



# CONFIDENTIAL PERSONAL FINANCIAL PLANNING GUIDE

Appointment Date: \_\_\_\_\_

**PROFILE #1**

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN# (optional): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone:  Home  Cell  
 Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Tenure: \_\_\_\_\_

**PROFILE #2**

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN# (optional): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone:  Home  Cell  
 Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Tenure: \_\_\_\_\_

**DEPENDENTS  
GRANDCHILDREN**

TYPE	NAME	BIRTHDAY	AGE
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild			
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild			
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild			
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild			
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild			

## PROFESSIONAL CONTACTS

### Name & Number

Accountant \_\_\_\_\_  
 Attorney \_\_\_\_\_  
 Insurance Agent \_\_\_\_\_  
 Other \_\_\_\_\_

## AREAS OF CONCERN

- Cash Flow                       Estate Planning  
 College Planning             Insurance Review  
 Investment Advice            Life Transition  
 Tax Planning                    Retirement  
 Other: \_\_\_\_\_

## INCOME

Client 1 Employment Income \$\_\_\_\_\_ / Monthly Amount  
 Client 1 Social Security \$\_\_\_\_\_ / Monthly Amount  
 Client 2 Employment Income \$\_\_\_\_\_ / Monthly Amount  
 Client 2 Social Security \$\_\_\_\_\_ / Monthly Amount  
 Other: \_\_\_\_\_ \$\_\_\_\_\_ / Monthly Amount  
 Other: \_\_\_\_\_ \$\_\_\_\_\_ / Monthly Amount  
**Total Monthly Income** \$\_\_\_\_\_ / Monthly Amount

## EXPENSES

### Monthly Amount

Mortgage/Rent \$\_\_\_\_\_  
 Debt Payments \$\_\_\_\_\_  
 Payroll Deductions \$\_\_\_\_\_  
 Other Fixed Expenses \$\_\_\_\_\_  
 Est. Variable Expenses \$\_\_\_\_\_  
**Total Monthly Expenses** \$\_\_\_\_\_

## CHECKING & SAVINGS

### Average Balance

Checking #1 \$\_\_\_\_\_  
 Checking #2 \$\_\_\_\_\_  
 Savings #1 \$\_\_\_\_\_  
 Savings #2 \$\_\_\_\_\_  
 Other \$\_\_\_\_\_  
 Other \$\_\_\_\_\_

## CERTIFICATES OF DEPOSIT

Bank	Rate	Balance	Maturity
_____	_____ %	\$ _____	_____
_____	_____ %	\$ _____	_____
_____	_____ %	\$ _____	_____
_____	_____ %	\$ _____	_____
_____	_____ %	\$ _____	_____

## LIFE INSURANCE

Insured	Company & Type	Death Benefit	Cash Value	Annual Premium	Beneficiary
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

# REAL ESTATE

Property #1		Property #2	
Estimated Value of Home	\$ _____	Estimated Value of Home	\$ _____
Remaining Mortgage	\$ _____	Remaining Mortgage	\$ _____
Interest Rate	_____ %	Interest Rate	_____ %
Monthly Payment	\$ _____	Monthly Payment	\$ _____
Equity in Home	\$ _____	Equity in Home	\$ _____

# OTHER LIABILITIES (Auto Loans, Credit Cards etc.)

Type	Interest Rate	Monthly Payment	Balance	Notes
_____	_____ %	\$ _____	\$ _____	_____
_____	_____ %	\$ _____	\$ _____	_____
_____	_____ %	\$ _____	\$ _____	_____
_____	_____ %	\$ _____	\$ _____	_____
_____	_____ %	\$ _____	\$ _____	_____
_____	_____ %	\$ _____	\$ _____	_____

# INDIVIDUAL STOCKS, BONDS & MUTUAL FUNDS

Ownership	Name of Company/Firm	Market Value	Notes
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

# RETIREMENT ACCOUNTS

Ownership	Type (i.e. 401k/IRA/Roth)	Location	Balance	Contributing
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Vantage Point Wealth Management

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## ANNUITIES

Owner	Company	Beneficiary	Balance	Year Purchased
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

## DISABILITY INSURANCE

Insured	Type	Monthly Benefit	Premium	Duration
_____	Group / Individual	\$ _____	\$ _____	_____
_____	Group / Individual	\$ _____	\$ _____	_____
_____	Group / Individual	\$ _____	\$ _____	_____

## LONG TERM CARE INSURANCE

Insured	Type	Monthly Benefit	Premium	Duration
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

## GOALS & NOTES

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