

GOALS

What are your three most important financial goals?

Client:

Spouse:

A.

A.

B.

B.

C.

C.

What are your three most important personal goals?

Client:

Spouse:

A.

A.

B.

B.

C.

C.

What would you like for Summit Wealth Management to help you accomplish?

FAMILY

Name	Birthday	Age	Social Security Number
Client :			
Spouse:			

Children/Dependents	Live at home?	Birthday	Age	Social Security Number

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

Client Cell Phone _____ Spouse Cell Phone _____

(Circle one) Single Married Divorced Widow Anniversary Date: _____

Client Employer _____ Occupation _____

Work Phone _____ Work Email _____

Employer Address _____

How long have you been with current employer? _____

Previous Occupations _____

Spouse's Employer _____ Occupation _____

Work Phone _____ Work Email _____

Employer Address _____

How long have you been with current employer? _____

Previous Occupations _____

Do you have a Will/Trust? _____ When was it last reviewed? _____

Where do you attend Church? _____ How Long? _____

INSURANCE

✓ PD if premiums are payroll deducted

Medical Insurance

Insured	Insurance Company	Deductible Co-Pay	Type	Premium		PD
				Amount	Frequency	

Life Insurance

Insured	Insurance Company	Face Amount / Cash Value	Type	Premium		PD
				Amount	Frequency	

What do you want your life insurance to cover? (Circle all that apply)

Survivor Income Final Expense Pay off mortgage Pay off consumer debt Fund College

Disability Insurance

Insured	Insurance Company	Mo.Benefits/ Waiting Period	Short Term or Long Term	Premium		PD
				Amount	Frequency	

Long Term Care Insurance / Dental / Cancer / Critical Illness

Insured	Insurance Company	Benefit/ Deductible	Type	Premium		PD
				Amount	Frequency	

Liability Insurance

What is the liability limits on your auto policy? _____ (Example: 50,000/100,000/50,000)

What is the liability limit on you home policy? _____

Do you have a umbrella liability policy? _____ What is the limit? _____

Estimated Social Security Benefit

Client:
 At age 62 _____
 At age ___ _____

Spouse:
 At age 62 _____
 At age ___ _____

Estimated Pension Benefit

Client:
 At age ___ _____
 Cost of living adjustment _____
 Survivor Benefit _____

Spouse:
 At age ___ _____
 Cost of living adjustment _____
 Survivor Benefit _____

Do you plan to pay for or assist with children's college cost? Yes or No Where? _____

Please describe plan: _____

Are you expecting an inheritance? _____ Please describe it:

ASSETS

Real Estate

Description	Creditor	% Interest	Current Value	Outstanding Loan	Minimum Payment	Pmt. You're Making

How long to you expect to live at current residence? _____ Interest Rate Fixed or Variable
 Do you have credit life on your home mortgage? _____ Number of Years Financed _____
 Number of Years Remaining on Mortgage _____

Vehicles

Other Assets (i.e. Boat, RV, Motorcycle, Jet ski, Livestock, etc.)

INCOME

The following information should be taken from your payroll stub. (please bring pay stub)
 If you are Self-Employed (skip this page) Enter income and tax information on Page 6

1 st Earner	How often do you get paid?		2 nd Earner	How often do you get paid?	
	Weekly	<input type="checkbox"/>		Weekly	<input type="checkbox"/>
	Bi-Weekly	<input type="checkbox"/>		Bi-Weekly	<input type="checkbox"/>
	Semi-Monthly	<input type="checkbox"/>		Semi-Monthly	<input type="checkbox"/>
	Monthly	<input type="checkbox"/>		Monthly	<input type="checkbox"/>
	Gross per Paycheck	_____		Gross per Paycheck	_____
D	Federal	_____	D	Federal	_____
E	State	_____	E	State	_____
D	Soc.Sec./FICA/OASDI	_____	D	Soc.Sec./FICA/OASDI	_____
U	Medicare	_____	U	Medicare	_____
C	Medical Reimbursement	_____	C	Medical Reimbursement	_____
T	Health Ins.	_____	T	Health Ins.	_____
I	Dental Ins.	_____	I	Dental Ins.	_____
O	Cancer Ins.	_____	O	Cancer Ins.	_____
N	Vision Ins.	_____	N	Vision Ins.	_____
S	Life Ins.	_____	S	Life Ins.	_____
	Dependent Life	_____		Dependent Life	_____
	AD&D	_____		AD&D	_____
	Disability ST	_____		Disability ST	_____
	Disability LT	_____		Disability LT	_____
	Other Ins.	_____		Other Ins.	_____
	Retirement/401k	_____		Retirement/401k	_____
	Savings	_____		Savings	_____
	Stock Purchase	_____		Stock Purchase	_____
	Loan Payment	_____		Loan Payment	_____
	Garnishment	_____		Garnishment	_____
	Charities	_____		Charities	_____
	Christmas Club	_____		Christmas Club	_____
	Fitness Center	_____		Fitness Center	_____
	Child Support	_____		Child Support	_____
	Child Care Reimbursement	_____		Child Care Reimbursement	_____
	Other	_____		Other	_____
	Take Home per Paycheck	_____		Take Home per Paycheck	_____

OTHER INCOME

Bonus _____
 Child Support _____
 Commission _____
 Other _____

Bonus _____
 Child Support _____
 Commission _____
 Other _____

MONTHLY EXPENSES

GIVING

Tithe/Contribution _____
 Extra Giving _____

CHILDCARE

Childcare _____
 Child Support _____

HOUSING

House Payment/Rent _____
 Cable/Internet _____
 Water/Trash _____
 Electric _____
 Gas _____
 Propane/Wood _____
 Home Phone _____
 Home Insurance/Taxes _____
 Home Maintenance _____
 Cell Phone _____
 Housekeeper _____
 Alarm System _____
 Misc. Housing _____

FOOD

Groceries/Sundries _____
 Meals Out _____

AUTO

Auto Payment 1 _____
 Auto Payment 2 _____
 Auto Insurance _____
 Gasoline _____
 Auto Maintenance _____
 Tags/Personal Property Taxes _____
 Car Fund _____

MEDICAL Monthly

Doctor _____
 Dentist _____
 Optometry _____
 Medicine _____

MEDICAL Non-Monthly

Doctor _____
 Dentist _____
 Optometry _____
 Medicine _____

INSURANCE

Health _____
 Life _____
 Disability _____
 Long Term Care _____
 Misc. Insurance _____

ENTERTAINMENT

Vacation/Trips _____
 Camps _____
 Spending/Entertainment _____
 Sports/Activities _____
 Fitness Center _____
 Misc. Entertainment _____

MISCELLANEOUS

Hair Care/Nails _____
 Pets _____
 School Lunch _____
 Dry Cleaning _____
 Bank Fees _____
 Misc. _____
 Misc. _____
 Misc. _____

SAVINGS

Retirement _____
 College Savings _____
 Misc. Savings _____
 Uncommitted _____

CLOTHING

Clothing _____

GIFTS

Christmas _____
 Gifts _____

SCHOOLING

Tuition/Exp. (Monthly) _____
 Tuition/Exp. (Non-Monthly) _____
 Lessons _____

Instructions:

Figure each category and enter the amount into the blank.

This is a monthly spending plan therefore you need to convert all numbers to monthly amounts.

Example:

You spend \$100 a week on Groceries
 $100 \times 52\text{wks} \div 12\text{mo} = \433 mo.

You spend \$1,200 a yr. on Christmas
 $1,200 \div 12\text{mo} = \100 month

You pay \$500 a Car Insurance every 6 months
 $500 \div 6 = \$83.33 \text{ mo.}$

