



Financial Planner

Date: _____

When you come for your appointment, please bring:

- A copy of your most recent tax return
- Mutual fund or brokerage account reports or statements
- Annuity contracts and most recent statements
- Life insurance policies and most recent statement
- This completed Financial Planning form

Please print clearly, and leave blank any answers you are unsure about. It's alright to approximate dollar amounts.

What are your top 5 values ? Please list in order of importance.

- 1.
- 2.
- 3.
- 4.
- 5.

Your Name		Nickname
Date of Birth	SS #	Age
Occupation		
Spouse or partner's name		Nickname
Date of Birth	SS #	Age
Occupation		
Mailing Address		Apt #
City	State	Zip
Home Phone ()		Business Phone ()
E-mail Address		



What are your 5 top financial goals? _____

Bank and non-IRA Accounts
checking, savings, money market

Name of Institution	Type of Account	Maturity Date	Interest Rate	Approximate Balance
			%	
			%	
			%	
			%	

IRA and other Retirement Accounts

Type—(IRA, 401(k), TSA, etc.)	Location—Bank, broker, employer	Approximate Value
		\$
		\$
		\$
		\$

Stocks and Bonds
in which you hold the certificate

Name of Stock or Bond	Number of Shares	Approximate Market Value
		\$
		\$
		\$
		\$

Mutual Funds and Brokerage Accounts

Name of Brokerage Firm or Mutual Fund	Number of Shares	Approximate Market Value
		\$
		\$
		\$
		\$

Annuities

Name of Institution	Type of Account	Maturity Date	Interest Rate	Approximate Balance
			%	
			%	
			%	
			%	

Real Estate Portfolio Detail

Please enter the following abbreviations in the "TYPE" column"

PR = Primary Residence

SR = Secondary Residence

R = Recreation Property

I = Investment Property

F = First Mortgage

O = Other

Type	Market Value	Equity	Term (years)	Mortgage Balance	Monthly Payment	Interest Rate
	\$	\$		\$	\$	%
	\$	\$		\$	\$	%
	\$	\$		\$	\$	%
	\$	\$		\$	\$	%

Life Insurance

Company	Name of Insured	Type (whole, life, term)	Approx. Death Benefit	Amount, if against loan
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Are you eligible to participate in an employer-sponsored retirement plan?

Head of household - Yes No - Spouse/Partner - Yes No

Are you concerned about possible long-term care expenses?

Yes No

Liabilities

Please do not include real estate loans in this section

Item or Company Name	Balance	Interest Rate	Minimum Payment	Current Payment
Auto loan 1	\$	%	\$	\$
Auto loan 2	\$	%	\$	\$
Auto loan 3	\$	%	\$	\$
Recreational Vehicle	\$	%	\$	\$
Credit card 1	\$	%	\$	\$
Credit card 2	\$	%	\$	\$
Credit card 3	\$	%	\$	\$
Line of credit	\$	%	\$	\$
Student Loan	\$	%	\$	\$
Other	\$	%	\$	\$

Household Cash Flow

Your wages	\$	/year	Source:
Spouse/Partner's wages	\$	/year	Source:
Other income	\$	/year	Source:
Other income	\$	/year	Source:

How much can you afford to save each month, including what you are saving now? \$ _____

What are your approximate annual expenses? \$ _____

What are your primary financial concerns? (Please list in order of importance)
