



DATA SHEET

Date:

Associate Name:

Client Name:		Age:	Date of Birth:
Spouse Name:		Age:	Date of Birth:
Address:			
City:	State:	Zip:	Home Phone:
Work Phone:	(CL) Cell Phone:		(SP) Cell Phone:
Email:			
Number of Children:		Children's Ages:	

Do you have a CURRENT Will or Trust?	YES	NO	Have you ever had your identity stolen?	YES	NO
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CLIENT		SPOUSE	
Annual Gross Income: \$	Self-Employed	Annual Gross Income: \$	Self-Employed
Occupation:		Occupation:	
Other Income: \$	Source:	Other Income: \$	Source:
Projected Future Income: \$	Source:	Projected Future Income: \$	Source:

Last Year's Tax Refund Amount:	Federal: \$	State: \$
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Have you changed withholdings recently?	YES	NO	If YES, are you claiming more or fewer deductions?	MORE	FEWER
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CONSUMER DEBT					
	Debt Name	% Finance Charge	Balance Due	Minimum Payment	Actual Payment You Are Making
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
4.			\$	\$	\$
5.			\$	\$	\$
6.			\$	\$	\$
7.			\$	\$	\$
8.			\$	\$	\$
9.			\$	\$	\$
10.			\$	\$	\$
11.			\$	\$	\$
12.			\$	\$	\$
13.			\$	\$	\$

Client Last Name:

PRIMARY RESIDENCE MORTGAGE DETAIL										
1st Mortgage Current Balance: \$			Total MORTGAGE Payment: \$				Principal & Interest Payment ONLY: \$			
Are you making additional principal payments?		YES NO	If YES, how much? \$			How Often?		SPORADICALLY MONTHLY	OTHER	
Interest Rate %:		FIXED	ADJUSTABLE		40 YR.	30 YR.	20 YR.	15 YR.	10 YR.	
Estimated Market Value: \$			Origination Year of Current Mortgage:			PMI?		YES NO	PMI Amount: \$	
2nd Mortgage Current Balance: \$			Total 2nd MORTGAGE Payment: \$				Interest Rate %:			
FIXED		ADJUSTABLE		20 YR.	15 YR.	10 YR.	Interest Only Payments?		YES	NO
How would you rank your credit rating?			EXCELLENT		GOOD		FAIR		POOR	

INSURANCE DETAIL								
Do you have Credit Life on any loans?		YES NO	If YES, list total amount of credit life: \$			<i>NOTE: This is not the same as PMI.</i>		
Do you have Disability Insurance?		YES NO	Monthly Cost: \$		Long-Term	Short-Term	Through Employer	
					If NO, do you have a need for it?		YES	NO
Do you pay for Health Insurance or CHM?			YES	NO	If private insurance, what is the monthly cost: \$			

LIFE INSURANCE POLICIES—TERM						
Coverage For	Insurance Company	Start Year	Monthly Cost	Original Term	Death Benefit	
			\$	Years	\$	Thru Employer Privately Held
			\$	Years	\$	Thru Employer Privately Held
			\$	Years	\$	Thru Employer Privately Held
			\$	Years	\$	Thru Employer Privately Held

LIFE INSURANCE POLICIES—CASH VALUE						
Coverage For	Insurance Company	Start Year	Monthly Cost	Cash Value	Death Benefit	
			\$	\$	\$	Thru Employer Privately Held
			\$	\$	\$	Thru Employer Privately Held
			\$	\$	\$	Thru Employer Privately Held
			\$	\$	\$	Thru Employer Privately Held

Client Last Name:

HEALTH ASSESSMENT							
Have you used a tobacco product in the last 12 months?			Client: YES NO			Spouse: YES NO	
If "YES," what product(s) were used?	Client: CIGARETTES PATCHES		NICOTINE GUM	E-CIGARETTES	CIGARS	OTHER:	
	Spouse: CIGARETTES PATCHES		NICOTINE GUM	E-CIGARETTES	CIGARS	OTHER:	
Do you have any health conditions?			Client: YES NO			Spouse: YES NO	
Name	Condition(s)		Medications			Year Diagnosed	

CELL PHONE		
Cell phone provider:	Number of lines:	Monthly cell phone bill: \$

INVESTMENTS (PICK UP STATEMENTS)			
<i>CD's, Annuities, Savings Accounts, Pension Plans, Savings Bonds, Mutual Funds, Stocks, Old & Current 401(k) or 403(b), etc.</i> If listing a 401(k) or 403(b), please indicate (C) for Current Employer or (F) for Former Employer.			
Investment Name or Type	Account Owner	Total Amount	Monthly Contribution
How much do you have for an emergency cash reserve?		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Does your employer match funds for retirement? YES NO		If "YES" what percentage?	

FINDING FRAGMENTS			
Lump sum assets you have already or might consider liquidating to put towards your plan. <i>(i.e. garage sale profits, items sold on e-bay, motorcycle, etc.)</i>			
Item Description	Estimated Net Value	Estimated Time to Liquidate	Associated Monthly Payment (if applicable)
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Client Last Name:

FINDING FRAGMENTS (CONT.)

Monthly services, dues, subscriptions, and/or other expenses you have already or you might consider temporarily reducing or suspending for a season to put towards your plan. (*i.e. gym membership, cable, personal care, etc.*)

Item Description	Associated Monthly Payment
	\$
	\$
	\$

Do you have a written budget? YES NO

Would you be interested in learning more about an additional potential stream of income? YES NO

If you are serious about getting out of debt or saving money, how much could you put toward that purpose each month? \$

ADDITIONAL NOTES:

FOR ASSOCIATE USE

New Submission	Potential FFG Associate (Please include ASSOC Plan)	Use Life Insurance Illustration Attached
Revised Submission	Provide Standard Life Illustrations (if applicable)	Investment Referral Form Attached
Plan Update	Provide Specific Life Illustration as Specified in Notes	Disclosure Agreement Attached
Associate Email:		Phone Number:
Date:	Associate FFG Code Number:	

FOR OFFICE USE ONLY

Qualified Data Sheet	Date Data Sheet Received:
Not Qualified Data Sheet	Date Returned to Associate:
Date Plan Completed, Uploaded to SF, and Emailed to Associate:	
By:	

CLIENTS HAVE THE RIGHT TO KNOW.

Forward Financial Group (FFG) is committed to keeping any and all personal information collected from potential clients confidential, secure, and private. The information collected is for the purpose of determining whether the creation of a personalized plan to provide a strategy to pay off debt is a viable tool for clients at this juncture of their lives, and if it is, to create the plan. The recommendations made by the FFG Associate are recommendations only, and implementation of them is the sole decision of the client.

WHAT PERSONAL INFORMATION DOES FFG COLLECT?

Most of the personal information FFG collects is obtained directly from the clients. During the appointment, FFG may gather personal information about clients from the following sources.

- Information clients provide on applications, other forms, and during appointments.
- Information third parties provide who may include agencies, other insurers, consumer reporting agencies, or health care providers.

However, FFG collects only the information required as summarized in the first paragraph on this page.

HOW DOES FFG DISCLOSE THE CLIENTS' INFORMATION?

FFG may share clients' personal information with affiliated companies in order to implement the clients' personalized debt-elimination plan.

- FFG may share selected financial information about clients with our affiliated companies in order to better serve the clients and to offer worthwhile products and services. Such disclosures cannot be prevented.
- FFG may disclose the information to other entities that provide business services to FFG related to transactions with the clients. Examples include authorized employees, representatives, and third parties.
- FFG may cooperate with other financial institutions in order to bring additional products and services to the clients' attention. FFG will disclose only financial information that is necessary to such individuals or companies who perform marketing services on FFG's behalf; or to other financial institutions with whom FFG has agreements.
- FFG may disclose information to anyone outside of the business when required by law, (such as to respond to a subpoena, prevent fraud, or to comply with an inquiry by a governmental agency).

Client Copy

WILL SOMEONE BE CONTACTING CLIENTS?

FFG will share clients' information with affiliated companies in order to implement the clients' debt elimination plan provided free of charge by FFG. Those companies may or may not contact the client via telephone to confirm information and gather further information if needed to further assist the clients with their financial plan. A list of those companies is provided below.

- Midland National Life Company (Life Division)
- Legal Shield
- Dan Pilla, Executive Director, Tax Freedom Institute
- Jerry Frisbee, CPA
- Midland National Life Company (Annuity Division)
- Ann Arbor Annuity Exchange
- Allianz
- Great American Insurance Group
- Global Atlantic Financial Group
- Gradient Financial Group
- Athene
- Security Benefit
- Fidelity & Guaranty Life
- Nationwide
- North American Company
- Pacific Life
- JPMorgan Chase Bank, NA
- Realty Solutions, LLC

AUTHORIZATION:		
CLIENT NAME (print)	SIGNATURE	DATE
SPOUSE'S NAME (print)	SIGNATURE	DATE
FFG ASSOCIATE (print)	SIGNATURE	DATE

Client Copy

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SPOUSE'S NAME (print)	SIGNATURE	DATE
FFG ASSOCIATE (print)	SIGNATURE	DATE

Associate Copy