

# 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 919-980-3007 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 <sup>nd</sup> 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)	\$	<b>TOTAL LIABILITIES</b>	\$
Roth IRAs (W)	\$	Total Assets	\$
Pension/Profit-Sharing (H)	\$	Less Liabilities	\$
Pension/Profit-Sharing (W)	\$	<b>NET WORTH</b>	\$
Annuities	\$	<b>INCOME STATEMENT</b>	
Mutual Funds (Non-Retirement)	\$		
Bonds (Non-Retirement)	\$		
Stocks (Non-Retirement)	\$		
Other Securities:	\$		
	\$		
	\$	<b>INCOME</b>	
	\$	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:	
	\$		\$
	\$		\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL INCOME</b>	<b>\$</b>

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