

# Personal Perspective



An overview of your estate, economic, risk management and insurance planning – from your point of view.

***Confidential for:***

Name: \_\_\_\_\_

Date: \_\_\_\_\_

[www.jpbfincial.net](http://www.jpbfincial.net)



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# The Personal Perspective

The Personal Perspective will accomplish two key objective.

One, the nature of the questions will tell you specifically the type of work that I do.

And two, your responses will tell us both how we should proceed from here.



*Your information is confidential.*

# Personal Data

Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (Res): (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone (Bus): (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Bus Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Spouse DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please select the appropriate boxes below.*

## My/our family includes:

- ☐ No children yet
- ☐ Children under 18
- ☐ Children 18 or over
- ☐ Plans for additional children
- ☐ No plans for children

## My/our assets are worth:

- ☐ More than \$3 Million
- ☐ \$1 Million to \$3 Million
- ☐ \$500,000 to \$999,999
- ☐ \$100,000 to \$499,999
- ☐ Less than \$100,000

## My annual income is:

- ☐ More than \$300,000
- ☐ \$200,000 to \$299,999
- ☐ \$100,000 to \$199, 999
- ☐ \$50,000 to \$99,999
- ☐ Less than \$50,000

## My/our other family income is:

- ☐ More than \$300,000
- ☐ \$200,000 to \$299,999
- ☐ \$100,000 to \$199, 999
- ☐ \$50,000 to \$99,999
- ☐ Less than \$50,000

## I/we own:

- ☐ A home
- ☐ Vacation property
- ☐ Revenue property
- ☐ Farming property
- ☐ Business property

## I/we have:

- ☐ Savings and certificates
- ☐ Stocks and/or bonds
- ☐ Mutual funds
- ☐ Tax-deferred plans
- ☐ Life insurance cash values

Personal Data, continued...

I/we live in:

- ☐ A house
- ☐ An apartment
- ☐ Other \_\_\_\_\_

I am/my spouse is:

- ☐ An employee
- ☐ An executive/manager
- ☐ An owner/partner
- ☐ Other \_\_\_\_\_

My Views

Please check the boxes that reflect your personal views.

A = Essential  
B = Fairly Important  
C = Of Little Value  
D = Not Applicable

	A	B	C	D
1. In my opinion, wills and will planning are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assistance from qualified advisors in planning my estate and financial requirements is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To my spouse, involvement in our financial affairs is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A complete understanding of my financial situation and objectives by my advisors is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If I should ever become disabled, a replacement income would be...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To my spouse, disability income is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Owning adequate personal life insurance is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My spouse considers a good life insurance program to be...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the event of death, paying off all loans and mortgages is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. When I die, for my family to be able to maintain their current standard of living is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. A competent life insurance advisor who is knowledgeable on products and their proper usage is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Saving and accumulating money regularly is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Investments that offer high growth potential is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Investing in the stock market or mutual funds is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. In my investments, a low risk factor is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Long-term retirement income planning is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Estate Organization

*Please check the boxes that reflect your personal views.*

**Y** = Yes

**N** = No

**?** = Not Sure

**X** = Not Applicable

		Y	N	?	X
1.	I am well informed about estate planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I have made specific plans for asset distribution in the event of my death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	My spouse has a full understanding of our estate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	My will is current and consistent with my estate plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	My spouse has a valid, up-to-date will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I have appointed a guardian for my minor children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I have a current list of important personal papers and their location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	My executor is familiar with the contents and location of my will and my estate plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I understand the available government death benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I am clear on my employer death benefit program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I fully understand my life insurance death benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	My life insurance program is consistent with the requirements of my estate plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	All my beneficiary designations are up-to-date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I understand how taxes will be applied to my estate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I know what income my family will receive from the net proceeds of my estate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	My estate has inflation and standard of living provisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I require assistance in organizing my estate plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Economic Development

*Please check the boxes that reflect your personal views.*

**Y** = Yes

**N** = No

**?** = Not Sure

**X** = Not Applicable

		<b>Y</b>	<b>N</b>	<b>?</b>	<b>X</b>
1.	I know what I want to accomplish financially.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I have fully outlined my financial objectives on paper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	My spouse clearly understands our financial situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I am good at managing my income/expense flow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I maintain a current list of my assets and liabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I systematically save and accumulate money for investment opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	My spouse actively participates in our financial affairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I am satisfied with my present rate of savings and investment accumulation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I have projected my retirement income needs and sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I understand how life insurance products integrate with my economic development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	My employer provides an adequate pension plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	My spouse has an adequate pension plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I have a clear understanding of my government retirement benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I know how tax-deferred retirement plans can be used to my advantage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I maximize my tax-deferral contributions each year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I am fully aware of the impact of inflation on my future retirement income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I require assistance in organizing my financial affairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Income Protection

*Please check the boxes that reflect your personal views.*

**Y** = Yes  
**N** = No

**?** = Not Sure  
**X** = Not Applicable

		Y	N	?	X
1.	I know what income I would require if I were unable to work due to an accident or severe illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	In the event of a prolonged disability, I know how long I could survive on my present savings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	My spouse's income is required to meet our present monthly obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	My loan payments are fully covered by disability income protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	My employer provides income replacement coverage if I should become disabled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I fully understand the government's disability benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I have an alternative source of income in the event of an extended disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I own personal disability income insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I understand the definition of "disability" in my program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	The definition of "disability" in my program fully protects me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	My program has an adequate benefit covering the full length of a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I have full coverage for long-term health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I am satisfied with the amount of coverage provided by my disability income protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	My spouse has adequate disability income protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I require assistance in reviewing my disability income program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Insurance Planning

*Please check the boxes that reflect your current insurance coverage.*

### 1. Personal Life Insurance

**Self**   **Spouse**

\$1,000,000 or more

☐
☐

\$500,000 to \$999,999

☐
☐

\$250,000 to \$499,999

☐
☐

\$100,000 to \$249,999

☐
☐

Less than \$100,000

☐
☐



# Insurance Planning, cont.

	Self	Spouse
<b>2. Life Insurance Policies</b>		
Several policies	<input type="checkbox"/>	<input type="checkbox"/>
One or two policies	<input type="checkbox"/>	<input type="checkbox"/>
No policies	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Life Insurance Companies</b>	<input type="checkbox"/>	<input type="checkbox"/>
Several companies	<input type="checkbox"/>	<input type="checkbox"/>
One or two companies	<input type="checkbox"/>	<input type="checkbox"/>
N/a	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Type of Personal Life Insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>
Term insurance	<input type="checkbox"/>	<input type="checkbox"/>
Cash value accumulation	<input type="checkbox"/>	<input type="checkbox"/>
Association, bank or mortgage insurance	<input type="checkbox"/>	<input type="checkbox"/>
Group insurance (at work)	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Last Insurance Needs Analysis</b>	<input type="checkbox"/>	<input type="checkbox"/>
More than three years ago	<input type="checkbox"/>	<input type="checkbox"/>
One to three years ago	<input type="checkbox"/>	<input type="checkbox"/>
Less than a year ago	<input type="checkbox"/>	<input type="checkbox"/>
Have never reviewed needs	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Insurability Status</b>	<input type="checkbox"/>	<input type="checkbox"/>
Have no real medical problems	<input type="checkbox"/>	<input type="checkbox"/>
Have had problems getting coverage	<input type="checkbox"/>	<input type="checkbox"/>
Have have been declined for coverage	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Insurance Planning Advisor</b>	<input type="checkbox"/>	<input type="checkbox"/>
Helps to clearly define needs	<input type="checkbox"/>	<input type="checkbox"/>
Has helped plan a program	<input type="checkbox"/>	<input type="checkbox"/>
Has not been very helpful	<input type="checkbox"/>	<input type="checkbox"/>
I have no current advisor.	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Life Insurance Agent</b>	<input type="checkbox"/>	<input type="checkbox"/>
Clearly explains products	<input type="checkbox"/>	<input type="checkbox"/>
Creates more confusion	<input type="checkbox"/>	<input type="checkbox"/>
Simply sells policies	<input type="checkbox"/>	<input type="checkbox"/>
I do not have a current agent.	<input type="checkbox"/>	<input type="checkbox"/>

# Changes

*In the next year I plan to:*

- |   |   |
|---|---|
| <input type="checkbox"/> Graduate               | <input type="checkbox"/> Pay off a loan         |
| <input type="checkbox"/> Marry                  | <input type="checkbox"/> Save more money        |
| <input type="checkbox"/> Buy a home             | <input type="checkbox"/> Start a financial plan |
| <input type="checkbox"/> Have a child           | <input type="checkbox"/> Purchase property      |
| <input type="checkbox"/> Change employment      | <input type="checkbox"/> Invest more money      |
| <input type="checkbox"/> Receive a promotion    | <input type="checkbox"/> Sell property          |
| <input type="checkbox"/> Start a business       | <input type="checkbox"/> Sell a business        |
| <input type="checkbox"/> Receive an inheritance | <input type="checkbox"/> Retire                 |
| <input type="checkbox"/> Borrow money           | <input type="checkbox"/> Other _____            |

## Other Plans

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## Discussion Priorities

*Please check your areas of concern with the highest priorities.*

### Personal Priorities

- ☐ Personal life insurance
- ☐ Insurance for my spouse
- ☐ Inflation/standard of living update
- ☐ Review of existing coverage
- ☐ Mortgage protection
- ☐ Mortgage disability protection
- ☐ Disability income protection
- ☐ Spousal disability protection
- ☐ Insurance for my children
- ☐ Education plans for my children

### Planning Priorities

- ☐ Saving and accumulation
- ☐ Building personal wealth
- ☐ Personal economic development
- ☐ Personal estate organization
- ☐ Planning for retirement
- ☐ Maximizing pension income
- ☐ Investment priority planning
- ☐ Estate planning
- ☐ Business insurance planning
- ☐ Estate taxation concerns

### Other Issues

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.