

# Financial Inventory

**Financial Planning ■ Retirement Planning ■ Estate Planning ■ Asset Management**

The financial planning process requires that your overall situation be fully understood before recommendations can be made. To the best of your ability, please complete the following pages prior to your initial meeting. Additionally, the following items will make our time together most productive.

**Please Complete the Following Pages Prior to Our Initial Meeting:**

1. Personal Information
2. Financial Planning Concerns
3. Monthly Cash Flow
4. Net Worth (list of Current Investments & Savings)
5. Insurance Summary
6. Investment & Estate Planning Objectives

**If Applicable Please Bring With You to Our Initial Meeting:**

1. Most recent bank & investment account statements
2. Most recent pay stubs and/or business Profit & Loss if self-employed.
3. Most recent 2 years federal and state income tax returns
4. Life and disability insurance policies (and details about employer provided insurance)
5. Most recent retirement account statements from work
6. Pension benefit summary or annual benefit summary from your employer
7. Copy of estate planning documents including will(s), power of attorney, trusts, etc.
8. Most recent mortgage and other loan or credit card statements

**Personal Information**

	CLIENT	SPOUSE
Name:		
Address:		
Home Phone:		
Cell Phone:		
Preferred Email:		
Birth date:		
Citizenship:		
Wedding Anniversary:		
Social Security #:		
Employer's Name:		
Occupation:		
Work Address:		
Work Phone:		
Years Employed:		
Annual Income:		

DEPENDENTS				
NAME	BIRTHDATE	RELATIONSHIP	LOCATION	COMMENTS
1)				
2)				
3)				
4)				
5)				

ADVISORS (CPA, Broker, Attorney, etc.)				
NAME	TYPE	COMPANY	LOCATION	COMMENTS
1)				
2)				
3)				
4)				

FAMILY INFORMATION					
Client			Spouse		
Parents:	Father	Mother	Parents:	Father	Mother
Age if Living or Age at Death:			Age if Living or Age at Death:		
Health Issues:			Health Issues:		
Siblings:			Siblings:		
Age if Living or Age at Death:			Age if Living or Age at Death:		
Health Issues:			Health Issues:		

### Financial Planning Concerns

List your top 3-5 financial planning concerns and priorities (i.e. retirement, taxes, debt, small business profitability, healthcare, college savings, etc.):

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## Monthly Cash Flow Worksheet

EXPENSES	
LIVING EXPENSES	LIFESTYLE EXPENSES
Mortgage/Rent _____	Groceries _____
Second Mortgage _____	Dining Out _____
Real Estate Taxes _____	Clothing/Dry Cleaning _____
Home Improvements _____	Hobbies/Recreation _____
Home Maintenance/Help _____	Entertainment _____
Cable/Internet _____	Vacation / Travel _____
Electricity/Gas _____	Student / Personal Loans _____
Telephone (including mobile) _____	Legal & Accounting Fees _____
Other Household Expenses _____	Pet Expense _____
<b>TOTAL HOME EXPENSES</b>	Childcare _____
Car Payments/Rental _____	Children Miscellaneous _____
Car Maintenance _____	Education _____
Public Transportation _____	Miscellaneous _____
Parking/Tolls _____	<b>TOTAL</b>
<b>TRANSPORTATION TOTAL</b>	Doctors/Dentists _____
Life/Disability Insurance _____	Optician/Glasses/Lenses _____
Health Insurance _____	Drugs/Vitamins _____
Homeowners/Renters Insurance _____	Health Club _____
Car Insurance _____	Personal Care / Beauty _____
<b>INSURANCE TOTAL</b>	<b>PERSONAL CARE TOTAL</b>
<b>CHARITABLE GIVING</b>	<b>MONETARY GIFTS</b>
<b>TOTAL OUTFLOW</b>	

MONTHLY SAVINGS	MONTHLY INCOME
Savings/Investments _____	Gross Household Income _____
Client's IRA Contribution _____	Total Withholdings _____
Spouse's IRA Contribution _____	<b>NET TAKE HOME PAY</b>
Education Savings _____	Other Income _____
<b>TOTAL SAVINGS</b>	<b>TOTAL INFLOW</b>

### Net Worth Worksheet

ASSET SUMMARY			
ASSET NAME	ACCOUNT TYPE	OWNER	CURRENT VALUE
<b>CHECKING &amp; SAVINGS ACCOUNTS (including CDs)</b>			
<b>INVESTMENT ACCOUNTS (including Brokerage, Partnerships, &amp; Mutual Funds)</b>			
<b>RETIREMENT ACCOUNTS (including 401(k)s, IRAs, 403(b)s &amp; Deferred Comp)</b>			
<b>REAL ESTATE</b>			

<b>TOTAL ASSETS:</b>
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## Investment & Estate Planning Objectives

On a scale of 1 to 5, 1 being most important and 5 being least important, rate the following with respect to your investment and estate planning objectives:

### INVESTMENT OBJECTIVES

- \_\_\_\_\_ Current Income
- \_\_\_\_\_ Overcoming Inflation
- \_\_\_\_\_ Simplicity
- \_\_\_\_\_ Safety of Principal
- \_\_\_\_\_ Liquidity
- \_\_\_\_\_ Minimizing Taxes
- \_\_\_\_\_ Minimizing Costs
- \_\_\_\_\_ Managing Risk
- \_\_\_\_\_ Social Causes
- \_\_\_\_\_ Passive Investment Management
- \_\_\_\_\_ Active Investment Management

### ESTATE PLANNING

- \_\_\_\_\_ Appointing a Guardian for Your Minor Children
- \_\_\_\_\_ Minimizing Taxes for Your Heirs
- \_\_\_\_\_ Leaving a Sizeable Estate for Your Heirs
- \_\_\_\_\_ Privacy of Your Financial Details at Death
- \_\_\_\_\_ Simplifying the Process for Your Heirs
- \_\_\_\_\_ Minimizing Costs for your Heirs

### ADDITIONAL QUESTIONS FOR THOUGHT

In Regards to Your Financial Future:

- 1 What gives you the most hope?
- 2 What causes you the most anxiety?
- 3 What is the biggest unknown?