

Ph: (443) 274-3002 · Fax: (443) 979-8971

service@eiamd.com

FINANCIAL PLANNING WORKSHEET

COMPLETE THIS FORM AND BRING IT WITH YOU TO YOUR FIRST APPOINTMENT ALONG WITH YOUR MOST RECENT RETIREMENT ACCOUNT STATEMENTS (401k, 403b, TSP, IRA, Annuities, etc.), AUTO & HOME DECLARATION PAGES AND SOCIAL SECURITY STATEMENT.

- · Please print and if you are not sure about a question, please leave it blank.
- Please use approximate values round to the nearest thousand.
- · We respect your privacy, all responses are kept confidential.

Approximate monthly household expenses \$

Client Information:				
Name:		Date of Birth: _		
Nickname:				
Mailing Address:				
City:	State:	Zip	:	
Home Phone: () _				
Business Phone: (_) x	Email:		
Occupation:	Employe	er:		
Spouse Information:				
Name:		_ Date of Birth: _		
Nickname:	Email:			
Cell: ()	Busine	ess Phone: ()	X
Occupation:	Employe	r:		<u>-</u>
Estate and Tax Planning As	ssessment			
Do you have a current will?		☐ Yes [□No	
Do you have a living trust?		☐ Yes □	□No	
Do you have a comprehens	ive asset protection plan?	☐ Yes [□No	
Do you have a comprehens	ive long-term care plan?	☐ Yes [□No	
Do you currently work with	a CPA or Tax Advisor?	☐ Yes [□No	
Pensions or Other Stream	s of Income (Including: Social	Security, current emp	oloyment, rentals, etc	·.)
Source	Account Holder	Monthly Amount	Currently Collecting	Survivorship %
		\$		%
		\$		%
		\$		%
		\$		%
		\$		%

Investment advisory services offered through Elite Income Advisors, Inc., a State-Registered Investment Advisor located in Ellicott City, Maryland. Elite Income Advisors, Inc. does not provide legal or accounting advice. Investment Advisor Representatives of Elite Income Advisors, Inc. may only conduct business with residents of the states and jurisdictions in which they are properly registered or exempt from registration requirements. Registration is not an endorsement of the firm by securities regulators and does not mean the advisor has achieved a specific level of skill or ability. All investment strategies have the potential for profit or loss. Annuity guarantees are subject to the financial strength and claims-paying ability of the issuing insurance company. Insurance and annuity products are sold separately through Retirement Planning Services, Inc.



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Banks, Savings & Loans, and Credit Unions (Non-IRA)

Checking/Savings/CDs/Money Markets (Please bring in most recent statement/report)

Name of Institution	Account Type	Maturity Date	Interest Rate	Approximate Balance
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$

IRA Accounts and Other Retirement Accounts (Please bring in most recent statement/report)

Location of Account (Bank, Broker, Employer)	Account Holder	Type of Account (401(k), 403(b), TSP, IRA, etc)	Approximate Market Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$

CLIENT 1: When do you plan to retire?	
CLIENT 2: When do you plan to retire?	

Stocks, Bonds, Mutual Funds & Brokerage Accounts (Please bring in most recent statement/report)

Name of Stock, Bond, Mutual Fund or Brokerage Firm	# of Shares	Approximate Value
		\$
		\$
		\$
		\$
		\$

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Immediate & Fixed Annuities (Please bring in most recent statement/report)

Company	Owner	Interest Rate	Approximate Balance	Date Purchased
		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	

Variable Annuities (Please bring in most recent statement/report)

Company	Owner	Interest Rate	Approximate Balance	Date Purchased
		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	

Personal Residence & Other Real Estate Owned

Property Address	Purchase Price	Approximate Value	Outstanding Mortgage	Net Rental Income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$



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Life Insurance

Company	Name of Insured	Permanent or Term	Cash Value	Death Benefit
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Long Term Care

Company	Name of Insured	Premium Amount	Monthly Benefit
		\$	\$
		\$	\$

Auto/Home/Other Insurance

Company	Name of Insured	Type of Insurance	Renewal Date	Premium Amount
				\$
				\$
				\$
				\$

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