Personal Information

Given Name	Middle Name	Family Name	Date of Birth
			DD/MM/ YYYY
Spouse Name	**Middle Name**	**Family Name**	**Date of Birth**

MARATHON
ADMIN SERVICES LIMITED

Address

Flat, Floor Building

Street Address 2

City | State / Province | Country

Address Verification Document | Docs Sighted (Y/N ?)

Passport # | Country | Issued In | Issue Date (MM/DD/YYYY) | Expiry Date (MM/DD/YYYY)

Alternate ID | Country | Issued In | Issue Date (MM/DD/YYYY) | Expiry Date (MM/DD/YYYY)

Contact Information

	Country Code	Local Number
Mobile		
Home		
Work		

Email Address

Alternate Email

WeChat or Alternate

Children /Dependants

	Birth Date
	DD/MM/YYYY
	DD/MM/YYYY
	DD/MM/YYYY
	DD/MM/YYYY

Parents

	Living	
	Y/N	DD/MM/YYYY
	Y/N	DD/MM/YYYY
	Y/N	DD/MM/YYYY
	Y/N	DD/MM/YYYY

Where do you plan to be in 5 years

_____
_____
_____

10 Years,

_____
_____
_____

Do you expect to contribute to the costs of your children's University?

If so what do expect it will cost?

_____

How many years until your expect to retire?

_____

How much will you need in Post retirement income to support Yourself $_____ per month$

How much do you need to save or invest to support this income?

Your Bucket list.

1._____
2._____
3._____
4._____
5._____
6._____
7._____
8._____
9._____
10._____

Cash flow

Partner 1

	Amount	Source
Primary Income		
Alternative		
Interest		
Dividend		
Other		
Sub Total		

Partner 2

	Amount	Source
Primary Income		
Alternative		
Interest		
Dividend		
Other		
Sub Total		
Total Income		

Expenses

Joint Household	Amount	Notes
Housing		
Food		
Utilities		
Entertainment		
Child Care		
Vacation		
Savings		
Insurance		
Investment		
Others		
Sub Total		
Partner 1		Notes
Employment Expense		
Transportation		
Life & Med Insurance		
Personal Spend		
Other		
Sub Total		
Partner 2		Notes
Employment Expense		
Transportation		
Life & Med Insurance		
Personal Spend		
Other		
Sub Total		
Total Expenses		
Income after Expenses		

Assets

Realestate		
Vehicals		
Other Equipment		
Investments		
Total Assets		
Liabilities		Detail
Mortgage		
LOC		
Credit Cards		
Term loans		
Sub Total		
Total Liabilities		
Net Worth		

Cash Needs Upon Demise

1. Final Expenses: The amount needed to cover all final expenses upon your death. This includes funeral $_____

costs, medical expenses, probate fees, etc.

(Current average funeral expenses are about $10.000.)

2. Mortgage: Enter your mortgage balance here, if you intend to pay off your mortgage upon your death. $_____

3. Other Debts: Estimate the amount needed to pay off your debts. Include credit card balances, car $_____

(loans, educational loans, and other outstanding liabilities.)

4. Emergency Fund: The amount you would like to reserve for unforeseen financial needs, such as $_____

(income lost due to work absence, medical expenses, and home/auto repairs.)

5. Education Fund: The total cost of sending your children to college.

The current annual average $_____

(cost of public and private colleges are about $13,000 and $28,000, respectively.)

6. Total Cash for Immediate Needs: Sum of Lines 1 through 5 $_____

Future Income Needs

6. Survivor's Income Replacement Need: Some experts suggest a life insurance policy should pay $_____

7. a benefit equal to 7 to 10 times your annual income. Your need could be higher or lower depending on your situation.

8. Present Value of Future Income Needs:

$_____

Basic Life insurance Questions

Proposed Death Benefit Amount: _____
Type of Coverage Suggested: _____

Life Insurance is about protecting the things that are important to your clients.

When considering life insurance for your client, you must think about their health. It is their health, not their pocketbook, that determines if life insurance makes sense.

Height: _____ Weight: _____ Do you use tobacco products?
Type: _____ In past 12 months? Yes No How much? _____
Have you previously been declined for life insurance?
Yes No Reason for decline: _____
Are you receiving Disability insurance payments? Yes No
Reason for the Disability: _____
Type of Disability Income: _____
Actively working? Yes No If no, please explain? _____
Does the client have any family history (parent, sibling) of death before age 70 due to cardiovascular, cerebral vascular disease, diabetes, or cancer? If yes, please explain:
_____
Has the client had a reckless driving, or DUI/DWI within the last 5 years?
If yes, please explain: _____
Any prior convictions? If so, please explain:_____
_____
Does the client participate in any dangerous activities/avocations (scuba diving, racing, skydiving, etc)? If yes, please explain: _____
_____ _____
Is the client intending to travel to any foreign country? If yes, please explain including length of stay:
_____

Have you ever been diagnosed by a licensed physician as having any of the following conditions? (Tick all that apply)

AIDS/HIV Positive Parkinson's
Disease Peripheral Vascular Disease Alzheimer's Disease
Alcohol Abuse
Rheumatoid Arthritis Cancer (type)
Drug Abuse Sleep Apnea
COPD (emphysema)
Epilepsy (type & date of last)
High Blood Pressure (readings)
Strokes
Cirrhosis High Cholesterol (controlled)
Coronary Artery Disease
Asthma
Heart Attack
Multiple Sclerosis Hepatitis (type)
Aneurysm (location, size,
Crohn's Disease
Irregular Heart Rate/ Palpitations (operated?)
Depression/Anxiety
Kidney Disease/Failure
Organ Transplants (type)
Diabetes (type) Lupus (type)
Cardiovascular Disease

NOTES:

MARATHON
ADMIN SERVICES LIMITED

THE FINANCIAL PLANNERS TOOL KIT

Personal **F**inancial **R**eview

HK INSURANCE VERSION
2024

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