

NAME \_\_\_\_\_

DATE \_\_\_\_\_

# FINANCIAL SNAPSHOT

Name	Birth Date	Marital Status	Name	Birth Date	Marital Status
Phone	Email Address		Phone	Email Address	
Child/Dependent Name	Birth Date		Child/Dependent Name	Birth Date	
Child/Dependent Name	Birth Date		Child/Dependent Name	Birth Date	

INCOME		
Monthly Sources	Person 1 Amount	Person 2 Amount
Earned income		
Social Security		
Pension		
Other		
Eligible for future defined benefit pension income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CASH RESERVES			
Account Type	Owner(s)	Value	Contributions/Month
Checking, savings, money market			

LIFE INSURANCE					
Name(s) of Insured	Beneficiary	Amount	Type(s)	Premium	Cash Value

DISABILITY INCOME INSURANCE			
Name(s) of Insured	Short-Term Monthly Benefit or % of Income	Long-Term Monthly Benefit or % of Income	Type of Contract
			<input type="checkbox"/> Group <input type="checkbox"/> Individual
			<input type="checkbox"/> Group <input type="checkbox"/> Individual

LONG-TERM CARE INSURANCE		
Name(s) of Insured	Benefit Amount	In-Home Care Included
	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

ESTATE AND LEGAL DOCUMENTS	
Please check which of these apply to you, and provide the date of the most recent version.	
<input type="checkbox"/> I/We have a will. Date: _____	<input type="checkbox"/> I/We have a durable power of attorney. Date: _____
<input type="checkbox"/> I/We have a trust. Date: _____ Funded? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I/We have an advance medical directive (e.g., living will, do not resuscitate or intubate order). Date: _____
<input type="checkbox"/> I/We have a guardianship established for dependents. Date: _____	

BRIEF FINANCIAL STATEMENT					
Tax-Deferred Accounts <sup>1</sup>	Person 1 Value	Person 2 Value	Person 1 Contributions/Month	Person 2 Contributions/Month	Purpose/Notes
Current employer plans <sup>2</sup>					
Previous employer plans					
IRAs, SEPs, SIMPLEs					
Annuities					
Tax-Free Accounts <sup>3</sup>	Person 1 Value	Person 2 Value	Person 1 Contributions/Month	Person 2 Contributions/Month	
Roth IRAs					
Roth employer plans					
Municipal bonds					
529s/Coverdells					
Taxable Accounts <sup>4</sup>	Owner(s)	Value	Person 1 Contributions/Month	Person 2 Contributions/Month	
Certificates of deposit					
Mutual funds					
Stocks					
Bonds					
Other Assets	Owner(s)	Value	Person 1 Contributions/Month	Person 2 Contributions/Month	
Residence			N/A	N/A	
Other					
Liability Types	Owner	Debt Amount	Payment/Month	Rate and Duration	
Mortgage					
Vehicles					
Credit cards					
Student loans					
Other					
OTHER FINANCIAL PROFESSIONALS YOU WORK WITH:					

<sup>1</sup>Fully taxable when withdrawn, subject to 10% IRS penalty prior to age 59½; may incur surrender charges.

<sup>2</sup>Employer plans include 401(k), 403(b), 401(a) and 457 plans.

<sup>3</sup>Potentially federal tax-free income.

<sup>4</sup>Interest, dividends and capital gains are subject to taxation when they are realized.



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