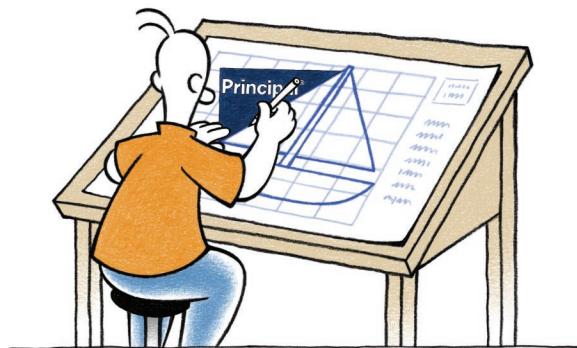


Financial Strategies

Financial Priorities Questionnaire



Financial Strategies

Financial Priorities Questionnaire

Name: _____

Date: _____

Financial objectives

	YES	NO	NOT SURE
1. I have a written statement of my financial objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have developed and implemented a plan to reach my financial objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I participate in a professional annual review of my financial objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have a financial professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Investments and savings

1. I have a planned monthly budget.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I calculate my personal net worth annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I save money regularly and systematically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have adequate savings for emergencies (3-6 months' expenses).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have a systematic savings plan for my child(ren)'s education(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My employer provides an employee retirement plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I understand the level of retirement benefits Social Security will provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have calculated what my annual income needs will be at retirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My existing retirement savings will provide sufficient retirement income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I believe I am paying too much in taxes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I would like to know what financial products are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life insurance

1. Within the last year I have had my life insurance needs analyzed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I understand my family's Social Security benefits in the event of my death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have a life insurance agent who reviews my insurance policies annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am interested in knowing that my life insurance policies are cost effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have adequate life insurance coverage on my dependents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health and disability income insurance

	YES	NO	NOT SURE
1. I am insured under a group or individual medical policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I understand my health insurance benefits and believe they are adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My employer provides income replacement in the event of my disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I own a personal income replacement policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have analyzed and understand my potential income loss if disabled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I understand my Social Security benefits in the event of my disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel I have an adequate disability program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I understand the impact a long-term care need could have on my financial situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estate analysis

1. I have made specific plans through my will for the distribution of my estate at my death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have an up-to-date will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I understand how estate taxes and probate costs will affect my estate at death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the last 24 months, I have had an analysis of what my actual probate, estate taxes and administrative costs would be if I and/or my spouse were to die.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My insurance policies are owned by and premiums paid by my trust in order to avoid estate taxes and probate on the proceeds at my death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anticipated changes next year

- | | | |
|---|---|--|
| <input type="checkbox"/> Start a business | <input type="checkbox"/> Pay off a loan | <input type="checkbox"/> Change employment |
| <input type="checkbox"/> Sell a business | <input type="checkbox"/> Have a child | <input type="checkbox"/> Get married |
| <input type="checkbox"/> Take out a loan | <input type="checkbox"/> Buy a home | <input type="checkbox"/> Other |

Discussion priorities

- Investments/Savings:
 - Budgeting
 - Savings program
 - College education funding
 - Savings ideas
 - Tax savings
 - Retirement needs
- Health insurance Disability insurance
- Life Insurance/Estate Analysis:
 - Life insurance analysis
 - Estate tax analysis
 - Social Security audit
 - Review existing policies
 - Insurance quote
 - Wills



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