**Financial Planning Form**

|  |  |
| --- | --- |
| Date Completed: |  |

**This document is strictly confidential. Your information will be not be shared.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client Name:** |  | **M** | **F** | **Date of Birth**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Citizenship:** |  | **SS #:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Driver’s License State:** |  | **Driver’s License ID #:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Driver’s License Issued Date:** |  | **Driver’s License Expiration Date:** |  |

|  |  |
| --- | --- |
| **Home Address:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How long have you lived at this address?** |  | **Do You:** | **Own** | **Rent** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Cell Phone:** |  | **Email:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Height:** |  | **Weight:** |  | **Primary Doctor:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you smoke?** | **Yes** | **No** | **Do you take prescription medications?** | **Yes** | **No** |

|  |  |
| --- | --- |
| **If yes, please list medications.** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Spouse Name:** |  | **M** | **F** | **Date of Birth**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Citizenship:** |  | **SS #:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Driver’s License State:** |  | **Driver’s License ID #:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Driver’s License Issued Date:** |  | **Driver’s License Expiration Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Cell Phone:** |  | **Email:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Height:** |  | **Weight:** |  | **Primary Doctor:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Does your spouse smoke?** | **Yes** | **No** | **Does your spouse take prescription medications?** | **Yes** | **No** |

|  |  |
| --- | --- |
| **If yes, please list medications.** |  |

**OCCUPATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Job Title:** |  | **Employer:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Street Address:** |  | **City:** |  | **State:** |  | **Zip:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Phone Number:** |  | **# of Years Employed:** |  | **Income:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Spouse Job Title:** |  | **Employer:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Street Address:** |  | **City:** |  | **State:** |  | **Zip:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Phone Number:** |  | **# of Years Employed:** |  | **Income:** |  |

**DEPENDENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have any children?** | **Yes** | **No** | **If yes, how many?** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name:** |  | **M** | **F** | **Date of Birth**: |  |
| **Occupation:** |  |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name:** |  | **M** | **F** | **Date of Birth**: |  |
| **Occupation:** |  |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name:** |  | **M** | **F** | **Date of Birth**: |  |
| **Occupation:** |  |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name:** |  | **M** | **F** | **Date of Birth**: |  |
| **Occupation:** |  |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name:** |  | **M** | **F** | **Date of Birth**: |  |
| **Occupation:** |  |  | | | |

|  |  |
| --- | --- |
| **How do you feel about saving for children’s college education?** |  |

|  |  |  |
| --- | --- | --- |
| **Have you implemented any kind of savings plans yet?** | **Yes** | **No** |

**RESIDENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| VALUE | REMAINING MORTGAGE | INTEREST RATE | YEARS LEFT |
|  |  |  |  |

**INSURANCE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| INSURED | COMPANY | POLICY # | YEAR ISSUED | TYPE | FACE AMT | ANNUAL PREMIUM | CURRENT CASH VALUE |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| **Do you have any long-term care insurance policies?** | **Yes** | **No** |

|  |  |
| --- | --- |
| **If yes, please specify:** |  |

|  |  |  |
| --- | --- | --- |
| **Do you have any special interests or health conditions that could affect your insurance planning?** | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| **If yes, please specify:** | Client |  |

|  |  |  |
| --- | --- | --- |
|  | Spouse |  |

**LIABILITIES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | MONTHLY |  | ANNUALLY |
| Mortgage |  |  |  |
| Utilities |  |  |  |
| Cable |  |  |  |
| Home Phone |  |  |  |
| Cell Phone |  |  |  |
| Food |  |  |  |
| Car Payments |  |  |  |
| Car Insurance |  |  |  |
| Life Insurance |  |  |  |
| 529 Plan |  |  |  |
| Credit Cards |  |  |  |
| Entertainment |  |  |  |
| Monthly Dues / Membership Fees |  |  |  |
| **TOTAL EXPENSES** |  |  |  |
| **TOTAL TAXES** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is there any income from other sources?** | **Yes** | **No** | **Source:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Attorney:** |  | **Phone #:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Accountant:** |  | **Phone #:** |  |

**ASSETS**

**Do you own any of the following?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TYPE | VALUE |  | OWNED BY |  | FINANCIAL INSTITUTION |
| Savings |  |  |  |  |  |
| Checking |  |  |  |  |  |
| CD |  |  |  |  |  |
| T Bills |  |  |  |  |  |
| Tax-free Bond Funds |  |  |  |  |  |
| Income Funds |  |  |  |  |  |
| IRAs |  |  |  |  |  |
| 401K |  |  |  |  |  |
| Pension |  |  |  |  |  |
| Credit Unions |  |  |  |  |  |
| Stocks |  |  |  |  |  |
| Mutual Funds |  |  |  |  |  |

|  |  |
| --- | --- |
| **What are your investment goals?** |  |

|  |  |  |
| --- | --- | --- |
| **Are you happy with your rate of return?** | **Yes** | **No** |

**THANK YOU.**