



Date Prepared: _____

FINANCIAL PLANNING DATA SHEET

(Print clearly. OK to approximate amounts.)

CLIENT NAME _____

SS# _____ DATE OF BIRTH _____ AGE _____

SPOUSE NAME _____

SS# _____ DATE OF BIRTH _____ AGE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ BUSINESS PHONE (_____) _____

EMAIL (S) _____

DEPENDENTS 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)

(i.e., 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 VALUE	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

1. MORTGAGE - Interest Rate = _____%	\$ _____
2. HOME EQUITY LINE OF CREDIT - Interest Rate = _____%	\$ _____
3. AUTOMOBILE LOAN - Interest Rate = _____%	\$ _____
4. 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. _____	_____	_____	\$ _____	\$ _____

DISABILTY AND/OR LONG TERM CARE INSURANCE

INSURANCE COMPANY	NAME OF INSURED	DISBABILITY 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.)
