

Capital Wealth Management, Inc. Protect and Grow Your Wealth

1. Do you have any financial concerns that keep you awake at night?

2. Are you comfortable with your current amount of debt? Yes No

3. How much credit card debt do you owe?

4. Do you have money left over at the end of every month that you feel you should be saving / investing?
 Yes No If yes, how much?

5. Do you feel that you are adequately covered with enough Life Insurance to protect your family should you die early?

6. Would you like a review of your current benefits, insurance coverages, and financial plans? If so, what is the best way to contact you?

Phone: _____ Email: _____ AM PM

PERSONAL PLANNING

Our financial planners will be glad to help you with any of the items below. Please let us know your interests by checking the applicable boxes:

	Retirement Planning		College Funding
	Investments		Annuities
	Life / Disability Insurance / Long Term Care		

Business Planning

	Retirement Plan Design (401(k), SEP IRA, etc.)		Business Exit Planning
	Owner Benefits (more of company profits in your pocket)		Key Person / Retirement
	Buy / Sell		Employee Benefits