

Confidential Personal Financial Statement Date _____

Name _____

Estate Assets

	<u>Approximate Fair Market Value</u>	<u>Liabilities</u>	<u>Title*</u>
Real Estate			
Primary Residence	\$ _____	\$ _____	_____
Secondary Residence	\$ _____	\$ _____	_____
Commercial Property	\$ _____	\$ _____	_____
Land	\$ _____	\$ _____	_____
Business Ownership	\$ _____	\$ _____	_____

Additions**

Qualified Retirement Plans

Client Total: IRAs, TSA, 401(k)	\$ _____	\$ _____
Spouse Total: IRAs, TSA, 401(k)	\$ _____	\$ _____

Liquid Assets

Cash in banks:(Checking, Savings, Money Markets, CD's, T-bills, Savings Bonds)

	\$ _____	\$ _____	_____
Securities (Stocks, Bonds, Mutual Funds)			
	\$ _____	\$ _____	_____
Non-qualified annuities	\$ _____	\$ _____	_____
Other (Inheritance)	\$ _____	\$ _____	_____

Life Insurance

	<u>Cash Value</u>	<u>Death Benefit</u>	<u>Liabilities</u>
Client Total	\$ _____	\$ _____	\$ _____
Spouse Total	\$ _____	\$ _____	\$ _____

Other Liabilities (College, Autos, Credit Cards) \$ _____

Personal Property and Collectables \$ _____

Total Estate Assets \$ _____

- Total Estate Liabilities \$ _____

Total Net Worth \$ _____

* Title: Client-C, Spouse-S, Joint Tenancy-JT

New annual additions, **excluding reinvestment of current gains and earnings

Income (Annual)

Earnings

Client Total: \$ _____
Spouse Total: \$ _____
Desired Retirement Age: Client _____ Spouse _____

Pensions

Client Total (current or projected) \$ _____
Spouse Total (current or projected) \$ _____

Social Security

Client Total (current or projected) \$ _____
Spouse Total (current or projected) \$ _____

Other \$ _____

Total Annual Income \$ _____

Desired Retirement Income (before taxes) \$ _____

Current Estate Plan

U.S. Citizen (both) yes/no
Will yes/no
Durable Power of Attorney yes/no
Medical Power of Attorney yes/no
Living Trust yes/no
Credit Shelter Trust yes/no
Life Insurance Trust yes/no
Last comprehensive review Date _____
Gift Giving
Client: Amount per year \$ _____
Spouse: Amount per year \$ _____

Current Financial Plan

Written comprehensive plan yes/no
Prepared by a Certified Financial Planner™ yes/no
Last comprehensive review Date _____

Current Long Term Care Insurance

Client yes/no
Spouse yes/no

Current Disability Insurance

Client yes/no
Spouse yes/no

Other Information

Address:

_____’s birthday: _____

_____’s birthday: _____

_____’s health: Excellent Good Fair Poor

_____’s health: Excellent Good Fair Poor

Dependents: Names, Ages

Goals and Concerns

___ Retirement

___ Investment Management

___ Long-Term Care

___ Other _____

Insurance Information (Optional)

Life Insurance Policies Insuring Client

	Death Benefit	Loan	Owner	Beneficiary	Type
1.	\$ _____				
2.	\$ _____				
3.	\$ _____				
4.	\$ _____				

Life Insurance Policies Insuring Spouse

	Death Benefit	Loan	Owner	Beneficiary	Type
1.	\$ _____				
2.	\$ _____				

Disability Insurance Policies Insuring Client

Sum of disability policy benefits as a percentage of earnings _____% -or-
Monthly disability policy benefits as a dollar amount \$ _____

Disability Insurance Policies Insuring Spouse

Sum of disability policy benefits as a percentage of earnings _____% -or-
Monthly disability policy benefits as a dollar amount \$ _____