

CONFIDENTIAL FINANCIAL INFORMATION

Date: _____

Mr. _____ DOB _____ Mrs. _____ 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? _____

Mr. SS Income Current or projected \$ _____ Mrs. SS Income Projected or Current \$ _____

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: