

Your Personal Financial Planning Guide

This comprehensive Personal Financial Planning Guide is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing a sensible financial plan for your future.

Please bring the following documents to your appointment:

- | | |
|---|--|
| 1. Last year's tax return | 3. All insurance/annuity policies |
| 2. All investment account statements | 4. All retirement account statements. |

Family Information

Name _____ Date of Birth _____

Spouse's Name _____ Date of Birth _____

Address _____

Phone Number (Home) (____) _____ (Business) (____) _____

Children

Age

_____	_____
_____	_____
_____	_____
_____	_____

Primary Financial Concerns

Please list out your primary financial concerns in order of importance:

1. _____
2. _____
3. _____
4. _____

Real Estate

Estimated Value of Residence: \$ _____
Remaining Mortgage: \$ _____
Equity in Home: \$ _____
(Market value less outstanding mortgages)
Investment Property Values: \$ _____
Remaining Mortgage Values: \$ _____
Approximate Income from Real Estate Holdings: \$ _____

Sources of Income

(Please express in either monthly or annual figures.)

Social Security (Mr.): \$ _____ Social Security (Mrs.): \$ _____
Pensions (Mr.) \$ _____ Pensions (Mrs.) \$ _____
\$ _____ \$ _____
Dividends/Interest/Other: \$ _____
Total Household Income: \$ _____

Banks/ CD's /Credit Unions

(Checking, Savings, Money Markets, CD's)

Name of Institution	Account Type	Approx. Balance w/ APR%
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

How much do you keep for emergencies: \$ _____

Promissory Notes/Trust Deeds

Debtor Name	Balance Outstanding	Interest Rates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IRA Accounts and Other Retirement Accounts

(IRA, 401K, 403b, TSA, 457, etc)

	Name of Institution	Account Type	Approximate Value
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

Mutual Funds and Brokerage Accounts

(Please bring your most recent statements)

	Name of Brokerage Firm or Mutual Fund Company	Approximate Market Value
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

Stocks/Bonds (Where you hold the certificate)

	Name of Company	# of Shares	Original Investment	Market Value	Ownership
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Collectibles

1.	_____	Approx. Value _____
2.	_____	Approx. Value _____

Annuities (Non-IRA)

(Please bring latest statements)

Company	Fixed Interest/ Variable	Original Investment	Current Value	Ownership
1. _____	_____	\$ _____	\$ _____	_____
2. _____	_____	\$ _____	\$ _____	_____
3. _____	_____	\$ _____	\$ _____	_____
4. _____	_____	\$ _____	\$ _____	_____

Life Insurance

Company	Who's Insured	Type of Policy (Whole, Term, Group)	Face Value	Cash Value
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

Health Information

Considering your current financial situation, how do you plan to pay for long-term care? _____

Have either you or your spouse been hospitalized within the last 5 years? If yes, please explain.

Please list prescriptions being used and the reasons taken. _____

Thank you for your time!