

# CONFIDENTIAL FINANCIAL INFORMATION

Date: \_\_\_\_\_

Spouse 1 \_\_\_\_\_ DOB \_\_\_\_\_ Spouse 2 \_\_\_\_\_ DOB: \_\_\_\_\_

# of children and ages \_\_\_\_\_ # of grandchildren \_\_\_\_\_

Is it important to leave an inheritance to your heirs or to a charity? \_\_\_\_\_

Ideally how much? \$ \_\_\_\_\_

How old are or were your parents when they died? \_\_\_\_\_

Pension \_\_\_\_\_

Does the income continue when you pass away? \_\_\_\_\_

Spouse 1 SS Income current or projected \_\_\_\_\_ Spouse 2 SS income current or projected \$ \_\_\_\_\_

How much income do you need per month (use current take home pay less any savings) \$ \_\_\_\_\_

## JOINT AND BANK ASSETS:

Asset type (i.e. CD, savings, checking, etc.)	Account Value
	\$
	\$
	\$
	\$
	\$

## RETIREMENT ACCOUNTS FOR MR.:

Asset type (i.e. IRA, 401(k), 403(b), etc.)	Account Value
	\$
	\$
	\$
	\$
	\$

## RETIREMENT ACCOUNTS FOR MRS.:

Asset type (i.e. IRA, 401(k), 403(b), etc.)	Account Value
	\$
	\$
	\$
	\$
	\$

Are you taking money from these accounts? \_\_\_\_\_

How much? (example minimum distribution) \_\_\_\_\_

What are you doing with the money? \_\_\_\_\_

Are you aware of the taxes your heirs will inherit from these accounts? \_\_\_\_\_

Are there assets/bank accounts/investments that you intend to pass to your heirs? \_\_\_\_\_

**INVESTED ASSETS:**

Asset type (i.e. Mutual Funds, Stocks, Bonds, etc.)

Account Value

	\$
	\$
	\$
	\$
	\$

How do you plan on preserving these assets? \_\_\_\_\_

**ANNUITY ASSETS:**

Insurance Company

IRA check if yes

Value

		\$
		\$
		\$
		\$
		\$

How do you feel about these accounts? \_\_\_\_\_

When did you establish these accounts? \_\_\_\_\_

Do you know how they are performing? \_\_\_\_\_

Are you taking money from these accounts? \_\_\_\_\_

Are you aware of the tax implications to your heirs? \_\_\_\_\_

(review a current statement)

**LIFE INSURANCE ASSETS:**

Name of insured: \_\_\_\_\_

Amount of death benefit \$ \_\_\_\_\_

Name of insured: \_\_\_\_\_

Amount of death benefit \$ \_\_\_\_\_

**DEBT:**

How Much Do You Owe In Debt?: \_\_\_\_\_

How important is it to you to pay this off? \_\_\_\_\_

**REAL ESTATE:**

Value of Personal Residence: \_\_\_\_\_

Do you plan on living in your current residence for the rest of your life? \_\_\_\_\_

Value Of Other Real Estate: \_\_\_\_\_

Is This Real Estate Producing Income?: \_\_\_\_\_ How Much? \_\_\_\_\_

**LONG TERM CARE:**

Have you made any plans to protect your assets from long term care expense losses? \_\_\_\_\_ What? \_\_\_\_\_

**ADVISORS:**

Would you need to consult with someone about implementing a plan or plan changes? Y  N

If yes, please indicate whom that would:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**PLEASE MARK IN ORDER USING  
1-6 FROM MOST IMPORTANT (1) TO  
LEAST IMPORTANT (6)**

Protect Assets From Risk: \_\_\_\_\_  
Never Running Out of Assets or Income \_\_\_\_\_  
Saving Taxes (Income and Capital Gain): \_\_\_\_\_  
Protect Assets for Heirs: \_\_\_\_\_  
Protecting Assets From Long Term Care: \_\_\_\_\_  
Other \_\_\_\_\_

What would bring you the greatest peace of mind: