FINANCIAL PLANNING CHECKLIST

Please provide the information below so we can prepare Preliminary Financial Reports a week 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: INVESTMENTS, MUTUAL FUNDS, RETIREMENT PLANS, INSURANCE, ETC.

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:__________________email:_________________

Position:____

Work Phone:_____________________Years with Co.:______________

Wife's Employer:______________________email:_________________

Position:____

Work Phone:_____________________Years with Co.:______________

CHILDREN'S INFORMATION

Name:___________________________________DOB__________

Married:_______Children_______

Name:___________________________________DOB__________

Married:_______Children_______

Name:___________________________________DOB__________

Married:_______Children_______

Name:___________________________________DOB__________

Married:_______Children_______

Name:___________________________________DOB__________

Married:_______Children_______

NET WORTH STATEMENT

(H) =HUSBAND (W) =WIFE

ASSETS

Checking Accounts	$
Savings Accounts	$
Savings Bonds	$
Money Market Accounts	$
Certificates of Deposit	$
IRAs (H)	$
IRAs (W)	$
401(k) (H)	$
401(k) (W)	$
Roth IRAs (H)	$
Roth IRAs (W)	$
Pension/Profit-Sharing (H)	$
Pension/Profit-Sharing (W)	$
Annuities	$
Mutual Funds (Non-Retirement)	$
Bonds (Non-Retirement)	$
Stocks (Non-Retirement)	$
Other Securities:	$
	$
	$
	$
Home	$
Other Real Estate	$
Automobile(s)	$
Personal Property	$
Life Insurance Cash Value (Non-death benefits)	$
Money loaned to others	$
Business/Partnership	$
Other Assets:	$
	$
	$
TOTAL ASSETS	$

LIABILITIES

Home Mortgage Loan Year	
Term____ Int. Rate____%	
Current Mortgage Balance	$
Home Equity/2nd Mort	$
Car Loans Int. Rate____%	$
Credit Cards	$
Installment Loans	$
Unpaid Taxes	$
Other Loans	$
TOTAL LIABILITIES	$

Total Assets	$
Less Liabilities	$
NET WORTH	$

INCOME STATEMENT

INCOME

Salary (H)	$
Salary (W)	$
Pension (H)	$
Pension (W)	$
Rental Income	$
Commissions (H)	$
Commissions (W)	$
Social Security (H)	$
Social Security (W)	$
Other Income Sources:	$
	$
	$
TOTAL INCOME	$

TOTAL LIFE INSURANCE DEATH BENEFITS: HUSBAND:____________________ WIFE:__________________

CONFIDENTIAL LIVING EXPENSES

ITEMIZED EXPENSES/ADJUST.	MONTHLY OR	ANNUAL	NOTES
Charitable Contributions	$	$	
Medical Expenses	$	$	
Non-Reimbursed Employee Exp.	$	$	
Personal Property Tax	$	$	
Real Estate Tax	$	$	
Tax Preparation	$	$	
Ret. Plan Contributions (H)	$	$	
Ret. Plan Contributions (W)	$	$	
LIVING EXPENSES			
Auto Maintenance	$	$	
Cable TV/Internet	$	$	
Clothing	$	$	
Dining Out	$	$	
Domestic Help	$	$	
Dry Cleaners	$	$	
Dues	$	$	
Entertainment	$	$	
Food and Groceries	$	$	
Gasoline	$	$	
Gifts/Birthdays	$	$	
Home Maintenance	$	$	
Household Expenses	$	$	
Miscellaneous	$	$	
Subscriptions	$	$	
Telephone	$	$	
Utilities	$	$	
Vacation	$	$	
Yard Maintenance	$	$	
INSURANCE PAYMENTS			
Auto Insurance	$	$	
Disability Insurance	$	$	
Homeowners Insurance	$	$	
Life Insurance	$	$	
Long-Term Care Insurance	$	$	
Medical Insurance	$	$	
Umbrella Insurance	$	$	
DEBT SERVICE			
Mortgage Payment (Principal & Interest Only)	$	$	
Other/Home Equity (Principal & Interest)	$	$	
Auto Loan (Principal & Interest)	$	$	

TOTALS	$	$

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

____

____

____

What two things about your current financial situation would you change?

1)____

2)____

Risk Tolerance (H) ☐ Low Risk ☐ Moderate Risk ☐ High Risk ☐ Speculation
(W) ☐ Low Risk ☐ Moderate Risk ☐ High Risk ☐ Speculation

Investment Objective (H) ☐ Growth ☐ Income ☐ Growth & Income
(W) ☐ Growth ☐ Income ☐ Growth & Income

How has your wealth been accumulated? (check all that apply):

☐ Gift ☐ Income from Earnings ☐ Inheritance ☐ Investment proceeds
☐ Insurance Proceeds ☐ Legal Settlement ☐ Other: ______________

Is there anything else we should know about you?

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