

**FINANCIAL PLANNING DATA SHEET**

Date Prepared: \_\_\_\_\_

Approximate numbers are acceptable. Please print clearly if writing by hand.

**CLIENT INFORMATION**

CLIENT NAME \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**DEPENDENT INFORMATION**

Dependent(s) Name(s) and Date(s) of Birth \_\_\_\_\_

\_\_\_\_\_

Do you have a current will? Y \_\_\_\_\_ N \_\_\_\_\_

Living Trust? Y \_\_\_\_\_ N \_\_\_\_\_

Are you concerned about possible Long Term Care needs? Y \_\_\_\_\_ N \_\_\_\_\_

**AMOUNTS IN BANKS, SAVINGS & LOANS & CREDIT UNIONS (NON-IRA)**  
*(e.g., Checking, Savings, Money Market)*

NAME OF INSTITUTION	TYPE OF ACCOUNT	MATURITY DATE	INTEREST RATE	APPROXIMATE BALANCE
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	\$ _____

## IRA, ROTH IRA, OTHER BROKERAGE RETIREMENT ACCOUNTS

*(Please bring in latest report/statements.)*

ACCOUNT TYPE & OWNER	TYPE (401K, IRA, TSA, ETC.)	APPROXIMATE MARKET VALUE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Planned retirement date: \_\_\_\_\_ or if retired, date retired: \_\_\_\_\_

## INDIVIDUAL STOCKS AND BONDS

*(Where you hold certificates yourself.)*

NAME OF STOCK/BOND	NUMBER OF SHARES	APPROXIMATE MARKET VALUE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

## MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS (NON-RETIREMENT ACCOUNTS)

*(Please bring in latest reports/statements.)*

NAME OF BROKERAGE FIRM OR MUTUAL FUND	APPROXIMATE MARKET VALUE
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____



## RESIDENCE AND OTHER REAL ESTATE OWNED

PROPERTY ADDRESS	ORIGINAL COST	CURRENT COST	NET CASHFLOW BEFORE DEPREC (RENTAL PROPERTY ONLY)
1. Primary Residence	\$ _____	\$ _____	N/A
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____

## BUSINESS(ES) OWNED

NAME OF BUSINESS	ENTITY TYPE	CURRENT MARKET VALUE
1. _____	_____	\$ _____
2. _____	_____	\$ _____

## OTHER ASSETS

1. FURNITURE AND FIXTURES	\$ _____
2. AUTOMOBILE(S)	\$ _____
3. JEWELRY/COLLECTIBLES	\$ _____
4. _____	\$ _____
5. _____	\$ _____

## MORTGAGE/ LOANS/CREDIT CARD BALANCES

MORTGAGE - Interest Rate = _____ %	\$ _____
HOME EQUITY LINE OF CREDIT - Interest Rate = _____ %	\$ _____
AUTOMOBILE LOAN - Interest Rate = _____ %	\$ _____
CREDIT CARDS - Interest Rate = _____ %	\$ _____
5. _____	\$ _____
6. _____	\$ _____



## LIFE INSURANCE

INSURANCE COMPANY	NAME OF INSURED	TYPE OF INSURANCE (WHOLE LIFE, TERM)	DEATH BENEFIT	LOAN AGAINST?
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

## DISABILITY AND/OR LONG TERM CARE INSURANCE

INSURANCE COMPANY	NAME OF INSURED	DISABILITY OR LONG TERM CARE	BENEFIT	EMPLOYER PAID?
1. _____	_____	_____	\$ _____	_____
2. _____	_____	_____	\$ _____	_____
3. _____	_____	_____	\$ _____	_____
4. _____	_____	_____	\$ _____	_____

## HOUSEHOLD CASH FLOW

*(Please bring in a recent paystub.)*

WAGES: \$ \_\_\_\_\_ /YR SOURCE: \_\_\_\_\_

SPOUSE'S WAGES: \$ \_\_\_\_\_ /YR SOURCE: \_\_\_\_\_

OTHER INCOME: 1. \_\_\_\_\_ /YR SOURCE: \_\_\_\_\_

2. \_\_\_\_\_ /YR SOURCE: \_\_\_\_\_

WHAT ARE YOUR APPROXIMATE ANNUAL EXPENSES? \$ \_\_\_\_\_

WHAT AMOUNT ARE YOU SAVING PER MONTH? \$ \_\_\_\_\_

What are your primary financial concerns? (List in order of importance.)

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