



DAPHNE A. WRIGHT, CPA, CFP®
Financial Consulting & Wealth Planning

FINANCIAL STATEMENTS NEEDS ANALYSIS

Organizing your Financial Life

FAMILY INFORMATION

Client Name:	Date of Birth: / /	Marital Status:
Spouse Name:	Date of Birth: / /	
Address:		
Address:	State:	Zip:
Home Phone:	Fax:	
Client Cell Phone:	Spouse Cell Phone:	
Client Email:		

REAL ESTATE & PERSONAL PROPERTY

Name	Current Value	Owner

NON-QUALIFIED ASSETS (TAXABLE & CASH)

Type/Institution Name	Current Value	Owner

RETIREMENT ASSETS (QUALIFIED, ROTH IRAS, ANNUITIES & DEFERRED COMPENSATION)

Name	Current Value	Owner	Beneficiary

BUSINESS INTERESTS

Name	Current Value	Owner

L I F E I N S U R A N C E

	Life Policy 1	Life Policy 2
Policy Name		
Purchase Date		
Policy Type		
Insured		
Owner		
Beneficiary		
Current Death Benefit		
Current Cash Value		
Annual Premium		
Premium Term		

D I S A B I L I T Y I N S U R A N C E

	Disability 1	Disability 2
Policy Name		
Policy Type		
Insured		
Benefit Type		
Benefit Amount/Frequency		
Annual Premium		
Benefit is Taxable?		

L O N G T E R M C A R E I N S U R A N C E

	Long Term Care 1	Long Term Care 2
Policy Name		
Insured		
Benefit Amount/Frequency		
Annual Premium		

L I A B I L I T I E S

Mortgage/Loans	Property	Original Loan Amount	Current Balance	Interest Rate	Loan Term

I N C O M E

Name	Annual Amount	Owner	Starts	Ends
Salary/Bonus				
Salary/Bonus				
Other				
Social Security- Client				
Social Security- Spouse				

E X P E N S E S

Current	Retirement	Desired Income in the Event of Death:	
		Client's Death	Spouse's Death