



FINANCIAL PLANNING WORKSHEET

Name: _____ DOB: _____
 e-mail: _____ Phone: _____
 Name: _____ DOB: _____
 e-mail: _____ Phone: _____

A - Financial Assets

Account Types Include: Checking and Savings Accounts, CD's, Money Markets, 401(k)/403(b), Mutual Fund Accounts, Investment Accounts, Annuities

| ACCOUNT TYPE | WHERE ACCOUNT IS HELD | APPROXIMATE BALANCE |
|---------------------|-----------------------|---------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| ASSETS TOTAL | | \$ |

B - Sources of Income

Sources of Income Include: Wages and Commissions, Social Security, Disability, Rents, Investment income, Dividends, Annuities, etc...

| SOURCE | APPROXIMATE BALANCE |
|-----------------------------|---------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| TOTAL ANNUAL INCOME | \$ |
| TOTAL MONTHLY INCOME | \$ |

C. Expenses/Debt

Expenses Include: Mortgages, Rent, Child Care, Transportation, Homeowner Association Fees, Food, Travel & Leisure, Medical, Student Loans, Personal Loans, Utilities, Insurance and Credit Card Payments.

| Expense | Balance Owed | Monthly Cost | Pay Off Date |
|--------------|--------------|--------------|--------------|
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| TOTAL | \$ | \$ | |

Additional Questions

| | |
|---|----|
| At what age do you/spouse plan to retire? | |
| How Much monthly income will you need in retirement? | \$ |
| Do you have Life Insurance? | |
| Do you have disability or long-term care insurance? | |
| What are the three primary questions you want answered in this session? | |
| 1. | |
| 2. | |
| 3. | |