



## 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.

**Client Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Nickname: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
 Business Phone: (\_\_\_\_\_) \_\_\_\_\_ x \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Spouse Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell: (\_\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_ x \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Estate and Tax Planning Assessment**

- Do you have a current will?  Yes  No  
 Do you have a living trust?  Yes  No  
 Do you have a comprehensive asset protection plan?  Yes  No  
 Do you have a comprehensive long-term care plan?  Yes  No  
 Do you currently work with a CPA or Tax Advisor?  Yes  No

**Pensions or Other Streams of Income** (Including: Social Security, current employment, rentals, etc.)

Source	Account Holder	Monthly Amount	Currently Collecting	Survivorship %
		\$		%
		\$		%
		\$		%
		\$		%
		\$		%

Approximate monthly household expenses \$ \_\_\_\_\_



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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
				\$
				\$
				\$
				\$

### Additional Information:

Please list your primary financial concerns in order of importance.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

How would you improve your financial situation if you could? Why?

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Describe your vision of a perfect retirement.

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