

# Financial Planning Analysis

**COMPLETE THIS FORM AND BRING IT WITH YOU TO YOUR FIRST APPOINTMENT**

1. Please Print and if you are not sure about a question, please leave it blank.
2. Please use approximate values – round to the nearest thousand.
3. Please return this form with last year's tax return.

## Client Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NickName: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ x \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## Spouse Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nickname: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## Amounts in Banks, Savings & Loans, and Credit Unions (NON-IRA)

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Approximate Balance</u>

## IRA accounts and Other Retirement Accounts

(Please bring in most recent statement/report)

<u>Location of Account</u> (Bank, Broker, Employer)	<u>Type of Account</u> (401(k), 403(b), IRA, etc)	<u>Approximate Market Value</u>	<u>Account Holder</u>

When do you plan to retire? \_\_\_\_\_

## Stock and Bond Certificates

(Please bring in most recent statement/report)

<u>Name of Stock/Bond</u>	<u>Number of Shares</u>	<u>Approximate Market Value</u>	<u>Account Holder</u>

## Mutual Fund and/or Brokerage Accounts

(Please bring in most recent statement/report)

<u>Name of Brokerage Firm or Mutual Fund</u>	<u>Approximate Market Value</u>	<u>Account Holder</u>

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## Real Estate and Residence

<u>Property Address</u>	<u>Original Cost</u>	<u>Approximate Market Value</u>	<u>Debt Owed</u>

## Family Business / Partnerships

<u>Name of Partnership</u>	<u>Type of Investment</u>	<u>Amount Invested</u>	<u>Market Value</u>

## Long Term Care

<u>Insured</u>	<u>Monthly Benefit/ Premium Amount</u>

## Life Insurance

(Please bring in policies and latest statements)

<u>Name of Company</u>	<u>Insured</u>	<u>Type of Insurance</u>	<u>Cash Value</u>	<u>Death Benefit</u>

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## Pensions or Other Streams of Income

(Please bring in policies and latest statements)

<u>Source</u>	<u>Account Holder</u>	<u>Monthly Amount</u>

## Children

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Filed as Dependant</u>	<u>Funds Needed for College</u>
			Y / N	
			Y / N	
			Y / N	

## Other Assets

Approximate value of Person Property (Household goods, Jewelry, Cars, Etc): \$ \_\_\_\_\_

Family Business (Provide name, value, and how held. Is it a Corporation?):

\_\_\_\_\_

Other Assets:

\_\_\_\_\_

What are your Primary Financial Concerns?

\_\_\_\_\_

Approximate Monthly Expenses?

\_\_\_\_\_

## Appointment Checklist:

(Make sure you have the following items for your financial evaluation)

Annuity Statements

Retirement Account Statements

Brokerage Statements

Life Insurance Policies and Statements

Mutual Fund Statements

Last Year's Tax Return

Social Security Statement

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