

Personal Financial Planning Guide

This comprehensive, personal financial planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It's the essential first step in organizing a sensible financial plan for your future.

FAMILY INFORMATION

ABOUT YOU	Self	Spouse	
Name			
Social Security #			
Date of Birth			
Anniversary Date			
Citizenship			
Full Home Address			
Years at Residence			
Home Phone			
Cell Phone			
E-Mail Address			
Employer			
Occupation			
Years of Service			
Work Phone			
Full Work Address			
Preferred Contact #	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Driver's License	Number: _____ State: _____ Issue Date: _____ Exp. Date: _____	Number: _____ State: _____ Issue Date: _____ Exp. Date: _____	
YOUR CHILDREN			
Name			
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth			
Social Security #			
College to Attend			

Confidential

ADDITIONAL INFORMATION

Personal Questions

- | | YES | NO |
|---|------------|-----------|
| 1. Do you have a Financial Advisor?
If yes, who? _____ | | |
| 2. Do you have an Insurance Agent?
If yes, who? _____ | | |
| 3. Do you have a will? | | |
| 4. Do you have a living trust? | | |
| 5. Do you have income from real estate? | | |
| 6. Do you have an attorney?
If yes, who? _____ | | |
| 7. Do you have an accountant?
If yes, who? _____ | | |
| 8. Do you expect to care for a special needs child or parent? | | |
| 9. Do you expect an inheritance? | | |
| 10. Any problems with previous stockbrokers? | | |
| 11. Do you have Long Term Care protection? | | |

Financial Planning Objectives

Please rank the following on a scale of 1-10 with 10 being very concerned and 1 being not concerned.

Planning for Children or Grandchildren _____	Desire for Professional Management _____
Reducing Current Income Taxes _____	Maximum Growth _____
Increasing Current Income _____	Combined Growth and Income _____
Estate Planning _____	Maximum Income _____
Charitable Giving _____	

Please bring the following documents to our meeting

- | | |
|----------------------------------|--|
| 1. Last year's tax return | 3. All life insurance and annuity policies |
| 2. All brokerage firm statements | 4. All IRA & retirement statements |

Sources of Monthly Income

	Base Salary	Bonus or Commissions	Estimated Annual Gross Income
You	\$ _____	\$ _____	\$ _____
Spouse	\$ _____	\$ _____	\$ _____

Other Monthly Income (currently receiving)

	Pension/ Annuity	Social Security	Real Estate/ Rental	Other
You	\$ _____	\$ _____	\$ _____	\$ _____
Spouse	\$ _____	\$ _____	\$ _____	\$ _____

Real Estate Holdings

	Est. Market Value	Mortgage Balance	Monthly Payment Inc.	Tax&Ins.?	Rate	Fixed?
Current Residence	\$ _____	\$ _____	\$ _____	Y / N	____%	Y / N
Other Property	\$ _____	\$ _____	\$ _____	Y / N	____%	Y / N

Property & Casualty Insurance (please bring all statements and/or policies)

Company	Property Type	Insured Amount	Annual Premium	Umbrella?
_____	_____	\$ _____	\$ _____	Y / N

NON-QUALIFIED ASSETS

Bank and Credit Union Accounts (Checking, Savings, & Money Market Accounts)

Name of Institution	Average Balance	Business or Personal	Emergency Reserves or Accessible
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Mutual Funds/Stocks/Bonds (please bring all statements)

# of Shares	Name	Original Investment	Market Value	Ownership	Symbol/Cusip
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

Educational Accounts – ESAs, Coverdale, 529s, UTMA's & UGMA's, etc. (please bring all statements)

Name of Account	Type of Account	Original Investment	Market Value	Ownership	Beneficiary
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

Annuities (please bring all statements)

Company	Original Investment	Owner	Date Purchased
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

CDs (please bring all statements)

Name of Bank	Rate of Return	Original Investment	Owner	Date Purchased	Date of Maturity
_____	____%	\$ _____	_____	_____	_____
_____	____%	\$ _____	_____	_____	_____

Present Life Insurance (please bring all statements and/or policies)

Company	Type	Face Amount	Cash Value	Annual Premium	Insured	Beneficiary
_____	_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____	_____

RETIREMENT (QUALIFIED) ASSETS

IRA, Roth, 401(k) & Other Retirement Account Information

Name of Account	Type (IRA, 401(k), Roth, etc.)	Owner	Approx. Value	Monthly Contribution/ Co. Match
_____	_____	_____	\$ _____	\$ _____ / _____
_____	_____	_____	\$ _____	\$ _____ / _____
_____	_____	_____	\$ _____	\$ _____ / _____

Pension or Retirement Income Benefit Information

Benefit Name Adjustment?	Owner	Estimated Monthly Benefit	at age	Cost of Living
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

Retirement Goals

	<u>Ideal</u>	<u>Acceptable</u>
Desired Retirement Age	_____	_____
Monthly Retirement Income Need (In Today's Dollars – Net After Taxes)	_____	_____

In order to achieve your "ideal" goals, how much money would you be willing to contribute to your retirement savings on a monthly basis in addition to what you are currently contributing?

If your "ideal" goals were not attainable, would your preference be to retire later or live on less income?

Do you want to factor social security into your retirement income? _____ If so, at what age? _____

ADDITIONAL RETIREMENT/ FINANCIAL GOALS

Please explain for us any additional or unique financial and/or retirement goals that you have or have considered. (please be specific and include additional pages if necessary. Example: Travel Plans, Major Purchases, Charitable Giving Goals, etc.)



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