

ORGANIZING
YOUR
FINANCIAL **F**UTURE

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PERSONAL FINANCIAL ORGANIZER

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PERSONAL AND FAMILY DATA

“Life would be infinitely happier if we could only be born at the age of eighty and gradually approach eighteen.”

➤ Mark Twain

CLIENT

SPOUSE

First Name, Middle Initial

Last Name

Birth Date

Social Security Number

Retirement Age

Home Address

City, State, Zip

Home Phone Number

Mobile Number

Work Number

E-mail Address



PATRIOT ACT INFORMATION

Mother's Maiden Name

Driver's License Number

Issue Date/Expiration Date

EMPLOYMENT

CLIENT

SPOUSE

Employer

Duties/Title

Work Address

City, State, Zip

(If retired, please state previous employment)

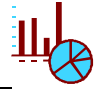
CHILDREN AND OTHER DEPENDENTS (indicate if last name differs from yours)

Name

Date of Birth

**Social Security
Number**

School Grade



RISK TOLERANCE AND INVESTMENT PREFERENCE

Which of the following statements best describes your tolerance for investment risk?

Number the following statements 1 to 4 with 1 being the statement that best describes your personal preference and 4 being the statement that least describes your personal preference.

_____ I prefer only to invest in the safest of investments.

_____ I am interested only in blue chip-large company investments.

_____ An occasional risk is worth the effort for an above-average yield.

_____ I am willing to put everything on the line if the potential reward is large enough.

Listed below are various categories of investments. Indicate if you are familiar with the investment and if you feel comfortable investing in the particular investment product.

	Familiar (yes or no)	Comfortable (yes or no)
Certificates of Deposit	_____	_____
Treasury bills	_____	_____
Stocks	_____	_____
U.S. Government bonds	_____	_____
Corporate bonds	_____	_____
Municipal bonds	_____	_____
Mutual Funds	_____	_____
Real Estate-direct ownership	_____	_____
Real Estate –limited partnerships	_____	_____
Oil and gas	_____	_____
Collectibles	_____	_____
Precious metals	_____	_____
Insurance products	_____	_____
Other (describe)	_____	_____

“A ship in the harbor is safe... that’s not what ships were made for.”



GOALS AND OBJECTIVES

For each of the financial planning goals listed below, circle its value to you.

	<u>CRITICAL</u>	<u>IMPORTANT</u>	<u>OF INTEREST</u>	<u>NO INTEREST</u>
<u>CASH MANAGEMENT AND BUDGETING</u>				
To establish a budget and control expenses	1	2	3	4
To isolate expenses that can be reduced	1	2	3	4
To project cash flow for the next 3 to 5 years	1	2	3	4
<u>INSURANCE AND RISK MANAGEMENT</u>				
To evaluate if current life insurance is adequate and cost effective	1	2	3	4
To evaluate if current disability insurance is adequate and cost effective	1	2	3	4
To evaluate if current asset protection (home, auto, etc.) is adequate and cost effective	1	2	3	4
To evaluate if current medical insurance is adequate and cost effective	1	2	3	4
<u>EDUCATIONAL PLANNING</u>				
To project and provide a fund for educational expenses	1	2	3	4

“We must adjust to an ever changing road...while holding onto our unchanging principles.”



GOALS AND OBJECTIVES

For each of the financial planning goals listed below, circle its value to you.

	<u>CRITICAL</u>	<u>IMPORTANT</u>	<u>OF INTEREST</u>	<u>NO INTEREST</u>
<u>INCOME TAX PLANNING</u>				
To project future tax liabilities and isolate ways to defer or reduce future taxes	1	2	3	4
<u>INVESTMENT PLANNING</u>				
To obtain an independent professional review of current investments	1	2	3	4
To begin an investment program	1	2	3	4
To diversify current investments	1	2	3	4
<u>RETIREMENT PLANNING</u>				
To begin a retirement program	1	2	3	4
To evaluate the adequacy of current retirement program	1	2	3	4
<u>LONG-TERM CARE INSURANCE</u>				
To evaluate if current long-term care insurance is adequate and cost-effective	1	2	3	4

Diversification does not assure or guarantee better performance and cannot eliminate the risk of investment losses.

“Happiness: a good bank account, a good cook and a good digestion.”
➤ Jean Jacques Rousseau



GOALS AND OBJECTIVES

For each of the financial planning goals listed below, circle its value to you. If you have additional goals, list them in the space provided.

	<u>CRITICAL</u>	<u>IMPORTANT</u>	<u>OF INTEREST</u>	<u>NO INTEREST</u>
ESTATE PLANNING				
To reduce potential estate taxes	1	2	3	4
To plan for the transfer of a closely-held business	1	2	3	4
To plan for the transfer of assets to specific heirs	1	2	3	4
To provide estate liquidity	1	2	3	4
OTHER SPECIFIC GOALS				
To determine when to refinance an existing mortgage	1	2	3	4
To plan for a new primary residence	1	2	3	4
OTHER				
_____	1	2	3	4
_____	1	2	3	4

“The person who doesn’t know where his next dollar is coming from usually doesn’t know where his last dollar went.”



FINANCIAL INFORMATION

CASH ACCOUNTS – List the type of account (i.e. savings, checking, money market, etc.), current balance, and estimated interest rate or earning amounts. Do not include any IRA's or other savings plans that are earmarked for retirement.

Account Type	Bank Institution	Estimated Balance	Interest Rate/Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INVESTED ASSETS - List all assets that are not used personally. For example, include all stocks, bonds, mutual funds, real estate holdings, etc. Do not include your personal effects or real estate used personally.

Description	Number of Shares or Units	Date of Acquisition	Estimated Market Value	Interest Rate/Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



FINANCIAL INFORMATION

RETIREMENT ASSETS – Include all IRAs, company sponsored programs (profit-sharing, pension, 401-K, etc.) and all other assets specifically earmarked for retirement.

Account Type	Bank Institution	Estimated Balance	Interest Rate/Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE – Include all your current policies.

Company	Name of Insured	Owner	Death Benefit	Cash Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



FINANCIAL INFORMATION

PERSONAL USE ASSETS – Include your personal residence, furniture & fixtures, automobiles, jewelry, boat, etc. (include in this section all assets not listed previously).

Description	Date of Acquisition	Estimated Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIABILITIES – List all outstanding debts currently owed. Include all credit card balances, personal loans, investment loans, loans from corporations as a stockholder, auto loans/leases, real estate mortgages, home equity loans, and any other personal obligations.

Description	Outstanding Balance	Interest Rate	Final Payment Date	Monthly Payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER FINANCIAL INFORMATION-Provide any notes or comments that you feel are important, unique and will effect your financial situation. Include any health problems, possible inheritances, anticipated support of elderly parents, etc.

FINANCIAL INFORMATION



CASH INFLOWS-List all sources of cash inflows. Some inflows are received weekly, some monthly and some at other intervals of time. The following schedule provides you with weekly, monthly, quarterly and yearly columns. Please provide the amounts in the appropriate columns.

Description	Weekly	Monthly	Quarterly	Yearly
Gross Salary:				
Client:	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____
Pension Income:				
Client:	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____
Social Security:				
Client:	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____
Interest	_____	_____	_____	_____
Dividends	_____	_____	_____	_____
Gross Rents	_____	_____	_____	_____
Other	_____	_____	_____	_____
Corporate	_____	_____	_____	_____
Distributions	_____	_____	_____	_____
Other	_____	_____	_____	_____
Investments	_____	_____	_____	_____
Loans	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

“We make a living by what we get. We make a life by what we give.”



FINANCIAL INFORMATION

PERSONAL EXPENSES-List all personal expenses. Some expenses are usually paid weekly (food, gas, etc.), some monthly (mortgage, utilities, etc.) and some at other intervals of time. The following schedule provides you with weekly, monthly, quarterly, semi-annually, and yearly columns. Please provide the amount paid and when the expenses are usually incurred.

Description	Weekly	Monthly	Quarterly	Semi-Annually	Yearly
Housing					
Mortgage-Rent	_____	_____	_____	_____	_____
Utilities-heat/electric	_____	_____	_____	_____	_____
Utilities-telephone	_____	_____	_____	_____	_____
Utilities-water	_____	_____	_____	_____	_____
Cable TV	_____	_____	_____	_____	_____
Internet Access	_____	_____	_____	_____	_____
Maintenance	_____	_____	_____	_____	_____
Property insurance	_____	_____	_____	_____	_____
Property taxes	_____	_____	_____	_____	_____
Home Furnishings	_____	_____	_____	_____	_____
Food & Supplies					
Groceries	_____	_____	_____	_____	_____
Supplies	_____	_____	_____	_____	_____
Clothing					
Purchases					
Cleaning	_____	_____	_____	_____	_____
Transportation					
Auto payments	_____	_____	_____	_____	_____
Auto insurance	_____	_____	_____	_____	_____
Fuel & Repairs	_____	_____	_____	_____	_____
Mass Transit	_____	_____	_____	_____	_____
Insurance					
Life	_____	_____	_____	_____	_____
Medical	_____	_____	_____	_____	_____
Long Term Care	_____	_____	_____	_____	_____
Disability	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____



FINANCIAL INFORMATION

PERSONAL EXPENSES-List all personal expenses. Some expenses are usually paid weekly (food, gas, etc.), some monthly (mortgage, utilities, etc.) and some at other intervals of time. The following schedule provides you with weekly, monthly, quarterly, semi-annually, and yearly columns. Please provide us with the amount paid and when the expenses are usually incurred.

Description	Weekly	Monthly	Quarterly	Semi-Annually	Yearly
Recreation					
Vacation & Travel					
Vacation Home	_____	_____	_____	_____	_____
Meals Out	_____	_____	_____	_____	_____
Clubs	_____	_____	_____	_____	_____
Other Entertainment	_____	_____	_____	_____	_____
Miscellaneous					
Education					
Domestic Help	_____	_____	_____	_____	_____
Alimony	_____	_____	_____	_____	_____
Business expenses	_____	_____	_____	_____	_____
Gifts	_____	_____	_____	_____	_____
Other Expenses					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

“Beware of little expenses. A small leak will sink a great ship.”
➤ Ben Franklin



FINANCIAL INFORMATION

“Yesterday is but a dream. Tomorrow, a vision of hope. Look to this day for it is life.”

IMPORTANT DOCUMENTS – Provide copies of the following documents for inclusion during the financial planning review. Check the appropriate column for each item.

	Enclosed	Will Forward	Do Not Have
Last Will & Testament			
Client			
Spouse			
Life Insurance Policies			
Client			
Spouse			
Long Term Care Policy			
Client			
Spouse			
Health Insurance Policies			
Client			
Spouse			
Auto Insurance Policies			
Client			
Spouse			
Homeowners Policies			
Client			
Spouse			
Income Tax Returns for the last three years			
Client			
Spouse			
Employee Benefit Statements			
Client			
Spouse			

