



Monthly income: \$ _____
 Less Taxes (@ 20%): \$ _____
 Monthly after-tax income: \$ _____
 Monthly debt payments: \$ _____
 Monthly debt percentage: _____ %

General Data:

Name: _____ Spouse Name: _____
 Date of Birth: _____ Date of Birth: _____
 Number of Children: _____ Ages: _____
 Number of Grandchildren: _____ Ages: _____
 Do you intend to send your child/children to college? Yes No
 Current Concerns: Debt Elimination Retirement Tax Reduction Increased Savings
 College Planning Legacy/Estate Long-Term Care Health Care Expense

4 Ways to Fail to Meet Financial Goals:

Fail to Get Started; DEBT; Investment Losses; and Death/Disability

Long-Term Debt - 10 Years or More (Mortgage, Student Loans, Personal Loans, etc.):

Personal Residence

Mortgage Payment (P&I Only): \$ _____ Outstanding Balance: \$ _____
 (Taxes): \$ _____ Interest Rate: _____ %
 (Insurance): \$ _____ Mortgage Type: Fixed ARM Interest Only

Other Loans

<u>Debt Name</u>	<u>Amount Owed</u>	<u>Interest Rate</u>	<u>Min. Req'd. Pymt.</u>	<u>Actual Pymt.</u>
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____

Short-Term Debt - Less than 10 Years (Credit Cards, Auto Loans, HELOC, medical bills, etc.):

<u>Debt Name</u>	<u>Amount Owed</u>	<u>Interest Rate</u>	<u>Min. Req'd. Pymt.</u>	<u>Actual Pymt.</u>
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____

Insurance & Benefits:

Your Life Insurance

General Health: _____

Smoker: Yes No

Type: Permanent Term Employer

Premium: \$ _____

Death Benefit: \$ _____

Cash Value: \$ _____

Type: Permanent Term Employer

Premium: \$ _____

Death Benefit: \$ _____

Cash Value: \$ _____

Spouse Life Insurance

General Health: _____

Smoker: Yes No

Type: Permanent Term Employer

Premium: \$ _____

Death Benefit: \$ _____

Cash Value: \$ _____

Type: Permanent Term Employer

Premium: \$ _____

Death Benefit: \$ _____

Cash Value: \$ _____

Health Insurance: Standard Co-Pay High Deductible Health Plan Health Savings Account

Are you contributing to an FSA or HSA? Yes No

Balance: \$ _____

Your Annual Contribution: \$ _____

Employer Annual Contribution: \$ _____

Auto Insurance: Yes No

Homeowner Insurance: Yes No

Disability Insurance: Yes No

Long Term Care Insurance: Yes No

Income:

Monthly Income Type

You

Spouse

Wages / Salary: \$ _____

\$ _____

Social Security: \$ _____

\$ _____

Pension: \$ _____

\$ _____

Rental Income: \$ _____

\$ _____

Other Income: \$ _____

\$ _____

Total Income: \$ _____

\$ _____

Desired Retirement Income: \$ _____

\$ _____

Required Income Projection: \$ _____

\$ _____

Desired Retirement Age: _____

Have you considered cost-of-living, inflation, and increased medical expenses? Yes No

Do you expect a significant income or cash flow change in the near future? Yes No

If "Yes," please explain: Bonus: \$ _____

Tax Refund: \$ _____

Gifts: \$ _____

Inheritance: \$ _____

Other: \$ _____

Accounts (Savings, Checking, 401(k), 403(b), 457, 529, IRA, Roth IRA, UTMA/UGMA, etc.):

<u>Financial Institution</u>	<u>Account Type</u>	<u>Account Value</u>	<u>Monthly Contribution</u>	<u>Available</u>	
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Would you postpone retirement savings if you could eliminate debt sooner and end up with more in retirement? Yes No

Which concerns you more, the growth in your savings or protection against loss of savings?

- Growth Protection against loss

Do you want a retirement plan controlled solely by you or subject to government influence?

- Controlled by me Subject to government influence

Are currently working with a financial advisor? Yes No If so, for how long? _____ years

Miscellaneous Questions:

What significant expenses do you plan on having each year?

- Fall Break Trip: \$ _____ Spring Break: \$ _____
 Summer Vacations: \$ _____ Other Vacations: \$ _____
 Private School Tuition: \$ _____ Travel Sports Fees: \$ _____
 Art, Music, Athletic Lessons: \$ _____ Other: \$ _____

Do you have a Will, Living Will, General Power of Attorney and Healthcare Power of Attorney?

- You: Yes No Spouse: Yes No

Do you own more properties than just your personal residence? Yes No

Notes: