

Your Personal Financial Planning Worksheet

Please complete and bring to y	ointment	t Appt Date				
Name			Spouse Name			
Date of Birth			Date of Birth			
Occupation			Occupation			
Employer/Co.			Employer/Co			
E-mail			E-mail			
Mobile Phone			Mobile Phone _			
Home Address						
Home Phone (if applicable)						
Wedding Anniversary						
Preferred method of contact: _						
Children	DOB	Resident State	Grande	hildren	DOB	Resident State

Current Financial Consultant	Yes No	ASSETS:	
If yes, name		HOME:	
		Estimate value	\$
Do you use tobacco?	Yes No	Remaining mortgage	\$
		Other real estate	\$
Do you have a will?	Yes No	Home Equity Loan/LOC	\$
		Monthly mortgage pmt	\$
Do you have Long-Term Care in	nsurance? Yes No		
		INCOME SOURCE(S):	
Do you currently or plan to give	e to any		
charities/place of worship?	Yes No	SOCIAL SECURITY	
		You	\$
		Spouse	\$
Bank & Credit Union Account	s	PENSION	
(Checking, savings, money mark	ket)	You	\$
		Spouse	\$
Name of institution	Average Balance	W-2 (earned income)	
		You	\$
		Spouse	\$
		RENTAL INCOME	
		You	\$
		Spouse	\$
		OTHER INCOME	
		Please specify	\$
		TOTAL MONTHLY INCOME	\$
		TOTAL MONTHLY EXPENSES	\$
		(utilities, food, entertainment, insura	nce, etc)
Please list other debts or obligat		ently or will have in the near future?	

(car loans, credit cards, student debt, etc)

Please bring ALL statements for the following:

- Most recent tax returns
- Individual brokerage accounts and/or stocks
- US Savings Bonds
- Mutual Funds/Limited Partnerships
- Annuities
- CD's
- IRA's or other retirement plans (pensions, 401k, 403b, etc)
- Present life insurance