

GLOBE WEALTH MANAGEMENT

Navigating Your Financial World, *Together.*

Financial Planning Workbook

INVESTMENT PLANNING | ESTATE PLANNING + CHARITABLE GIVING | RETIREMENT PLANNING

[*create a strategic plan*]



RISK MANAGEMENT + INSURANCE | CASH FLOW + BUDGET | GENERATIONAL WEALTH PLANNING | INCOME TAX PLANNING



Documentation Checklist

The following documents will be necessary to properly study, analyze, and prepare a strategic financial plan that is customized for your unique financial goals and objectives. This material will be treated confidentially and returned to you when the planning process is completed, or earlier if requested.

Personal Documents:

- Latest Income Tax Returns
- Loan Statements for:
Vehicles, Boats, Motorcycles, etc.
- Mortgage Statement
- Home Equity Loan Statement
- Student Loans
- Property Tax
- Social Security Statement
Obtain social security statement at www.ssa.gov

Estate Documents:

- Last Will and Testament
- Power of Attorney
- Living Will/Healthcare Proxy
- Trust Documents

Employer Documents:

- Pay Stubs (*Current & Prior Year End*)
- Employee Benefits Booklets and Enrollments
- Retirement Savings Plan Statements

Qualified Retirement Accounts:

- 401k
- Pension
- Employer Provided Retirement Savings
- Traditional IRA
- Roth IRA

Bank or Credit Union Statements:

- Checking Account Statements
- Savings, CDs, Money Market Account Statements
- Credit Card Statements

Investment Accounts Statements:

(If you access online, please provide current account statement and not just a screenshot)

- Trust Account
- Joint Account
- Individual Account
- College Savings (529)/Coverdell Statements
- Annuity Statements

Insurance Company Policy Information:

- Life Insurance Statement and Policy Document
- Health Insurance, Hospital and Major Medical Policy
- Disability Insurance Statement and Policy Document
- Property and Casualty Policy
- Long-Term Care Statement and Policy Document
Personal or Employer policy information

Business Agreements:

- Buy-Sell Agreement and Funding Information
- Deferred Compensation Agreements
- Stock, Option, Bonus Plans

Primary Address

Physical Address

Street Address

Town/City

State

Zip

Mailing

Same as Above

Street Address

Town/City

State

Zip

Professional Contacts

Certified Public Accountant

Yes

No

Business Name

Accountant's Name

Street Address

Town/City

State

Zip

Office Phone

Mobile Phone

Work Email

Attorney

Yes

No

Business Name

Attorney's Name

Street Address

Town/City

State

Zip

Office Phone

Mobile Phone

Work Email

Child/Beneficiary #1

Identify:

Dependent

Independent

First Name

Middle Name

Last Name

Relationship to:

Investor A

Investor B

Date of Birth

Gender

Relationship Status

Contact Information:

Street Address

Town/City

State

Zip

Mobile Phone

Home Phone

Personal Email

School:

Grade School: Public Private Current Grade: _____ University: Current Year: _____

Name of School

Employment:

Employed

Employer

Expenses:

Babysitter: _____ Day Care: _____ School/ University Tuition & Fees: _____

Sports: _____ Activities: _____ Lessons: _____ Allowances: _____

Child Support: Received or Paid _____

Child/Beneficiary #2

Identify:

Dependent

Independent

First Name

Middle Name

Last Name

Relationship to:

Investor A

Investor B

Date of Birth

Gender

Relationship Status

Contact Information:

Street Address

Town/City

State

Zip

Mobile Phone

Home Phone

Personal Email

School:

Grade School: Public Private Current Grade: _____

University: Current Year: _____

Name of School

Employment:

Employed

Employer

Expenses:

Babysitter: _____

Day Care: _____

School/ University Tuition & Fees: _____

Sports: _____

Activities: _____

Lessons: _____

Allowances: _____

Child Support: Received or Paid _____

Child/Beneficiary #3

Identify:

Dependent Independent

First Name Middle Name Last Name

Relationship to: Investor A Investor B

Date of Birth Gender Relationship Status

Contact Information:

Street Address

Town/City State Zip

Mobile Phone Home Phone

Personal Email

School:

Grade School: Public Private Current Grade: _____ University: Current Year: _____

Name of School

Employment:

Employed

Employer

Expenses:

Babysitter: _____ Day Care: _____ School/ University Tuition & Fees: _____

Sports: _____ Activities: _____ Lessons: _____ Allowances: _____

Child Support: Received or Paid _____

Child/Beneficiary #4

Identify:

Dependent

Independent

First Name

Middle Name

Last Name

Relationship to:

Investor A

Investor B

Date of Birth

Gender

Relationship Status

Contact Information:

Street Address

Town/City

State

Zip

Mobile Phone

Home Phone

Personal Email

School:

Grade School: Public Private Current Grade: _____

University: Current Year: _____

Name of School

Employment:

Employed

Employer

Expenses:

Babysitter: _____

Day Care: _____

School/ University Tuition & Fees: _____

Sports: _____

Activities: _____

Lessons: _____

Allowances: _____

Child Support: Received or Paid _____

Real Estate Addresses

Property 1

This is your Primary Residence

Property 2

Type of Property: Additional Residence Rental/Investment

Street Address

Town/City

State

Zip

Property 3

Type of Property: Additional Residence Rental/Investment

Street Address

Town/City

State

Zip

Property 4

Type of Property: Additional Residence Rental/Investment

Street Address

Town/City

State

Zip

Real Estate

Loan Information

	Property 1	Property 2	Property 3	Property 4
Est. Market Value				
Mortgage Payment				
Rate Type				
Year Loan Originated				
Initial Balance				
Term (in Years)				
Annual Interest Rate				
Current Balance				

(Provide Current Statements)

Monthly Expenses

	Property 1	Property 2	Property 3	Property 4
Rent Payment				
Renters Insurance				
Property Taxes				
Homeowners Insurance				
Liability Insurance				
Repairs				
Improvements				
Association Fees				

(Provide Current Statements)

Globe Wealth Management

Monthly Expenses Continued

	Property 1	Property 2	Property 3	Property 4
Water/Sewer				
Electric				
Gas/Oil				
Trash/ Recycling				
Internet				
Cable/Satellite				
Phone - Landline				
Phone – Mobile		x	x	x
Cleaning Supplies				
Cleaning Services				
Lawn Care				
Landscaping				
Pest Control				
Security Systems				
Other:				
Other:				

(Provide Current Statements)

Public Transportation

Additional Expenses	Taxi/Uber	Subway	Bus	Train

Transportation

(Cars, Trucks, SUVs, Motorcycles, etc.)

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Make				
Model				
Year				
Ownership Status				
Est. Market Value				

Loan Information

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year Loan Originated				
Initial Balance				
Term (in Years)				
Annual Interest Rate				
Cost Basis				
Current Balance				
Monthly Payment				

(Provide Current Statements)

Monthly Transportation Expenses

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Lease Payment				
Registrations				
Gas				
Maintenance				
Repairs				
Upgrades				
Tolls/Parking				

(Provide Current Statements)

Vehicles for Fun

(Boats, ATVs, Side-by-Sides, Snowmobiles, Jet skis, etc.)

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Make				
Model				
Year				
Est. Market Value				

Loan Information

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Loan Origination Date				
Initial Balance				
Term (in Years)				
Annual Interest Rate				
Cost Basis				
Current Balance				
Monthly Payment				

(Provide Current Statements)

Monthly Associated Expenses

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Registrations				
Gas				
Maintenance				
Repairs				
Upgrades				
Tolls/Parking				

(Provide Current Statements)

Accounts

Bank Accounts

	Account 1	Account 2	Account 3	Account 4
Owner(s)				
Account Type				
Bank Name				
Routing #				
Account #				

(Provide Current Statements)

Qualified Retirement Accounts

	Account 1	Account 2	Account 3	Account 4
Owner				
Account Type				
Company				
Account #				
Current Value				
Contributions				
Beneficiary				
% Designated				
Beneficiary				
% Designated				
Beneficiary				
% Designated				
Beneficiary				
% Designated				

(Provide Current Statements)

Globe Wealth Management

Deferred Annuities

	Account 1	Account 2	Account 3	Account 4
Owner(s)				
Account Type				
Company				
Account #				
Market Value				
Monthly Premium				
Cost Basis				
Beginning Date				
Ending Date				
Beneficiary				
% Designated				
Beneficiary				
% Designated				
Beneficiary				
% Designated				
Beneficiary				
% Designated				

(Provide Current Statements)

Investment Accounts

	Account 1	Account 2	Account 3	Account 4
Owner(s)				
Account Type				
Company				
Account #				
Current Value				
Contributions				

(Provide Current Statements)

Globe Wealth Management

Education Accounts

	Account 1	Account 2	Account 3	Account 4
Owner				
for the Benefit of				
Account Type				
Company				
Account #				
Current Value				
Contributions				

(Provide Current Statements)

Personal Loans

	Loan 1	Loan 2	Loan 3	Loan 4
Owner(s)				
Company				
Origination Date				
Initial Balance				
Term (in Years)				
Annual Interest Rate				
Current Balance				
Monthly Payment				

(Provide Current Statements)

Credit Cards

	Card 1	Card 2	Card 3	Card 4
Owner				
Company				
Last 4 Digits				
Current Balance				
Monthly Payment				
Annual Interest Rate				

(Provide Current Statements)

Monthly Income

	Investor A	Investor B
Salary - Gross		
Social Security		
Alimony		
Rental Property		
Annuities		
Retirement Account Income		
Lump Sum		
Other Income		

(Please Include Pay Stubs & Completed Prior Year Tax Return)

Additional Monthly Expenses

Food & Beverage	Household
Groceries	
Coffee/ Fast Food	
Restaurant Dining	
Bar/Alcohol	
Other:	

Clothing	Household
New Clothing	
Shoes/Accessories	
Dry Cleaning	
Tailor/ Cobbler	
Other:	

Furnishings	Household
New Décor	
Repairs	
Refinishing	
Cleaning	
Other:	

Personal Care	Household
Haircuts	
Personal Care Products	
Spa/Massage	
Gym/Club Memberships	
Other:	

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Medical	Household
Medical Bills	
Dental Bills	
Vision Bills	
Prescriptions	
Alternatives	
Other:	

(If Recurring Out of Pocket Expenses)

Entertainment	Household
Streaming Services	
Subscriptions/Memberships	
Movies/Concerts	
Sports	
Hobbies	
Recreation	
Seasonal Passes	
Other:	

Vacation/Holidays	Household
Travel	
Equipment	
Accommodations	
Birthday Gifts	
Holiday Gifts	
Other:	

Education/ Self-Improvement	Household
Classes/Seminars	
Equipment	
Other:	

Charitable Contributions	Household
Tithes	
Donations	
Gifts	
Other:	

Globe Wealth Management

Pet(s)

	Pet 1	Pet 2	Pet 3	Pet 4
Type				
Name				
Vet				
Medications				
Food				
Supplements				
Toys/ Equipment				
Other:				

We love pets!! Tell us more about yours:

Insurance

Investor A

	Life Insurance	Long-Term Care	Disability
Company Name			
Group or Private			
Policy Name			
Policy #			
Issue Date			
Monthly Premium			
Current Value			
Length of Coverage			
Beneficiary			
% Designated			
Beneficiary			
% Designated			
Beneficiary			
% Designated			
Beneficiary			
% Designated			

	Medical	Dental	Vision
Company Name			
Policy Name			
Policy #			
Issue Date			
Monthly Premium			
Current Value			
Length of Coverage			

Insurance

Investor B

	Life Insurance	Long-Term Care	Disability
Company Name			
Group or Private			
Policy Name			
Policy #			
Issue Date			
Monthly Premium			
Current Value			
Length of Coverage			
Beneficiary			
% Designated			
Beneficiary			
% Designated			
Beneficiary			
% Designated			
Beneficiary			
% Designated			

	Medical	Dental	Vision
Company Name			
Policy Name			
Policy #			
Issue Date			
Monthly Premium			
Current Value			
Length of Coverage			

Get to know YOU!

Savings Goals:

Description	Estimated Cost	Time Horizon	Contributions

Upcoming Life Events:

What Does Retirement Look Like for YOU:

Favorite Things:

Thank you for the opportunity to partner
with you in navigating your financial world.



Helping Entrepreneurs and Business Professionals Pursue Financial Independence

Financial Planning | Investment Management | Risk Management

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