



## Financial Data Form

<hr/> <p style="text-align: center;"><b>Client Name</b></p> <hr/>
<hr/> <p style="text-align: center;"><b>Date</b></p> <hr/>

Although tedious and boring, the time you spend in the initial information-gathering process is extremely important to our efforts to help you achieve your goals. The better we understand where you are now and where you want to go, the better we can help you get there. Based on your input, we'll first create a detailed model that accurately portrays your financial situation and then look at various what-if scenarios and strategies. When completed, the final model will serve as a personalized financial tool that can be updated to monitor progress and evaluate other strategies in future years.

**All information is strictly confidential.**

Please complete all sections of the dataform -- if unsure of exact amounts, rough estimates are sufficient. Write in any additional comments you think might be helpful. If you've already prepared any financial statements or spreadsheets, you can provide those rather than entering the same information into this data gathering form. If you have any questions while completing the dataform, please feel free to call our office.

3721 Rome Drive Suite B • Lafayette, IN 47905 • Phone: 765/447-1302  
9449 Priority Way West Drive Suite 250 • Indianapolis, IN 46240 • Phone: 317/843-8302  
Fax: 866/202-2858 • Toll Free: 800/808-1302 • [info@fpcadvisor.com](mailto:info@fpcadvisor.com) • [www.fpcadvisor.com](http://www.fpcadvisor.com)

# Documents Checklist

Please provide copies (not originals) of all documents which pertain to your financial situation, including those listed below. If unsure whether a particular document is needed, call our office for discussion.

## Income/Tax

- Individual Tax Returns for the Previous \_\_ Year(s) (Fed/State/Intangible)
- Paycheck Stubs for the Previous \_\_ Month(s)
- Social Security Statements (most recent)

## Estate/Legal

- Wills and Trust Agreements Affecting Client, Spouse or Children
- Pre-Marital Agreement
- Divorce Settlement
- Powers of Attorney Previously Executed
- Investment Partnership Agreements and/or Prospectuses
- Copy of Real Estate Deeds, Contracts and/or Leases
- Previous Gift Tax Returns

## Investment/Asset

- Most Recent Bank Statements (checking, savings, money market, CDs)
- Schedule or Copies of Securities, Bonds, Mutual Funds, Annuities
- Cost Basis Information for All Taxable (non-qualified) Accounts
- Appraisals of Personal Property, Jewelry, Collections, Antiques
- IRA/Profit Sharing/Pension/401k/Retirement Statements for Last \_\_ Years
- List of minor children's assets

## Insurance

- Life Ins Policies Including Most Recent Statements and Dividend Info
- Property and Liability Ins Policies Including Most Recent Declaration Pgs
- Disability and Health Insurance Policies

## Debt/Liability

- Mortgage Notes, Closing Statements and/or Other Loan Documents
- Credit Report

## Company Benefit

- Current Employee Benefit Statements, Summaries and Descriptions
- Most Recent Stock Option Statements
- Copy of Beneficiary Designation for Employee Benefits
- Employment Agreement and Deferred Compensation Agreement

## Business Owner

- Business Ownership Documents
- Business Tax Return and Financial Statement for Past \_\_ Year(s)

## Other

- Any Prior Analysis Prepared Regarding Insurance, Investments or Estate
- \_\_\_\_\_
- \_\_\_\_\_

# General Information

**Client Name (1):** \_\_\_\_\_

**Client Name (2):** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Home E-Mail: \_\_\_\_\_

Home E-Mail: \_\_\_\_\_

Work E-Mail: \_\_\_\_\_

Work E-Mail: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birth date: \_\_\_\_\_

Birth date: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Preferred Method of Communication? \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Wedding Anniversary? \_\_\_\_\_

**Client Employer (1):** \_\_\_\_\_

**Client Employer (2):** \_\_\_\_\_

Title/Job: \_\_\_\_\_

Title/Job: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Number of years with this employer? \_\_\_\_\_

Number of years with this employer? \_\_\_\_\_

Anticipated employment changes? \_\_\_\_\_

Anticipated Employment Changes? \_\_\_\_\_

## Family Members (Please list children and other dependants.)

Name	Relationship	SS#	Date of Birth	Dependant	City/State	Phone	Current Grade & Pub./Priv
_____	_____	- - -	/ /	Y / N	_____	_____	_____
_____	_____	- - -	/ /	Y / N	_____	_____	_____
_____	_____	- - -	/ /	Y / N	_____	_____	_____

# ADVISORS

*Please provide us with information of the people listed below since we may need to contact them for additional information. Also, please indicate if you would recommend them to other people.*

## **Attorney:**

Recommend       Do Not Recommend

Company: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## **CPA/Accountant:**

Recommend       Do Not Recommend

Company: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## **Life Insurance Advisor:**

Recommend       Do Not Recommend

Company: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## **Property & Casualty Insurance Advisor:**

Recommend       Do Not Recommend

Company: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## **Health Insurance Advisor:**

Recommend       Do Not Recommend

Company: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## **Pension Plan Administrator:**

Recommend       Do Not Recommend

Company: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## **Investment Advisor:**

Recommend       Do Not Recommend

Company: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## **Financial Planner:**

Recommend       Do Not Recommend

Company: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## **Trustees:**

Recommend       Do Not Recommend

Company: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## **Other:**

Recommend       Do Not Recommend

Company: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

# Goals & Objectives

Indicate important goals you're currently working toward or may be considering by checking the appropriate box. Please add any additional goals and comments as needed.

- Retirement Goal: Age \_\_\_\_\_ Alternate \_\_\_\_\_ Co-Client age \_\_\_\_\_ Alternate \_\_\_\_\_
- Fund college expenses:     Public         Private        \_\_\_\_\_ years to fund        \_\_\_\_\_ % to cover
- Establish emergency reserve:        Goal \$ \_\_\_\_\_
- Maintain current standard of living if disability occurs
- Minimize net worth erosion in the event of long-term care needs
- Provide adequate survivor income to maintain current standard of living
- Assure the distribution of estate assets in accordance with desires
- Minimize estate taxes
- Assure prudent management of estate assets and properties
- Provide sufficient liquidity to assure continuity of business interests
- Plans to marry:                                When: \_\_\_\_\_                                Approx Cost: \$ \_\_\_\_\_
- Plans for children:                            When: \_\_\_\_\_                                How Many: \_\_\_\_\_
- Change employment:                        When: \_\_\_\_\_                                Comments: \_\_\_\_\_
- Buy a home:                                    When: \_\_\_\_\_                                Approx Value: \$ \_\_\_\_\_
- Sell a home:                                    When: \_\_\_\_\_                                Approx Value: \$ \_\_\_\_\_
- Start a business:                              When: \_\_\_\_\_                                Type \_\_\_\_\_
- Sell a business:                                When: \_\_\_\_\_                                Type \_\_\_\_\_
- Expand a business:                          When: \_\_\_\_\_                                Type \_\_\_\_\_
- Purchase investment property:            When: \_\_\_\_\_                                Approx Value: \$ \_\_\_\_\_
- Sell investment property:                  When: \_\_\_\_\_                                Approx Value: \$ \_\_\_\_\_
- Save more money:                            When: \_\_\_\_\_                                How much: \$ \_\_\_\_\_
- Invest more money:                          When: \_\_\_\_\_                                How much: \$ \_\_\_\_\_
- Better manage debt:                        Client Credit Score: \_\_\_\_\_        Co-Client Credit Score: \_\_\_\_\_
- Reduce income tax liability:                Comments: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

# Key Assumptions

When creating financial models, we use certain default assumptions, as shown below. Assumed returns on investment accounts will be based on their current asset allocation returns shown below. If you'd like us to use different assumptions in our calculations, please indicate below.

	<u>Default</u>	<u>Alternative?</u>
<b>Cash Management</b>		
The Inflation Rate will average (excluding Medical Ins. & Education):	3% per year	_____
The Inflation Rate for Education Expenses will average:	8% per year	_____
The Inflation Rate for Medical Insurance will average:	8% per year	_____
The Inflation Rate for Medicare/Medigap will average:	6% per year	_____
Surplus funds will be projected to increase at an after-tax rate of:	0% per year	_____
Surplus funds, if any, will be assumed to be:	Spend each year	_____
Cash flow deficits, if any accrue at a projected (interest) expense of:	0% per year	_____
Surplus projections to be included in Retirement:	No	_____
Surplus projections to be included in Estate Analysis:	Yes	_____
Other: _____	_____	_____
<b>Career and Lifestyle</b>		
Current base salary is projected to increase at a rate of:	3% per year	_____
Spouse base salary is projected to increase at a rate of:	3% per year	_____
Life expectancy is:	Age 90	_____
Spouse life expectancy is:	Age 90	_____
Other: _____	_____	_____
<b>Retirement:</b>		
Social Security benefit payments will be indexed at rate of:	2.5% per year	_____
If you are age 50-54, benefits reduced to:	75% projected	_____
If you are age 45-49, benefits reduced to:	70% projected	_____
If you are age 40-44, benefits reduced to:	65% projected	_____
If you are age 35-39, benefits reduced to:	60% projected	_____
If you are age 30-34, benefits reduced to:	55% projected	_____
If you are under age 30, benefits reduced to:	50% projected	_____
Other: _____	_____	_____
<b>Investments/Real Estate</b>		
Checking account balances are assumed to earn:	0% interest	_____
Savings account balances are assumed to earn:	0% interest	_____
Your personal residence will continue to appreciate at:	3% per year	_____
Equities/stock mutual funds pre-tax return:	6% per year	_____
Balanced pre-tax returns:	5% per year	_____
Fixed Income/Bond mutual funds pre-tax return:	3% per year	_____
Other: _____	_____	_____
<b>Life Insurance</b>		
Survivor assets would have average before-tax earnings of:	5% per year	_____
Life insurance policy premiums will continue to be paid:	Same basis	_____
Other: _____	_____	_____
<b>Estate and Legal</b>		
Estimated Estate Probate fees:	3%	_____
Estimated Estate Administration fees:	3%	_____
Estate analysis calculation assumes that the first death occurs:	End of this year	_____
Estate analysis calculation assumes second death would occur in:	10 years	_____
Other: _____	_____	_____

# Estate Planning

Please indicate the year in which key estate planning documents were last updated.

Will	Client: _____	Co-client: _____
Durable Power of Attorney	Client: _____	Co-client: _____
Health Care Directive	Client: _____	Co-client: _____
Living Will	Client: _____	Co-client: _____
Living Trust	Client: _____	Co-client: _____
Other: _____	Client: _____	Co-client: _____

Please indicate which of the following needs you want satisfied if you are the survivor:

	<u>Client is Survivor</u>	<u>Co-Client is Survivor</u>
Funeral Expenses	<input type="checkbox"/> Cremation <input type="checkbox"/> Full	<input type="checkbox"/> Cremation <input type="checkbox"/> Full
Emergency Reserve (months of expenses)	____ month(s)	____ month(s)
Have Mortgage Paid Off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have Home Equity Loan Paid Off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have Consumer Debt Paid Off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have College Funding Satisfied?	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ years ____ % <input type="checkbox"/> public <input type="checkbox"/> private	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ years ____ % <input type="checkbox"/> public <input type="checkbox"/> private
Additional Income Need for Survivor?	\$ _____	\$ _____
Other: _____	_____	_____

## Client Health-Related Information:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Tobacco Usage:  Yes  No  
 Type: \_\_\_\_\_ How often: \_\_\_\_\_  
 Date last used: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Medical Impairments (e.g., Diabetes, Cancer, Hypertension, Heart Disease, etc.):  
 \_\_\_\_\_

Medication, Purpose, Dosage & Frequency:  
 \_\_\_\_\_  
 \_\_\_\_\_

Father's Age: \_\_\_\_\_  Living  Deceased  
 If deceased, age at death: \_\_\_\_\_  
 Heart Disease  Cancer  
 Other: \_\_\_\_\_

Mother's Age: \_\_\_\_\_  Living  Deceased  
 If deceased, age at death: \_\_\_\_\_  
 Heart Disease  Cancer  
 Other: \_\_\_\_\_

## Co-Client Health-Related Information:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Tobacco Usage:  Yes  No  
 Type: \_\_\_\_\_ How often: \_\_\_\_\_  
 Date last used: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Medical Impairments (e.g., Diabetes, Cancer, Hypertension, Heart Disease, etc.):  
 \_\_\_\_\_

Medication, Purpose, Dosage & Frequency:  
 \_\_\_\_\_  
 \_\_\_\_\_

Father's Age: \_\_\_\_\_  Living  Deceased  
 If deceased, age at death: \_\_\_\_\_  
 Heart Disease  Cancer  
 Other: \_\_\_\_\_

Mother's Age: \_\_\_\_\_  Living  Deceased  
 If deceased, age at death: \_\_\_\_\_  
 Heart Disease  Cancer  
 Other: \_\_\_\_\_

**How concerned are you about the following beneficiary designation hurdles? (Circle a number 1-5):**

- a) I am remarried and want my benefits plans to go to my spouse and only my children from my previous marriage, but not my current spouse’s children.
- b) I am concerned about what may happen to my benefit plans after my death if my spouse remarries into a blended family.
- c) My children are minors. I do not want them to control my assets at age 18. I want to make sure that they attend college.
- d) My children are adults and I’m concerned about their bad financial decisions, potential divorce, their creditors and/or their own blended family.
- e) I want to give back to charity as part of my estate plan.
- f) I want to help with the cost of my grandchildren’s education.
- g) My spouse is receiving Medicaid, what impact will receiving my benefits have on the eligibility of my spouse to continue to receive Medicaid after my death.

Not Concerned		Very Concerned		
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

**How important are the following upon your death?**

- a) How important is it to you to protect your retirement savings from the influence of a subsequent spouse?
- b) How important is it to you to save estate taxes and probate expenses?
- c) How important is it to you to protect your children’s or grandchildren’s inheritance from a child’s creditors or spouse/blended families/bad decisions?
- d) How important is it to you to give back to charitable organizations in your estate plan?

Not Important		Very Important		
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

**Have you experienced any of the following life changing events recently?**

- a) Marriage  Yes  No
- b) Divorce  Yes  No
- c) Birth of a new child/grandchild  Yes  No
- d) Death of a spouse  Yes  No
- e) Death of an ex-spouse  Yes  No
- f) Death of a child  Yes  No



**Do any of the following pertain to you?**

- a) Previous marriage(s)?  Yes  No  
Comments: \_\_\_\_\_
- b) Children from previous relationship(s)?  Yes  No  
Comments: \_\_\_\_\_
- c) Are there any obligations under a divorce decree from a prior marriage(s)?  Yes  No  
Comments: \_\_\_\_\_
- d) Are there any family partnerships?  Yes  No  
Comments: \_\_\_\_\_
- e) Are you currently gifting?  Yes  No  
Comments: \_\_\_\_\_
- f) Are you currently receiving gifts?  Yes  No  
Comments: \_\_\_\_\_
- g) Have you made any taxable lifetime gifts?  Yes  No  
Comments: \_\_\_\_\_
- h) Do you anticipate any inheritances?  Yes  No  
Comments: \_\_\_\_\_
- i) Do you have any creditor problems?  Yes  No  
Comments: \_\_\_\_\_
- j) Do you anticipate any family disputes?  Yes  No  
Comments: \_\_\_\_\_
- k) Do you have any uncertainties about your estate plan?  Yes  No  
Comments: \_\_\_\_\_
- l) Following your death, will your beneficiaries require financial advice regarding the liquidation of assets?  Yes  No  
Comments: \_\_\_\_\_

**Taxes**

Will you have any carry forward of the following items into the current tax year? If so, please indicate amounts:

Unused charity deductions \$ \_\_\_\_\_  
Alternative minimum tax (AMT) credits \$ \_\_\_\_\_  
Realized capital losses \$ \_\_\_\_\_

In the current year, have you already incurred any realized gains or losses? If so, please describe:

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**Note:** for all assets, please indicate asset titling by listing the owner’s initials. For other ownership, please use the following codes: joint tenants – JT, community property – CP, trust – TR, custodial – CU. *If you own more than one residence (for example, a vacation home) please make a copy of this page and provide the information on a new sheet.*

## Home

Original purchase amount: \_\_\_\_\_ Titling (owner): \_\_\_\_\_  
 Original purchase date: \_\_\_\_\_ Current market value: \_\_\_\_\_  
 Cost of any capital improvements: \_\_\_\_\_

## Mortgage

	<i>Primary</i>	<i>2<sup>nd</sup> Mortgage/ Home Equity Loan</i>		<i>Primary</i>	<i>2<sup>nd</sup> Mortgage/ Home Equity Loan</i>
Loan Date:	_____	_____	Interest rate:	_____	_____
Loan Amount:	_____	_____	Principal & Interest Pmt:	_____	_____
Current Balance:	_____	_____	Escrow Pmt:	_____	_____
As of (date):	_____	_____	PMI Pmt:	_____	_____
Amortization Period (yrs):	_____	_____	Extra Pmt:	_____	_____

Please describe any other home equity debt, such as lines of credit, second mortgages, etc., including term, amount, interest rate:

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## Other real estate (investment property)

If you have investment real estate (rental property), please provide information on income, expenses and depreciation. A copy of Schedule E from your income tax return can give you this data.

If you have borrowed money to purchase these properties, record the loans on the next page under “Liabilities”.

Description	Owner	Purchase Date	Cost Basis	Market Value	Rental Income	Rental Expense	Depreciation

## Personal property (automobiles, furnishings, collectibles, art, jewelry, etc.)

If you have borrowed money to purchase these properties, record the loans below under "Liabilities".

Description	Owner	Value

## Liabilities (loans, credit cards, but not loans for your home)

Description	Owner	Start Date	Loan Amount	Current Principal	Principal Date	Term (Years)	Interest Rate	Required Pmt	Actual Pmt

## Non-qualified (taxable) assets (cash, mutual funds, stocks, brokerage, etc.)

Please include all current contributions to each asset.

Description	Owner	Value	Contributions	Frequency

## Qualified (tax-deferred) assets (IRAs, 401k, TSAs, Keoghs, etc.)

Please include all current contributions to each asset.

Description	Owner	Value	Contributions		Frequency
			Employee (%/ \$\$)	Employer (%/ \$\$)	

## Business Interests

Description	Owner	% Ownership	Value	Income	Expenses

## Life Insurance

Company	Type	Owner	Insured	Beneficiary	Death Benefit	Cash	
						Surrender Value	Premium/ Frequency

## Disability Insurance

Company	Owner	Insured	Monthly Benefit	Waiting Period	Benefit Period	Premium/ Frequency

## Long-term Care Insurance

Company	Owner	Insured	Daily Benefit	Waiting Period	Benefit Period	Premium/Frequency

## Home/Property Insurance

Company	Dwelling Coverage	Other Structures	Contents	Personal Liability	Medical Payments	Premium/Frequency

## Auto/Vehicle Insurance

Company	Bodily Injury	Medical Payments	Deductible Comprehensive	Deductible Collision	Uninsured Motorists	Underinsured Motorists	Premium/Frequency

## Medical Insurance

Company	Policy Type	Group Y/N	Annual Deductible	Insured's Co-Payment	Annual Personal Limit	Maximum Benefit	Premium/Frequency

## Other Insurance (Umbrella Liability, Boat, Airplane, Professional, Indirect Loss, etc.)

Company	Description	Amt. of Coverage	Premium/Frequency

# Planned Transfers

If you are planning to make any significant asset transfers in the future, please describe below. Examples include rollover of a 401(k) account into an IRA, mortgage paydowns, the sale of a business, etc.

Transfer Description


# Other Current Strategies

Describe any other financial strategies currently being utilized. This may include any other **wealth accumulation strategies** not previously listed, **debt reduction strategies** (such as making additional principal payments on a loan), or **redemption strategies** (periodic asset sales). Please indicate the applicable time period for each strategy (i.e., while I’m working, January 2005 through December 2010, etc.).

Description of Strategy	Owner	Amount	Frequency	Applicable Period

# Potential Strategies

If you’d like to see how different strategies or assumptions might impact your financial situation, please describe them below. Examples include different retirement dates, different living expenses, use of specific estate planning strategies, or major purchases. Please include amounts, frequency, applicable periods, and any other pertinent information.

Strategy/Assumption Description


# Income Worksheet (please attach recent pay stubs)

	Job #1	Job #2	Job #3
<b><u>INCOME FROM YOUR JOB(S)</u></b>			
Gross Income (per pay period)	\$ _____	\$ _____	\$ _____
Federal Tax Withholding	\$ _____	\$ _____	\$ _____
F.I.C.A Tax Withholding	\$ _____	\$ _____	\$ _____
State Tax Withholding	\$ _____	\$ _____	\$ _____
Other Tax Withholding	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
<b>TOTAL DEDUCTIONS</b>	\$ _____	\$ _____	\$ _____
<b>NET INCOME PER PAY PERIOD</b>	\$ _____	\$ _____	\$ _____
Number of Pay Periods in Year	_____	_____	_____
<b>TOTAL YEARLY NET INCOME</b>	\$ _____	\$ _____	\$ _____
<b><u>INCOME FROM OTHER SOURCES</u></b>			
Bonuses	\$ _____	\$ _____	\$ _____
Self-employment Income	\$ _____	\$ _____	\$ _____
Alimony/Child Support	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Pension Plan	\$ _____	\$ _____	\$ _____
Disability Payments	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME FROM OTHER SOURCES</b>	\$ _____	\$ _____	\$ _____
Adjustment for taxes (as needed)	\$ _____	\$ _____	\$ _____
<b><u>INCOME FROM PROPERTY/ASSETS</u></b>			
Interest	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____
Rental Income After Expenses	\$ _____	\$ _____	\$ _____
Realized Capital Gains	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
<b>TOTAL ASSETS INCOME</b>	\$ _____	\$ _____	\$ _____
Adjustment for taxes (as needed)	\$ _____	\$ _____	\$ _____
<b>YEARLY INCOME GRAND TOTAL</b>	\$ _____	\$ _____	\$ _____

Should any periods of significantly higher or lower earned income be assumed due to anticipated large bonuses or part-time work? If so, please indicate the income levels and applicable periods.

Client: \_\_\_\_\_

Co-Client: \_\_\_\_\_

# Social Security Income (skip this section if already getting SSA benefits)

Have you received an estimated benefits statement from the Social Security Administration? If so, please indicate your estimated benefit amount and provide us with a copy of your benefits estimate statement.

## RETIREMENT BENEFITS

	<u>Age</u>	<u>Monthly Amount</u>		<u>Age</u>	<u>Monthly Amount</u>
Client:	_____	_____	Co-Client:	_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____

## DISABILITY BENEFITS

Client:	_____	Co-Client:	_____
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## SURVIVORSHIP BENEFITS

If you've earned enough credits for your family to receive survivor benefits, provide the monthly amount for each.

	<u>Client</u>	<u>Co-Client</u>
Your child	_____	_____
Your spouse who is caring for your child	_____	_____
Your spouse if benefits start at full retirement age	_____	_____
Maximum total family benefits	_____	_____

## APPLICABLE SOCIAL SECURITY BENEFITS TO BE INCLUDED IN PLAN:

Retirement Benefits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survivor Benefits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability Benefits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No



# Defined Benefit Pension Plans (attach pension statements or obtain information from the company's pension administrator)

<b><u>Client:</u></b>	<u>Pension 1</u>	<u>Pension 2</u>
Name of Provider:	_____	_____
Estimated Benefits:		
Age	Amount/Month	Amount/Month
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your survivor eligible to receive benefits if you die this year?

Pension 1:     Yes     No    \$\_\_\_\_\_ Amount/mo or \_\_\_\_\_%

Pension 2:     Yes     No    \$\_\_\_\_\_ Amount/mo or \_\_\_\_\_%

<b><u>Co-Client:</u></b>	<u>Pension 1</u>	<u>Pension 2</u>
Name of Provider:	_____	_____
Estimated Benefits:		
Age	Amount/Month	Amount/Month
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your survivor eligible to receive benefits if you die this year?

Pension 1:     Yes     No    \$\_\_\_\_\_ Amount/mo or \_\_\_\_\_%

Pension 2:     Yes     No    \$\_\_\_\_\_ Amount/mo or \_\_\_\_\_%

# Expenses Worksheet

## Regular Expenses

Monthly    Annually

### CONSUMPTION

	<u>Monthly</u>	<u>Annually</u>
<b>HOUSING COSTS</b>		
Mortgage/Rent (primary)	\$ _____	\$ _____
Mortgage/Rent (2 <sup>nd</sup> )	\$ _____	\$ _____
Lawn Care	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Improvement	\$ _____	\$ _____
Property Tax	\$ _____	\$ _____
Homeowners Ass. Fees	\$ _____	\$ _____
Cleaning Help	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<b>UTILITIES</b>		
Gas	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Water	\$ _____	\$ _____
Waste Disposal/Sewer	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Television (Cable/Dish)	\$ _____	\$ _____
Internet	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<b>FOOD</b>		
Groceries	\$ _____	\$ _____
Dining Out	\$ _____	\$ _____
Work Lunches	\$ _____	\$ _____
School Lunches	\$ _____	\$ _____
Bottled Water	\$ _____	\$ _____
Pet Food	\$ _____	\$ _____
Liquor/Tobacco Prod	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<b>CLOTHING</b>		
Adult	\$ _____	\$ _____
Children	\$ _____	\$ _____
Alterations/Repairs	\$ _____	\$ _____
Laundry & Dry Clean	\$ _____	\$ _____
School Requirements	\$ _____	\$ _____
Sports	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<b>MEDICAL</b>		
Drugs & Medicine	\$ _____	\$ _____
Hospital/Doctor/Dentist	\$ _____	\$ _____
Glasses/Contacts	\$ _____	\$ _____
Counseling/Therapy	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

### **AUTO & TRANSPORTATION**

Purchase/Lease #1	\$ _____	\$ _____
Purchase/Lease #2	\$ _____	\$ _____
Gas & Oil	\$ _____	\$ _____
Rental/Taxi/Bus Fare	\$ _____	\$ _____
Maintenance: Regular	\$ _____	\$ _____
Maintenance: Major	\$ _____	\$ _____
Parking/Tolls/Wash	\$ _____	\$ _____
License Plates/Tax	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

### **CHILD CARE**

Day Care/Babysitting	\$ _____	\$ _____
Children's Allowance	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

### **CONTINUING EDUCATION**

Tuition	\$ _____	\$ _____
School Supplies	\$ _____	\$ _____
Self-Education	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

### **RECREATION & ENTERTAINMENT**

Hobbies	\$ _____	\$ _____
Music/Dancing Lessons	\$ _____	\$ _____
Club Dues	\$ _____	\$ _____
Movies/Theater/Sports	\$ _____	\$ _____
Vacations	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

### **GIFTS**

Family Gifts (Hol/Bday)	\$ _____	\$ _____
Non-Family Gifts	\$ _____	\$ _____
Weddings/Anniv	\$ _____	\$ _____
Church	\$ _____	\$ _____
Charities	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

### **PERSONAL/OTHER MISCELLANEOUS**

Books/Mags/Nwsppr	\$ _____	\$ _____
Tax Preparation	\$ _____	\$ _____
Pet Medical Care	\$ _____	\$ _____
Business Expenses	\$ _____	\$ _____
Postage & Stationary	\$ _____	\$ _____
Toiletries & Cosmetics	\$ _____	\$ _____
Hair/Nails	\$ _____	\$ _____
Gym/Trainer	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

### **CONSUMER DEBT**

Credit Card (#1)	\$ _____	\$ _____
Credit Card (#2)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

### **TOTAL CONSUMPTION:**

\$ \_\_\_\_\_    \$ \_\_\_\_\_

# Expenses Worksheet (cont.)

	<u>Monthly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Annually</u>
<b><u>INSURANCE</u></b>			<b><u>SAVINGS &amp; INVESTMENT</u></b>	
<b>LIFE</b>			Emergency Fund	\$ _____ \$ _____
Client	\$ _____	\$ _____	Education Funding	\$ _____ \$ _____
Co-Client	\$ _____	\$ _____	Other long-term goals	\$ _____ \$ _____
Children: _____	\$ _____	\$ _____	Major purchases	\$ _____ \$ _____
<b>DISABILITY</b>			Summer Home/Camper	\$ _____ \$ _____
Client	\$ _____	\$ _____	Other: _____	\$ _____ \$ _____
Co-Client	\$ _____	\$ _____	<b><u>RETIREMENT</u></b>	
<b>HEALTH</b>			Client 401k/403b	\$ _____ \$ _____
Client	\$ _____	\$ _____	Co-Client 401k/403b	\$ _____ \$ _____
Co-Client	\$ _____	\$ _____	Client IRA/Roth IRA	\$ _____ \$ _____
<b>OTHER</b>			Co-Client IRA/Roth IRA	\$ _____ \$ _____
Home Insurance	\$ _____	\$ _____	Other: _____	\$ _____ \$ _____
Auto Insurance	\$ _____	\$ _____	<b><u>SUMMARY</u></b>	
Liability Ins (Umbrella)	\$ _____	\$ _____	CONSUMPTION	\$ _____ \$ _____
Personal Property	\$ _____	\$ _____	INSURANCE	\$ _____ \$ _____
Other: _____	\$ _____	\$ _____	SAVINGS/INVSTMNT	\$ _____ \$ _____
			RETIREMENT	\$ _____ \$ _____
			<b>GRAND TOTAL (ANNUAL)</b>	
				\$ _____ \$ _____

## Semi Regular Expenses

Description (i.e. vacation, auto purchase)	Amount	Frequency (Specific in Years)
_____	_____	_____
_____	_____	_____

## Lump Sum Expenses

Expense Description (i.e. vacation, wedding, vacation home)	Amount	Date Effective
_____	_____	_____
_____	_____	_____

## Expense Changes in Retirement

What living expenses (Vacations, Hobbies, Dining Out, etc.), if any, do you anticipate changing at retirement?

	Increase (Decrease)		Increase (Decrease)
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%

## Free Cash Flow

In general, when cash is built up in your bank accounts, what percentage of this excess cash flow tends to be spent versus saved versus applied to debt?

% Spent: \_\_\_\_\_ % Saved: \_\_\_\_\_ % Debt: \_\_\_\_\_

# Authorization To Furnish Information (All Participants)

To \_\_\_\_\_

Date \_\_\_\_\_

## REQUEST

I hereby request and authorize the above to obtain any information necessary to prepare certain financial, investment, and insurance recommendations for my consideration.

Any attorney, accountant, investment advisor, insurance agent, bank or trust officer, is hereby requested and authorized to furnish any and all information, papers, documents, or copies thereof which may be requested.

Any employer is requested and authorized to furnish any and all information regarding employee benefit programs for which I may be entitled now or in the future.

Any life, health, or casualty insurance company with which I have insurance is hereby requested and authorized to furnish any information regarding my policies, including any policy service, change, or surrender forms.

## OPTIONAL MEDICAL INFORMATION RELEASE

Any physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, or other organization, institution, or person, is hereby authorized to furnish any information in their possession concerning my insurability and that of my immediate family.

- This medical release is:       Authorized       Not Authorized

## AUTHORIZATION REPRODUCTION AND TERM

Because this is a multi-purposed service form, a photographic copy of this Authorization shall be as effective and valid as the original for a period of one year, and all parties receiving a copy are hereby requested to accept a reproduction thereof.

Name \_\_\_\_\_  
(Print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Print)

Signature \_\_\_\_\_

Date \_\_\_\_\_