

FINANCIAL PLANNING CHECKLIST

Please provide the information below so we can prepare Preliminary Financial Reports before your meeting. (There is no charge for the preparation)
FAX 919-800-3222 or drop the information by our office:

1. FINANCIAL STATEMENT: (PAGE 2)
2. CURRENT INCOME: (PAGE 2)
3. RECENT PAYSTUB
4. RECENT TAX RETURN
5. INVESTMENT STATEMENTS
6. ESTATE DOCUMENTS

PERSONAL DATA

Name: _____ DOB _____

Name: _____ DOB _____

Phone Number: _____ email: _____

GOALS

1) _____

2) _____

3) _____

What thing would you like to change about your current financial situation?

NET WORTH STATEMENT

(H) = HUSBAND (W) = WIFE

ASSETS

LIABILITIES

Checking Accounts	\$	Home Mortgage Loan Year	
Savings Accounts	\$	Term___ Int. Rate___%	
Savings Bonds	\$	Current Mortgage Balance	\$
Money Market Accounts	\$	Home Equity/2 nd Mort	\$
Certificates of Deposit	\$	Car Loans Int. Rate___%	\$
IRAs (H)	\$	Credit Cards	\$
IRAs (W)	\$	Installment Loans	\$
401(k) (H)	\$	Unpaid Taxes	\$
401(k) (W)	\$	Other Loans	\$
Roth IRAs (H)	\$	TOTAL LIABILITIES	\$
Roth IRAs (W)	\$	Total Assets	\$
Pension/Profit-Sharing (H)	\$	Less Liabilities	\$
Pension/Profit-Sharing (W)	\$	NET WORTH	\$
Annuities	\$	INCOME STATEMENT	
Mutual Funds (Non-Retirement)	\$		
Bonds (Non-Retirement)	\$		
Stocks (Non-Retirement)	\$		
Other Securities:	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$	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 (ONLY IF RETIRED/ING)

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 <small>(Principal & Interest Only)</small>	\$	\$	
Other/Home Equity <small>(Principal & Interest)</small>	\$	\$	
Auto Loan <small>(Principal & Interest)</small>	\$	\$	
TOTALS	\$	\$	