

FINANCIAL PLANNING CHECKLIST

At least one week before your appointment, we will need the information below so we can prepare Preliminary Financial Reports before the meeting.

1. MOST RECENT FEDERAL & STATE TAX RETURNS
2. MOST RECENT PAYSTUBS
3. CURRENT INCOME: (PAGE 3)
4. LIVING EXPENSES: (PAGE 4)
5. FINANCIAL STATEMENT: (PAGE 3)
6. ESTATE DOCUMENTS: WILLS AND TRUSTS
7. CURRENT STATEMENTS: BANK, MUTUAL FUND, BROKERAGE 401(K),
INSURANCE

Feel free to bring any other documents you have that would give us a better picture of your financial position.

If you have estimated social security statements, please bring them.

Make sure to write down your most important questions you would like your financial planner to answer.

We look forward to assisting you with your Financial Planning!

PERSONAL DATA

NAME: _____ DOB _____

NAME: _____ DOB _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: _____

HUSBAND'S EMPLOYER: _____

POSITION: _____

WORK PHONE: _____ YEARS WITH CO.: _____

WIFE'S EMPLOYER: _____

POSITION: _____

WORK PHONE: _____ YEARS WITH CO.: _____

CHILDREN'S INFORMATION

NAME: _____ AGE _____

MARRIED: _____ CHILDREN _____

NAME: _____ AGE _____

MARRIED: _____ CHILDREN _____

NAME: _____ AGE _____

MARRIED: _____ CHILDREN _____

NAME: _____ AGE _____

MARRIED: _____ CHILDREN _____

NAME: _____ AGE _____

MARRIED: _____ CHILDREN _____

NET WORTH STATEMENT

(H) = HUSBAND

(W) = WIFE

ASSETS

LIABILITIES

Checking Accounts	\$	Home Mortgage	\$
Savings Accounts	\$	Term ___ Int. Rate ___ %	
Savings Bonds	\$	Home Equity/2 nd Mort.	\$
Money Market Accounts	\$	Car Loans	\$
Certificates of Deposit	\$	Credit Cards	\$
IRAs (H)	\$	Installment Loans	\$
IRAs (W)	\$	Unpaid Taxes	\$
401(k) (H)	\$	Loans against Life Ins.	\$
401(k) (W)	\$	Other Debts	\$
Roth IRAs (H)	\$	Total Liabilities	\$
Roth IRAs (W)	\$	Total Assets	\$
Pension/Profit-Sharing (H)	\$	Less Liabilities	\$
Pension/Profit-Sharing (W)	\$	NET WORTH	\$

Annuities	\$
Mutual Funds (Non-Retirement)	\$
Bonds (Non-Retirement)	\$
Stocks (Non-Retirement)	\$
Other Securities:	\$
	\$

INCOME STATEMENT

INCOME

	\$	Salary (H)	\$
	\$	Salary (W)	\$
Home	\$	Pension (H)	\$
Other Real Estate	\$	Pension (W)	\$
Automobile(s)	\$	Rental Income	\$
Personal Property	\$	Commissions (H)	\$
Life Insurance Cash Value (Non-death benefits)	\$	Commissions (W)	\$
Money loaned to others	\$	Social Security (H)	\$
Business/Partnership	\$	Social Security (W)	\$
Other Assets:	\$	Other Income Sources:	\$
	\$		\$
	\$		\$
TOTAL ASSETS	\$	TOTAL INCOME	\$

TOTAL LIFE INSURANCE

DEATH BENEFITS:

HUSBAND: _____

WIFE: _____

CONFIDENTIAL LIVING EXPENSES

ITEMIZED EXPENSES	MONTHLY	ANNUALLY	NOTES
Medical Expenses	\$	\$	
Real Estate Tax	\$	\$	
Personal Property Tax	\$	\$	
Charitable Contributions	\$	\$	
Tax Preparation	\$	\$	
Non-Reimbursed Employee Exp.	\$	\$	
Ret. Plan Contributions (H)	\$	\$	
Ret. Plan Contributions (W)	\$	\$	

LIVING EXPENSES

Food and Groceries	\$	\$	
Telephone	\$	\$	
Utilities	\$	\$	
Clothing	\$	\$	
Auto Maintenance	\$	\$	
Gasoline	\$	\$	
Home Maintenance	\$	\$	
Yard Maintenance	\$	\$	
Entertainment	\$	\$	
Dining Out	\$	\$	
Vacation	\$	\$	
Domestic Help	\$	\$	
Gifts/Birthdays	\$	\$	
Household Expenses	\$	\$	
Dues	\$	\$	
Subscriptions	\$	\$	
Cable TV	\$	\$	
Dry Cleaners	\$	\$	
Miscellaneous	\$	\$	

INSURANCE PAYMENTS

Umbrella Insurance	\$	\$	
Life Insurance	\$	\$	
Auto Insurance	\$	\$	
Homeowners Insurance	\$	\$	
Disability Insurance	\$	\$	
Medical Insurance	\$	\$	
Long-Term Care Insurance	\$	\$	

DEBT SERVICE

Mortgage Payment <small>(Principal & Interest Only)</small>	\$	\$	
Other/Home Equity <small>(Payment Amount)</small>	\$	\$	

TOTALS	\$	\$	
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PERSONAL GOALS STATEMENT

Rank the following Financial Goals from 1 to 10 in terms of priority for you ("1" is your highest priority and "10" is your lowest priority).

- Increase my standard of living
- Financial independence by Age/Year: _____/_____
- Increase my Net Worth By _____%
- Reduce my tax burden
- Pay for _____% of college education for my children
- Provide for my family in the event of my (or my spouse's) death
- Buy a house \$_____ Cost \$_____ Down Payment
- Minimize the cost of Probate and Estate taxes
- Control the distribution of assets to my heirs
- Plan for Long-Term Nursing Home care

OTHER GOALS

IF YOU COULD CHANGE TWO THINGS ABOUT YOUR CURRENT FINANCIAL SITUATION, WHAT WOULD YOU CHANGE?

- 1) _____

- 2) _____
