

Special Offer

“WINNING THE WAR FOR YOUR FINANCIAL FREEDOM”

Operation Crusader is excited to be able to offer you a FREE session. In order to make our time together effective, please take the time to let me know about your financial situation. This stays confidential and we never ask for any account numbers or social security numbers. All we need is the financial math so that we can help guide you to your destination. Once this form is filled out, you can fax, mail or email it to me. Then we will be able to schedule some time to talk and clear the path for your financial future.

Finances are a major concern for many people. Often times though, it becomes overwhelming and it is easier to not do anything. Operation Crusader does not sell financial products. Our sole mission is to work along side of our families, becoming their personal guide through the maze. Our clients become our family and we become their confidant, friend and a powerful ally and resource. Allow us to show you what we can do for you. Isn't it time that you took the first step?

Contact Information:

Name: _____

Spouse: _____

Address: _____

City: _____ ST: _____ Zip: _____

Email: _____ Phone: _____

When is the best time to contact you? Morning Afternoon Evening

Operation Crusader

170 Si Rode Lane
York Haven, PA 17370

717-266-2374 (P)

877-772-0393 (F)

Bob@operationcrusader.com

“Throughout the process, Bob and Operation Crusader treated us with respect. He helped my husband and I to get on the same page financially. We have established our goals and no longer fight about money. We are truly excited about the future.”

- D.R.



By providing us with this form, you are giving us permission to contact you. We make no claims and can not guarantee that we can help your situation. You also understand that we are not tax advisors, insurance agents or investment professionals. This analysis is to give us a general overview of your financial situation.

Operation Crusader treats your information with the strictest confidence. We do not sell or distribute your name to anyone. This is not a solicitation of any financial prod-

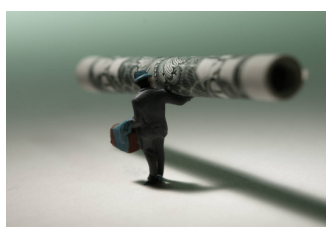
Financial Thoughts and Focus

Your Financial Stresses

Is the majority of your stress related to money? Y N
 Do you argue with your spouse about financial issues? Y N
 Have you ever woke up thinking about financial issues? Y N
 Do you and your spouse work towards a common financial goal? Y N
 Have you ever worried about job loss? Y N
 Do you feel that you will never be out of debt? Y N
 Are you worried about the future (financially speaking)? Y N
 Have you resigned yourself to "it is what it is" thinking? Y N
 Have you ever made a purchase and then felt guilty? Y N
 Do you want your children to have the same financial life that you have now? Y N

Tell Us About Yourself

Are you married? Y N
 Children living at home? Y N
 Working full time? Y N
 Is your spouse? Y N
 Retired? Y N
 Home Owner? Y N
 Have internet access? Y N
 Do you have financial goals? Y N
 Is your Income bigger than your outgo? Y N



"The important thing is not where you are starting from, but that you are starting."

Areas of Concern

	least								to		greatest									
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Debt	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Retirement	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Budgeting	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Credit	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Family relating with Money	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Insurance	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Giving	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Mortgages	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Estate Planning	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Job Loss	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

"The most important thing that you can do to change tomorrow is to make a decision and stick with it."



Your Income

Let's take a look at your income. You may need your paystubs to do this section.

Primary:

Gross Income: \$ _____

Bring Home: \$ _____

Pay Frequency: W BW SM M
(W - Weekly, BW - Every 2 weeks, SM - 2xs per month and M - Monthly)

Are you self employed? Y N
 Do you contribute to a 401K? Y N

Spouse:

Gross Income: \$ _____

Bring Home: \$ _____

Pay Frequency: W BW SM M
(W - Weekly, BW - Every 2 weeks, SM - 2xs per month and M - Monthly)

Are you self employed? Y N
 Do you contribute to a 401K? Y N

Other:

Do you receive bonuses? Y N

How Much? \$ _____
 Frequency: M Q SA A
(M - Monthly, Q - Quarterly, SA - Semi Annual, A - Annual)

How Much? \$ _____
 Frequency: M Q SA A
(M - Monthly, Q - Quarterly, SA - Semi Annual, A - Annual)

Assets

Retirement Balances:

Primary 401K: \$ _____

Spouse 401K: \$ _____

Primary IRA: \$ _____

Spouse IRA: \$ _____

Non-Retirement:

Savings / Checking: \$ _____

CD's: \$ _____

Money Markets \$ _____

Other: \$ _____

Special:

Rental Properties: \$ _____

Collectables: \$ _____

Business: \$ _____

Other: \$ _____

Debt and Expenses

Please fill out the information the best that you can. If you are a renter, please skip the mortgage section.

Mortgage:

Mortgage Company: _____ Value of Home: \$ _____

Rate: _____ % Escrow? Y N Orig. Term of Loan _____ Original Loan Amt: \$ _____

Type of Loan: **F**ixed **A**djustable **B**alloon Remaining Term _____ Current Balance: \$ _____

Total Monthly Payment: \$ _____ Monthly Portion to Escrow: \$ _____ Date Purchased / Refi'd _____

2nd Mortgage: (if there is none, just leave section blank)

Mortgage Company: _____ Original Loan Amount: \$ _____

Loan Type: **I**nstallment **L**ine of Credit Term of Loan: _____ Remaining Balance: \$ _____

Monthly Payment: \$ _____ Remaining Term: _____ If Line of Credit, what Limit: \$ _____

If you rent, what is your monthly rent payment? \$ _____

Extra Monthly Living Expenses:

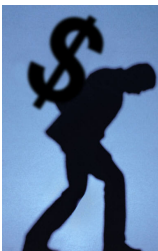
Daycare: \$ _____ Cable: \$ _____

Food: \$ _____ Medical: \$ _____

Electric: \$ _____ Gasoline: \$ _____

Phone: \$ _____ Entertainment: \$ _____

Natural Gas: \$ _____ Insurance: \$ _____



Our passion is helping people discover the key to debt elimination. We show you what the banks and credit card companies don't want you to know and help you approach debt in a whole new way. Pay off the debt sooner, free up money for other things and save a lot of money on interest. You are in control.

"Before we met Bob, we have given up. No matter what we have tried, we never seemed to get anywhere. With Bob's help, we will have our 28 year mortgage and 2 credit cards paid off in just over 10 years. That is without adding any more money. We would recommend Bob to anyone." - T. S.

Try this experiment:

How long each month do you work for the bank?

1. On your mortgage statement, find how much interest you pay each month.
\$ _____

2. Calculate your hourly bring home wage. (This is the amount that you net on your check divided by the number of hours worked. i.e. if your check is \$1,000 for 80 hours of work, you net \$12.50 per hour. Be careful to use the net and not the gross.)
\$ _____

3. Determine how long you work for the bank each month just to pay the interest. (Take the interest amount and divide it by the hourly net rate from step 2)
_____ hrs

General Spending Questions:

Do you often find there is too much month for your money? Y N

Have your tried to eliminate debt in the past? Y N

Have you and your spouse ever fought about debt? Y N

Is debt a major concern for you? Y N

Purchases:

Do you have a procedure for making major purchases? Y N

Do you save and pay cash for what you want? Y N

Are you saving for Christmas / Hanukkah? Y N

Have you ever purchased anything 90 days same as cash? Y N

Emergency Fund:

If you would be fired from your job today, . . .

Could you maintain your lifestyle for 1 month? Y N

Could you maintain your lifestyle for 3 months? Y N

Could you maintain your lifestyle for 6 months? Y N

Other Debts

Installment Debt: (Car Payments, Student Loans, Personal Loans)

Company	Balance Owed	Monthly Payment	Original Term	Remaining Term	Rate
_____	\$ _____	\$ _____	_____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____	_____ %

Revolving Debts: (These are debts that the payment changes depending on the loan balance.)

Company	Balance Owed	Monthly Payment	Rate	Credit Card Type **	Credit Limit
_____	\$ _____	\$ _____	_____ %	_____	\$ _____
_____	\$ _____	\$ _____	_____ %	_____	\$ _____
_____	\$ _____	\$ _____	_____ %	_____	\$ _____
_____	\$ _____	\$ _____	_____ %	_____	\$ _____
_____	\$ _____	\$ _____	_____ %	_____	\$ _____
_____	\$ _____	\$ _____	_____ %	_____	\$ _____
_____	\$ _____	\$ _____	_____ %	_____	\$ _____
_____	\$ _____	\$ _____	_____ %	_____	\$ _____

**** Visa, American Express, MC, Line of Credit**

Other Factors?

How much discretionary income do you have each month? \$ _____

Are there any other issues that would prevent you from debt elimination? Y N

Would you say that your credit is poor, fair, good or excellent? _____

Thank you for filling out the financial analysis form. I am confident that we will be able to help guide you through the financial maze. Most of our clients learned something about themselves and their financial life by filling out this questionnaire. We hope that we can work along side of you to fix the weak areas as well as reinforce the strong ones.