



Complimentary Financial Planner

Creating Wealth Since 1922

PERSONAL INFORMATION

	You	Your Spouse
Name	_____	_____
Social Security Number	_____	_____
Date of Birth	_____	_____
Home Street Address	_____	_____
	_____	_____
City, State, Zip	_____	_____
Home Telephone	_____	_____
Marital Status	Married Single Divorced Widowed	
Business Information		
Occupation	_____	_____
Employer	_____	_____
Business Street Address	_____	_____
	_____	_____
City, State, Zip	_____	_____
Date of Employment	_____	_____
Business Telephone	_____	_____

CHILDREN AND DEPENDENTS

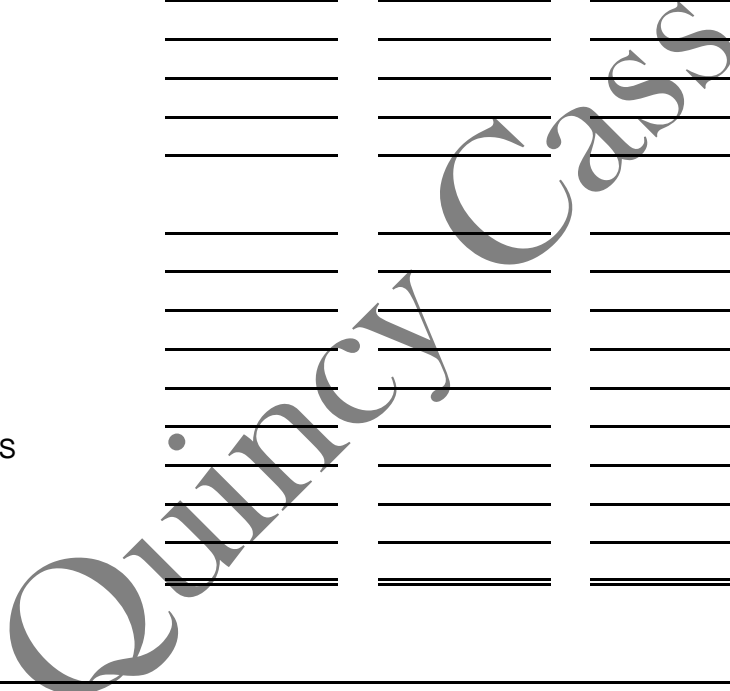
	Child 1	Child 2	Child 3
Name	_____	_____	_____
Social Security Number	_____	_____	_____
Date of Birth	_____	_____	_____
Dependent for Tax Purposes?	Yes No	Yes No	Yes No
Plan for College Expenses?	Yes No	Yes No	Yes No
Private or Public College?	_____	_____	_____
First Year of College or Current Grade in School	_____	_____	_____
Number of Years in College	_____	_____	_____
	_____	_____	_____
Have you already set aside any assets to fund your children's education? Amount?	Yes No _____	Yes No _____	Yes No _____

Is there any other information we should know about your plans for your children's education?



**STATEMENT OF FINANCIAL POSITION
AS OF _____**

ASSETS:	TOTAL	HUSBAND	WIFE	JOINT
CASH & EQUIVALENTS	_____	_____	_____	_____
SAVINGS ACCOUTNS	_____	_____	_____	_____
MONEY MARKET FUNDS	_____	_____	_____	_____
CERTIFICATES OF DEPOSIT	_____	_____	_____	_____
INSURANCE CASH VALUE (NET)	_____	_____	_____	_____
GOVERNMENT BONDS	_____	_____	_____	_____
MUNICIPAL BONDS	_____	_____	_____	_____
CORPORATE BONDS	_____	_____	_____	_____
STOCKS	_____	_____	_____	_____
MUTUAL FUNDS	_____	_____	_____	_____
RESIDENCE	_____	_____	_____	_____
REAL ESTATE	_____	_____	_____	_____
BUSINESS INTEREST	_____	_____	_____	_____
RETIREMENT PLANS:				
PROFIT SHARING	_____	_____	_____	_____
PENSION	_____	_____	_____	_____
KEOGH	_____	_____	_____	_____
IRA'S	_____	_____	_____	_____
401-K	_____	_____	_____	_____
ANNUITIES	_____	_____	_____	_____
LIMITED PARTNERSHIPS	_____	_____	_____	_____
PERSONAL PROPERTY	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
TOTAL ASSETS:	=====	=====	=====	=====
LIABILITIES:				
RESIDENCE MORTGAGE	_____	_____	_____	_____
REAL ESTATE MORTGAGE	_____	_____	_____	_____
PERSONAL LIABILITIES	_____	_____	_____	_____
BUSINESS LIABILITIES	_____	_____	_____	_____
CAR LOAN(S)	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____
TOTAL LIABILITIES:	=====	=====	=====	=====
NET WORTH:	=====	=====	=====	=====



LIFE INSURANCE

Insured	_____	_____	_____
Policy Name/Number	_____	_____	_____
Insurance Company	_____	_____	_____
Date Policy Issued	_____	_____	_____
Type Insurance	Whole Life Term Universal Other	Whole Life Term Universal Other	Whole Life Term Universal Other
Owner	_____	_____	_____
Face Value of Property	_____	_____	_____
Annual Premiums You Pay	_____	_____	_____
How Do You Use Dividends?	Reduce Premiums Additions Cash Other	Reduce Premiums Additions Cash Other	Reduce Premiums Additions Cash Other
Paid Up Additions (Face Amount)	_____	_____	_____
Value of Dividend Additions/Accumulations	_____	_____	_____
Guaranteed Cash Value	_____	_____	_____
Loans	_____	_____	_____
Interest Rate	_____	_____	_____
Cash Surrender Value	_____	_____	_____
Primary Beneficiary	_____	_____	_____
Secondary Beneficiary	_____	_____	_____
Disability Waiver Rider	Yes No	Yes No	Yes No
Accidental Death	Yes No	Yes No	Yes No
Guaranteed Insurable	Yes No	Yes No	Yes No
Automatic Premium Loan	Yes No	Yes No	Yes No

DISABILITY INSURANCE

Insured	_____	_____	_____
Policy Number	_____	_____	_____
Insurance Company	_____	_____	_____
Who Pays Premium?	_____	_____	_____
Annual Premium	_____	_____	_____
Disability Premium	_____	_____	_____
Waiting Period	_____	_____	_____
Benefit Period	_____	_____	_____
COLA for Benefits	_____	_____	_____
Benefits Reduced by Social Security	Yes No	Yes No	Yes No
Definition of Disability	Loss of Income Own Occupation Any Occupation	Loss of Income Own Occupation Any Occupation	Loss of Income Own Occupation Any Occupation

MEDICAL INSURANCE

Policy Description	_____	_____
Policy Anniversary Date	_____	_____
Annual Premiums	_____	_____
Person(s) Covered	_____	_____
Major Medical Included?	Yes No	Yes No
Major Medical Lifetime Limit	_____	_____
Stop-Loss Limit?	Yes No	Yes No
Stop-Loss Limit Amount	_____	_____

AUTOMOBILE INSURANCE

Policy Description	_____	_____
Policy Anniversary Date	_____	_____
Annual Premiums	_____	_____
Personal Injury/Person Coverage	_____	_____
Personal Injury/Accident Coverage	_____	_____
Property Damage Limit	_____	_____
Are All Vehicles Covered?	Yes No	Yes No

HOMEOWNER'S INSURANCE

Policy Anniversary Date	_____
Dwelling Replacement Cost	_____
Personal Property Coverage	_____
Personal Property Replacement Rider	Yes No
Personal Liability Coverage	_____
Do You Own Recreational Vehicles?	Yes No
Do You Conduct Any Business on the Premises?	Yes No
Do You Have Any Unique or Especially Valuable Items?	Yes No

UMBRELLA INSURANCE

Policy Description	_____
Policy Anniversary Date	_____
Annual Premiums	_____
Deductible	_____
Coverage Limit	_____

CAPITAL NEEDS

Family Income in the Event of Your Death

In the event of premature death, what monthly income would you like to provide your family?

Would your spouse's annual earned income remain the same?

Yes No

If not, how much would it be annually?

If you are receiving a pension, what amount would be paid as a survivorship benefit?

Your Income in the Event of Your Spouse's Death

In the event of your spouse's death, what monthly income would you like to provide your family?

Would your earned income remain the same?

Yes No

If not, what would it be annually?

If your spouse is receiving a pension, what amount would be paid as a survivorship benefit?

RETIREMENT

At what age do you expect to retire?

You

Your Spouse

Desired monthly income at retirement?

Are you eligible for standard Social Security Benefits?

Yes No

Yes No

If not, do you know what percentage to expect?

Employer's Contributions to Plans

You

Your Spouse

Employer's contribution to Qualified Plans

Employer's contribution to Nonqualified Plans

Additional Savings For Retirement

What additional annual savings are you currently making for retirement?

Defined Benefits

Asset Name	Defined Benefit	Expected COLA	% Paid to Survivors
_____	_____	_____	_____
_____	_____	_____	_____

What else should we know about your retirement plans?

BUSINESS INTERESTS

Name _____

What percentage of the business do you own personally? _____

What percentage of the business does your spouse own personally? _____

Market Value _____

Cost Basis _____

Other Stockholders (if applicable) _____

Will your interest be sold or retained following your death? _____

Who do you want to inherit your business interest? _____

Do you have a Buy/Sell Agreement? If so, describe. _____

Are any key personell covered by insurance for the benefit of the business? _____

Describe any special plans you have for this organization for growth, structure, ownership, etc.

Additional Comments: Do you have any interest in Deferred Compensation for Key employees, including yourself?

FINANCIAL CONCERNS AND OBJECTIVES

Financial Concerns

	Most Important				Least Important		
Liquidity	1	2	3	4	5	6	7
Safety of Principal	1	2	3	4	5	6	7
Capital Appreciation	1	2	3	4	5	6	7
Current Income	1	2	3	4	5	6	7
Inflation Protection	1	2	3	4	5	6	7
Future Income	1	2	3	4	5	6	7
Tax Reduction/Deferral	1	2	3	4	5	6	7
Additional Concerns	<hr/>						

Financial Objectives

	Most Important				Least Important		
Expand Standard of Living	1	2	3	4	5	6	7
Comfortable Retirement	1	2	3	4	5	6	7
Long-Term Disability	1	2	3	4	5	6	7
Accumulate Wealth	1	2	3	4	5	6	7
Reduce Tax Burden	1	2	3	4	5	6	7
Provide Education	1	2	3	4	5	6	7
Life Insurance	1	2	3	4	5	6	7
Estate Distribution	1	2	3	4	5	6	7
Additional Objectives	<hr/>						

THE PERSONAL BUDGET

Worksheet

Name: _____

Period covered - From: _____ To: _____

Item	Historical	Current Budget	Current Actual	Difference
Food				
Home consumption	\$ _____	\$ _____	\$ _____	\$ _____
Outside the home	\$ _____	\$ _____	\$ _____	\$ _____
Total food:	\$ _____	\$ _____	\$ _____	\$ _____
Clothing				
Clothing and shoes	\$ _____	\$ _____	\$ _____	\$ _____
Cleaning, laundry	\$ _____	\$ _____	\$ _____	\$ _____
Jewelry, watches, etc.	\$ _____	\$ _____	\$ _____	\$ _____
Total clothing:	\$ _____	\$ _____	\$ _____	\$ _____
Housing				
Rent or mortgage	\$ _____	\$ _____	\$ _____	\$ _____
Real estate taxes	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Furniture and furnishings	\$ _____	\$ _____	\$ _____	\$ _____
Appliances	\$ _____	\$ _____	\$ _____	\$ _____
Cleaning, repairs and maint.	\$ _____	\$ _____	\$ _____	\$ _____
Electricity, gas and heating	\$ _____	\$ _____	\$ _____	\$ _____
Water and sewer	\$ _____	\$ _____	\$ _____	\$ _____
Telephone, cable	\$ _____	\$ _____	\$ _____	\$ _____
Other housing	\$ _____	\$ _____	\$ _____	\$ _____
Total housing:	\$ _____	\$ _____	\$ _____	\$ _____
Personal and Legal				
Personal care and toiletries	\$ _____	\$ _____	\$ _____	\$ _____
Child care	\$ _____	\$ _____	\$ _____	\$ _____
Legal and accounting	\$ _____	\$ _____	\$ _____	\$ _____
Life and disability insurance	\$ _____	\$ _____	\$ _____	\$ _____
Other personal and legal	\$ _____	\$ _____	\$ _____	\$ _____
Total personal and legal:	\$ _____	\$ _____	\$ _____	\$ _____
Medical				
Medicines	\$ _____	\$ _____	\$ _____	\$ _____
Doctors, dentists and hospitals	\$ _____	\$ _____	\$ _____	\$ _____
Health insurance	\$ _____	\$ _____	\$ _____	\$ _____
Other medical	\$ _____	\$ _____	\$ _____	\$ _____
Total medical:	\$ _____	\$ _____	\$ _____	\$ _____
Totals for this page:	\$ _____	\$ _____	\$ _____	\$ _____