\$ _____	\$ _____

Current Priorities

Please check all items you are interested in discussing.

- | | |
|---|--|
| <input type="checkbox"/> A financial analysis | <input type="checkbox"/> Insurance on my spouse |
| <input type="checkbox"/> Planning for retirement | <input type="checkbox"/> Insurance on my children/grandchildren |
| <input type="checkbox"/> Ways to protect my family's lifestyle | <input type="checkbox"/> Protecting against the costs of long-term health care |
| <input type="checkbox"/> How to pay estate taxes | <input type="checkbox"/> Methods of charitable giving |
| <input type="checkbox"/> Mortgage protection coverage | <input type="checkbox"/> A systematic savings plan |
| <input type="checkbox"/> Insurance on myself | <input type="checkbox"/> Existing policy review |
| <input type="checkbox"/> Converting temporary insurance | <input type="checkbox"/> Tax-favored investments/ annuities |
| <input type="checkbox"/> Ways to protect my income in the event of sickness or accident | <input type="checkbox"/> Other pertinent information: _____ |

Future Plans

Please check all items that may apply within the next two years.

- | | | |
|---|--|---|
| <input type="checkbox"/> New home | <input type="checkbox"/> Bonus | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Change job | <input type="checkbox"/> Salary increase | <input type="checkbox"/> Charitable gifts |
| <input type="checkbox"/> Lose weight | <input type="checkbox"/> Marriage | <input type="checkbox"/> Sell business |
| <input type="checkbox"/> Stop smoking | <input type="checkbox"/> Children | <input type="checkbox"/> Sell property |
| <input type="checkbox"/> Pay off loans | <input type="checkbox"/> Save more | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Start business | <input type="checkbox"/> Retirement | _____ |

Business Owners Only...

Please check any items of interest or concern.

- | | |
|---|---|
| <input type="checkbox"/> Business Continuation Planning | <input type="checkbox"/> Executive Bonus Plans |
| <input type="checkbox"/> Buy/Sell Plans | <input type="checkbox"/> Group Insurance |
| <input type="checkbox"/> Key Employee Insurance | <input type="checkbox"/> Business Overhead Expense Protection |
| <input type="checkbox"/> Disability Income | <input type="checkbox"/> Business Loan Insurance |
| <input type="checkbox"/> Qualified Pension Plans (IRS approved, 401(k), SEPP, etc.) | <input type="checkbox"/> Payroll Savings Plans |
| <input type="checkbox"/> Nonqualified Retirement Plans (No IRS approval required) | <input type="checkbox"/> Other: _____ |
| | _____ |
| | _____ |

Introductions

**Others you feel might benefit from my services,
such as neighbors, co-workers, small business owners, family members...**

Name

Telephone Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Thank you for completing the Confidential Service Review!

NOTES...

The information, general principles and conclusions presented in this report are subject to local, state and federal laws and regulations, court cases and any revisions of same. While every care has been taken in the preparation of this report, neither VSA, L.P. nor The National Underwriter Company is engaged in providing legal, accounting, financial or other professional services. This report should not be used as a substitute for the professional advice of an attorney, accountant, or other qualified professional.

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