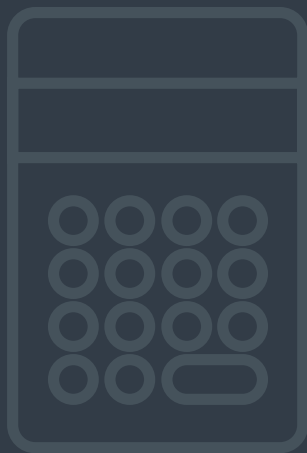



Beneficiary Guide Worksheets

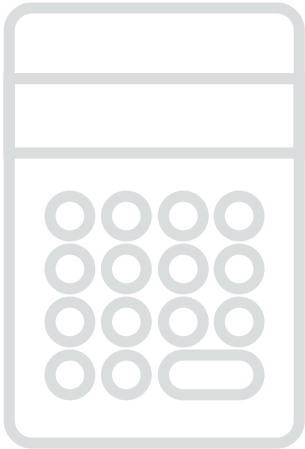




Once you've addressed time-sensitive matters, it's time to assess your assets and liabilities so you can plan for the future. This means determining how much money you'll need from month to month to pay the bills, and how you'll secure a flow of income to accomplish that.

To help guide you through this process, we've created a series of easy-to-understand worksheets. Each worksheet is intended to flesh out one specific area of your financial picture.

When you've completed the worksheets, you can use them to illuminate both your current financial state and a potential pathway forward that can provide meaningful financial security for you and your loved ones.



1

Assess

Get clear on what you own and what sources of income exist on the following asset worksheets:

- Bank accounts worksheet
- Investments worksheet
- Life insurance worksheet
- Trusts worksheet
- Retirement plans worksheet
- Real estate worksheet
- Accounts receivable worksheet
- Personal valuables and other assets worksheet
- Tally page

2

Understand

Understand your day-to-day expenses and other obligations on the following liability worksheets:

- Household bills worksheet
- Credit cards worksheet
- Auto loans worksheet
- Mortgage payments worksheet
- Property taxes worksheet
- Personal loans worksheet
- Charitable contributions worksheet
- Other liabilities worksheet
- Tally page

3

Plan

Bring your entire financial picture into sharper focus by using the expense and income worksheets:

- Expense worksheet: This worksheet can clarify how much money you'll need to meet ongoing living expenses.
- Income worksheet: This worksheet can clarify the scope and reliability of income sources while also helping you determine the best use of proceeds from your loved one's insurance policy.

ASSET WORKSHEET

BANK ACCOUNTS

Name of bank	Account number
Address	
Telephone	Name of contact
Type of account*	Current balance

Name of bank	Account number
Address	
Telephone	Name of contact
Type of account*	Current balance

Name of bank	Account number
Address	
Telephone	Name of contact
Type of account*	Current balance

Name of bank	Account number
Address	
Telephone	Name of contact
Type of account*	Current balance

Total Bank Accounts	\$
----------------------------	-----------

*Checking, savings, money market, joint, individual, joint & survivor, IRA

INVESTMENTS

Type of investment	Broker or Company
Address	
Telephone	Contact
Where are shares/certificates held?	
Account number	Approximate value
Original investment date	Amount originally invested
How are dividends/earnings dispersed? <input type="checkbox"/> Reinvested <input type="checkbox"/> Paid in cash <input type="checkbox"/> Reinvested elsewhere	
<input type="checkbox"/> Other	

Type of investment	Broker or Company
Address	
Telephone	Contact
Where are shares/certificates held?	
Account number	Approximate value
Original investment date	Amount originally invested
How are dividends/earnings dispersed? <input type="checkbox"/> Reinvested <input type="checkbox"/> Paid in cash <input type="checkbox"/> Reinvested elsewhere	
<input type="checkbox"/> Other	

Type of investment	Broker or Company
Address	
Telephone	Contact
Where are shares/certificates held?	
Account number	Approximate value
Original investment date	Amount originally invested
How are dividends/earnings dispersed? <input type="checkbox"/> Reinvested <input type="checkbox"/> Paid in cash <input type="checkbox"/> Reinvested elsewhere	
<input type="checkbox"/> Other	

Total Investments \$

ASSET WORKSHEET

LIFE INSURANCE

Company

Address

Policy number

Death benefit

Policy owner

Type of coverage*

Premium mode** and amount

Policy date

Current cash value

Amount of any policy loans

Agent/Broker

Telephone

Beneficiary

Location of policy

Riders or special provisions***

Company

Address

Policy number

Death benefit

Policy owner

Type of coverage*

Premium mode** and amount

Policy date

Current cash value

Amount of any policy loans

Agent/Broker

Telephone

Beneficiary

Location of policy

Riders or special provisions***

Total Life Insurance

\$

*Individual whole life, term, universal, paid up, single premium, group

**Annual, semi-annual, quarterly, monthly, check-o-matic

***Waiver or premium, long-term care, "other insured" riders, other

TRUSTS

Grantor _____ Trustee _____

Beneficiary(ies) _____

Date of trust / / Amount

Type of trust _____

Location of funds and/or documents _____

Contact _____ Telephone _____

Purpose of trust _____

Grantor _____ Trustee _____

Beneficiary(ies) _____

Date of trust / / Amount

Type of trust _____

Location of funds and/or documents _____

Contact _____ Telephone _____

Purpose of trust _____

Grantor _____ Trustee _____

Beneficiary(ies) _____

Date of trust / / Amount

Type of trust _____

Location of funds and/or documents _____

Contact _____ Telephone _____

Purpose of trust _____

Total Trusts _____ \$ _____

ASSET WORKSHEET

RETIREMENT PLANS

Grantor	Trustee
Company	
Address	
Trustee or Benefits Director	Telephone
Broker or Money Manager	Telephone
Type of plan	Account number
Approximate value	Payout provisions**

Grantor	Trustee
Company	
Address	
Trustee or Benefits Director	Telephone
Broker or Money Manager	Telephone
Type of plan	Account number
Approximate value	Payout provisions**

Grantor	Trustee
Company	
Address	
Trustee or Benefits Director	Telephone
Broker or Money Manager	Telephone
Type of plan	Account number
Approximate value	Payout provisions**

Total Retirements Plans \$

**Lump sum, annuity, lifetime, joint and full survivorship, period certain, other

REAL ESTATE

Type of property*	Date purchased	/	/
Approximate value	Original value		
Address or description			
Disposition at death			

Type of property*	Date purchased	/	/
Approximate value	Original value		
Address or description			
Disposition at death			

Type of property*	Date purchased	/	/
Approximate value	Original value		
Address or description			
Disposition at death			

Type of property*	Date purchased	/	/
Approximate value	Original value		
Address or description			
Disposition at death			

Type of property*	Date purchased	/	/
Approximate value	Original value		
Address or description			
Disposition at death			

Total Real Estate	\$		
--------------------------	----	--	--

*Primary home, vacation home, land, business property, other

ASSET WORKSHEET

ACCOUNTS RECEIVABLE

Type of account*	Amount of loan
Name of debtor	Telephone
Address	
Account number (if any)	Date of loan / /
Payment frequency	Collateral (if any)
Location of loan documents	
Interest rate	Current loan payoff amount

Type of account*	Amount of loan
Name of debtor	Telephone
Address	
Account number (if any)	Date of loan / /
Payment frequency	Collateral (if any)
Location of loan documents	
Interest rate	Current loan payoff amount

Type of account*	Amount of loan
Name of debtor	Telephone
Address	
Account number (if any)	Date of loan / /
Payment frequency	Collateral (if any)
Location of loan documents	
Interest rate	Current loan payoff amount

Total Accounts Receivable \$

*Personal loan, student loan, auto loan, business or family loan, other

PERSONAL VALUABLES

Type	Approx. value	Original cost
Type	Approx. value	Original cost
Type	Approx. value	Original cost
Type	Approx. value	Original cost
Type	Approx. value	Original cost
Type	Approx. value	Original cost
Type	Approx. value	Original cost
Type	Approx. value	Original cost
Type	Approx. value	Original cost
Type	Approx. value	Original cost
Type	Approx. value	Original cost
Type	Approx. value	Original cost
Total Personal Valuables	\$	\$

If insured, name of company

Address

Contact

Telephone

OTHER ASSETS

Type	Approx. value
Type	Approx. value
Type	Approx. value
Type	Approx. value
Type	Approx. value
Type	Approx. value
Type	Approx. value
Type	Approx. value
Type	Approx. value
Type	Approx. value
Type	Approx. value
Total Other Assets	\$

TOTAL ASSETS

Bank Accounts	\$
Investments	\$
Life Insurance Proceeds	\$
Trusts	\$
Retirement Plans	\$
Real Estate	\$
Accounts Receivable	\$
Personal Valuables	\$
Other Assets	\$
TOTAL WORTH	\$

HOUSEHOLD BILLS *(utilities, insurance premiums, etc.)*

Creditor (type of bill)

Address

Contact

Telephone

Average amount of bill

Bill frequency

Date due

/

/

Account number

Creditor (type of bill)

Address

Contact

Telephone

Average amount of bill

Bill frequency

Date due

/

/

Account number

Creditor (type of bill)

Address

Contact

Telephone

Average amount of bill

Bill frequency

Date due

/

/

Account number

Creditor (type of bill)

Address

Contact

Telephone

Average amount of bill

Bill frequency

Date due

/

/

Account number

Creditor (type of bill)

Address

Contact

Telephone

Average amount of bill

Bill frequency

Date due

/

/

Account number

LIABILITY WORKSHEET

HOUSEHOLD BILLS (continued)

Creditor (type of bill)

Address

Contact

Telephone

Average amount of bill

Bill frequency

Date due

/

/

Account number

Creditor (type of bill)

Address

Contact

Telephone

Average amount of bill

Bill frequency

Date due

/

/

Account number

Creditor (type of bill)

Address

Contact

Telephone

Average amount of bill

Bill frequency

Date due

/

/

Account number

Creditor (type of bill)

Address

Contact

Telephone

Average amount of bill

Bill frequency

Date due

/

/

Account number

Creditor (type of bill)

Address

Contact

Telephone

Average amount of bill

Bill frequency

Date due

/

/

Account number

CREDIT CARDS

Credit card company _____ Account number _____

Address _____

Expiration date / / Issued to (name) _____

Current balance Monthly payment Date due / / _____

Individual(s) authorized to sign _____

Credit card company _____ Account number _____

Address _____

Expiration date / / Issued to (name) _____

Current balance Monthly payment Date due / / _____

Individual(s) authorized to sign _____

Credit card company _____ Account number _____

Address _____

Expiration date / / Issued to (name) _____

Current balance Monthly payment Date due / / _____

Individual(s) authorized to sign _____

Credit card company _____ Account number _____

Address _____

Expiration date / / Issued to (name) _____

Current balance Monthly payment Date due / / _____

Individual(s) authorized to sign _____

Credit card company _____ Account number _____

Address _____

Expiration date / / Issued to (name) _____

Current balance Monthly payment Date due / / _____

Individual(s) authorized to sign _____

LIABILITY WORKSHEET

AUTOMOBILE LOANS

Name of bank/lienholder

Address

Contact

Telephone

Account number

Current balance

Payment amount

Frequency

Date due

/

/

Vehicle make & model

Name of bank/lienholder

Address

Contact

Telephone

Account number

Current balance

Payment amount

Frequency

Date due

/

/

Vehicle make & model

Name of bank/lienholder

Address

Contact

Telephone

Account number

Current balance

Payment amount

Frequency

Date due

/

/

Vehicle make & model

MORTGAGE PAYMENTS

Name of bank/mortgage company

Address

Contact

Telephone

Account number

Current balance

Interest rate

Payment amount

Frequency

Date due

/

/

Type of property

Property address

Name of bank/mortgage company

Address

Contact

Telephone

Account number

Current balance

Interest rate

Payment amount

Frequency

Date due

/

/

Type of property

Property address

Name of bank/mortgage company

Address

Contact

Telephone

Account number

Current balance

Interest rate

Payment amount

Frequency

Date due

/

/

Type of property

Property address

LIABILITY WORKSHEET

PROPERTY TAXES

Subject property

Property address

Taxing authority

Address of taxing authority

Contact

Telephone

Account number

Date due

/

/

Amount of payment

Frequency

Homestead exemption

yes

no

Subject property

Property address

Taxing authority

Address of taxing authority

Contact

Telephone

Account number

Date due

/

/

Amount of payment

Frequency

Homestead exemption

yes

no

Subject property

Property address

Taxing authority

Address of taxing authority

Contact

Telephone

Account number

Date due

/

/

Amount of payment

Frequency

Homestead exemption

yes

no

PERSONAL LOANS

Purpose of loan _____

Creditor _____

Address _____

Contact _____ Telephone _____

Account number _____ Interest rate _____

Original loan amount _____ Current balance _____

Amount of payment _____ Frequency _____ Date due _____ / _____ / _____

Cosigner name (if any) _____

Collateral (if any) _____

Purpose of loan _____

Creditor _____

Address _____

Contact _____ Telephone _____

Account number _____ Interest rate _____

Original loan amount _____ Current balance _____

Amount of payment _____ Frequency _____ Date due _____ / _____ / _____

Cosigner name (if any) _____

Collateral (if any) _____

Purpose of loan _____

Creditor _____

Address _____

Contact _____ Telephone _____

Account number _____ Interest rate _____

Original loan amount _____ Current balance _____

Amount of payment _____ Frequency _____ Date due _____ / _____ / _____

Cosigner name (if any) _____

Collateral (if any) _____

LIABILITY WORKSHEET

CHARITABLE CONTRIBUTIONS

Name of charity

Address

Contact

Telephone

Amount of contribution

Frequency

Purpose of charitable contribution

Name of charity

Address

Contact

Telephone

Amount of contribution

Frequency

Purpose of charitable contribution

Name of charity

Address

Contact

Telephone

Amount of contribution

Frequency

Purpose of charitable contribution

Name of charity

Address

Contact

Telephone

Amount of contribution

Frequency

Purpose of charitable contribution

OTHER LIABILITIES

Type of debt _____

Name of creditor/payee _____

Address _____

Contact _____ Telephone _____

Account number _____ Current balance _____

Amount of payment _____ Frequency _____ Date due _____ / _____ / _____

Type of debt _____

Name of creditor/payee _____

Address _____

Contact _____ Telephone _____

Account number _____ Current balance _____

Amount of payment _____ Frequency _____ Date due _____ / _____ / _____

Type of debt _____

Name of creditor/payee _____

Address _____

Contact _____ Telephone _____

Account number _____ Current balance _____

Amount of payment _____ Frequency _____ Date due _____ / _____ / _____

Type of debt _____

Name of creditor/payee _____

Address _____

Contact _____ Telephone _____

Account number _____ Current balance _____

Amount of payment _____ Frequency _____ Date due _____ / _____ / _____

EXPENSE WORKSHEET

Expense	Fixed/Variable		Monthly Payment	Total Annual Cost
Home mortgage	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Property taxes	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Utilities (Heat)	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Telephone	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Electric	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Cable/Satellite TV	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Homeowners insurance	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Auto insurance	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Life insurance	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Health insurance	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Income taxes	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Social Security taxes	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Car payment	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Gasoline	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Car repair	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Credit card payment	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Credit card payment	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Credit card payment	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Child care	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Retirement plan	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Investments	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Vacation savings	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Membership dues	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Educational expenses	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Personal loan	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Groceries	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Church/Charity	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Clothing	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Total Expenses			\$	\$

INCOME WORKSHEET

Income Source	Fixed/Variable		Monthly Earnings	Annual Earnings
Ongoing employment	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Social Security	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Company pension	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Income from a trust	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Annuity income	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Life insurance proceeds	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Disability payments	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Other	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Other	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	\$	\$
Total Income			\$	\$

Total Expenses
(from Expense Worksheet) \$ \$

Total Income Need \$ \$

OR Difference To Be Saved/Invested \$ \$

Remember, we're here to help.

We're standing by to provide answers, assistance, and the quality services you've come to expect from Old Castle Financial Advisors. Reach out to us for guidance, or call us at (516) 394-2514.

*Registered Representative of, and Securities and Investment Advisory Services offered through Hornor, Townsend and Kent, LLC.

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Old Castle Financial Advisors is independent of Hornor, Townsend and Kent LLC.



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