



# FINANCIAL PLANNING INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## Client Information

CLIENT				
First Name	Last Name	Gender	Date of Birth	Retirement Age

CHILDREN			
First Name	Last Name	Gender	Date of Birth

PREFERRED CONTACT METHOD		
Client Name	Email	Client Phone

ESTATE PLAN	ACCOUNTANT	
Document	First Name	Last Name
Will		
Revocable Trust		
Power of Attorney		
Health Care Directive		

## Income

### WAGES, DEFERRED COMP, SOCIAL SECURITY, PENSION

Employer/Source	Type (Salary, Bonus, etc.)	Owner	Gross Annual Income	Receiving or Age of Start

### BUSINESS INTERESTS (INCLUDES INCOME FROM COMMERCIAL PROPERTIES)

Business Name/ Property Name	Type	Owner	Value of % Owned	Gross Annual Income	Estimated Market Value

### TRUSTS

Name	Grantor	Beneficiary	Gross Annual Income

## Financial Information

### CASH ACCOUNTS

Bank or Financial Institution	Type (Checking, Savings, etc)	Owner	Balance

### TAXABLE INVESTMENT ACCOUNTS

Bank or Financial Institution	Type (Brokerage, Annuity, etc)	Owner	Balance

## Financial Information (con't)

## RETIREMENT ACCOUNTS

Bank or Financial Institution	Type (IRA, 401k, etc)	Owner	Annual Contribution	Employer Match	Value

PERSONAL REAL ESTATE HOLDINGS

PERSONAL REAL ESTATE HOLDINGS			
Business Name / Property Name	Type (Residence, Vacation, etc).	Owner	Value

## MORTGAGE LIABILITIES

MORTGAGE LIABILITIES						
Bank or Financial Institution	Property or Collateral	Owner	Current Balance	Loan Type & Years	Origin Date	Interest Rate

## MONTHLY LIVING EXPENSES

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## Insurance Information

**TERM LIFE (FILL IN AS APPLICABLE)**

## Insurance Information (con't)

### WHOLE, UNIVERSAL OR VARIABLE LIFE (FILL IN AS APPLICABLE)

Insured	Owner	Carrier	Type	Death Benefit	Annual Premium	Cash Value	Issue Date	Beneficiary

### DISABILITY

Insured	Owner	Carrier	Monthly Benefit	Annual Premium

### LONG-TERM CARE

Insured	Owner	Carrier	Monthly Benefit	Annual Premium	COLA Rider?