



The ASSET PRESERVATION GROUP, INC.

Estate, Tax and Retirement Planning Specialist

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FINANCIAL PLANNING WORKSHEET

Date: _____

1. *Please Print*
2. *If you are not sure about a question, please leave it blank.*
3. *Please round out balances to nearest thousand \$.*
4. *Please bring in latest statements and/or policies for all of your accounts*

CLIENT NAME: _____ DATE OF BIRTH: _____

SPOUSE'S NAME: _____ DATE OF BIRTH: _____

CLIENT EMPLOYER: _____ CLIENT ANNUAL INCOME: _____

SPOUSE EMPLOYER: _____ SPOUSE ANNUAL INCOME: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

CHILDREN:

NAME: _____ DOB _____

NAME: _____ DOB _____

NAME: _____ DOB _____

NAME: _____ DOB _____

NAME: _____ DOB _____

GRANDCHILDREN:

NAME: _____ DOB _____

NAME: _____ DOB _____

NAME: _____ DOB _____

NAME: _____ DOB _____

NAME: _____ DOB _____

BANK INFORMATION				
<i>NAME OF BANK</i>	<i>TYPE OF ACCOUNT</i>	<i>MATURITY/ INTEREST RATE</i>	<i>MONTHLY CONTRIBUTION</i>	<i>APPROXIMATE BALANCE</i>

IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS		
<i>NAME OF CUSTODIAN (BROKER, EMPLOYER, ETC.)</i>	<i>ACCOUNT TYPE (401K, IRA, TSA, SEP, ETC.)</i>	<i>APPROXIMATE BALANCE / VALUE</i>

INDIVIDUAL STOCKS AND BONDS		
<i>NAME OF STOCK</i>	<i>NUMBER OF SHARES</i>	<i>APPROXIMATE MARKET VALUE</i>

NON-IRA MUTUAL FUNDS	
<i>NAME OF FUND</i>	<i>APPROXIMATE MARKET VALUE</i>

ANNUITIES

<i>NAME OF COMPANY</i>	<i>FIXED OR VARIABLE</i>	<i>APPROXIMATE MARKET VALUE</i>

LIFE INSURANCE

<i>NAME OF INSURED</i>	<i>WHOLE LIFE / TERM / UL / VUL</i>	<i>PERSONAL OR GROUP</i>	<i>CASH VALUE</i>	<i>PREMIUM & FREQUENCY</i>	<i>DEATH BENEFITS \$</i>

**OTHER ASSETS
(Real Estate, Limited Partnerships, Etc.)**

<i>TYPE OF ASSET</i>	<i>APPROXIMATE MARKET VALUE</i>	<i>DEBT REMAINING & TERMS</i>

PENSIONS & SOCIAL SECURITY

<i>CLIENT</i>	<i>SPOUSE</i>
\$ _____ Per Month	\$ _____ Per Month
\$ _____ Per Month	\$ _____ Per Month

RESIDENCE

<i>CURRENT RES \$ VALUE</i>	<i>MORTGAGE BALANCE \$</i>	<i>YEARS REMAINING</i>	<i>INTEREST RATE %</i>	<i>PAYMENT (Prin. & Int.)</i>	<i>TAXES</i>	<i>INSURANCE</i>

DEBTS (Auto Loan, Personal Loan, Credit Card, Etc.)		
<i>TYPE</i>	<i>BALANCE REMAINING & INTEREST RATE</i>	<i>PAYMENTS & FREQUENCY</i>

OTHER MISC. RECURRING EXPENSES (Other insurance premiums; Auto, Medical, Medicare, Vacation, Etc.)		
<i>TYPE OF EXPENSE</i>	<i>AMOUNT</i>	<i>FREQUENCY</i>

INVESTMENT EXPERIENCE (In Years)			
<i>STOCKS</i>		<i>BONDS</i>	
<i>ANNUITIES</i>		<i>MUTUAL FUNDS</i>	
<i>PARTNERSHIPS</i>		<i>OTHER</i>	

Are you a US Citizen: ____ Y ____ N If No, What Country?: _____

Are you or a family member affiliated with the securities industry? ____ Y ____ N

CLIENT AGE TO RETIRE? _____ SPOUSE AGE TO RETIRE? _____

What is your current **NET** monthly expense/need? \$ _____ (net of income taxes, and the afore mentioned expenses)

DO YOU HAVE A WILL? _____ POA's? _____ TRUST? _____

WHEN WERE THEY LAST REVIEWED? _____

Have you ever considered Charitable Gifting? _____ If Yes, would you want to make gifts during your life? _____ or, through your Will upon death? _____

If you are inclined to Charitable Gifting, would you be interested in various Income, tax and Estate strategies to help you accomplish this effectively for your heirs as well as various charities? Yes _____, NO _____.

WHAT ARE YOUR FINANCIAL CONCERNS?
