

Individual DI and BOE Fact Finder

Date: _____

Personal

Name: _____ Sex: Male Female
 Date of Birth: _____ Tobacco User: Yes No
 Occupation (including specific duties): _____

 Benefit amount desired: _____ Elimination period desired: _____ Benefit period desired: _____

Self Employed

Gross Business Income: _____
 – Business Expenses: _____
 + Other Earned Income: _____
 Pension Contribution: _____
 Unearned Income Over \$20,000: _____
 Resident State: _____
 State of Employment: _____
 State Cash Sickness: Yes No
 Existing Coverage: LTD STD Sick Pay Individual
 Details of Existing Coverage: _____

Non Self Employed

Salary: _____
 + Bonus: _____
 + Other Earned Income: _____
 Contract State: _____
 Eligible for Social Security: Yes No

Individual financial needs analysis

Expenses

Rent/Mortgage:	\$ _____
Food:	\$ _____
Utilities (water, heat, electricity, phone):	\$ _____
Transportation (car payments, maintenance, repairs, gasoline):	\$ _____
Installment Payments (credit cards, loans, student loans):	\$ _____
Insurance Premiums (life, health, car, medical, home):	\$ _____
Total Monthly Expenses:	\$ _____

Monthly Amount

Income

	Monthly Amount	For How Long?	Elimination Period
Current Disability Benefits (group, individual, association):	\$ _____		
Other Income Sources:	\$ _____		
Other Benefits (Social Security, Workman's Compensation, veteran's compensation, etc.):	\$ _____		
Total Monthly Income:	\$ _____		

Ameritas Life Insurance Corp.
 Ameritas Life Insurance Corp. of New York



Business Overhead Expense financial needs analysis*

Expenses	Monthly Amount
1. Utilities – heat, water, electric and telephone	\$ _____
2. Employees' wages including payroll taxes and contributions for benefits	\$ _____
3. Property and liability insurance	\$ _____
4. Rent, or the greater of scheduled depreciation for tax purposes or scheduled installment payments of principal and interest	\$ _____
5. Taxes on owned business property used in your daily business operation	\$ _____
6. Lease payments, scheduled payments, or if greater, scheduled depreciation for equipment	\$ _____
7. Accounting, billing and collection service fees	\$ _____
8. Business loans/business debts	\$ _____
	(total of all loans)

Loan 1	Purpose of Loan (building, equipment, etc.)	Type of Loan (term, variable rate, etc.)	Amount of Loan	Duration of Loan
Loan 2				
Loan 3	Purpose of Loan (building, equipment, etc.)	Type of Loan (term, variable rate, etc.)	Amount of Loan	Duration of Loan

9. Laundry and maintenance services	\$ _____
10. Other normal and fixed charges acceptable as tax-deductible business overhead expense by the IRS	\$ _____
Total Monthly Business Expenses	\$ _____
(Other BOE Coverage In Force)	\$ _____
Total BOE Coverage Needed	\$ _____

*Expenses for which you are actually responsible.

In approved states, DInamic Foundation (forms 4501NC, 4502GR and 4503NCBOE) is issued by Ameritas Life Insurance Corp. In New York, DInamic Foundation (forms 5501-NC, 5502-GR and 5503NCBOE) is issued by Ameritas Life Insurance Corp. of New York. Policy and riders may vary and may not be available in all states.

This information is provided by Ameritas®, which is a marketing name for subsidiaries of Ameritas Mutual Holding Company, including, but not limited to: Ameritas Life Insurance Corp., 5900 O Street, Lincoln, Nebraska 68510 and Ameritas Life Insurance Corp. of New York, (licensed in New York) 1350 Broadway, Suite 2201, New York, New York 10018. Each company is solely responsible for its own financial condition and contractual obligations. For more information about Ameritas®, visit ameritas.com.

Ameritas® and the bison design are registered service marks of Ameritas Life Insurance Corp. Fulfilling life® is a registered service mark of affiliate Ameritas Holding Company.