

Financial Worksheet

Date: _____

Name: _____ DOB: _____ Age: _____

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Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

E-Mail: _____ Facebook: _____

Employer: _____ Annual Income: _____

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How do you feel about your financial situation in general? _____

Number of Children: _____ Desired Retirement Age: _____ Retirement Income Needed: _____

Do you have a specific plan to assure this desired retirement income? _____

How much income would you have if you became disabled today? _____

Check the items you would like assistance or additional information:

- | | | |
|------------------------|-----------------------|----------------------------|
| _____ Spending Control | _____ Estate Planning | _____ Health Insurance |
| _____ Debt Elimination | _____ Will or Trust | _____ Life Insurance |
| _____ Maximize Savings | _____ Tax Reduction | _____ Asset Protection |
| _____ Reduce Expenses | _____ Retirement Plan | _____ Disability Insurance |

OUTSTANDING DEBTS

Account Name	Int. Rate	Min. Pmt	Balance	Due Date	Grace Pd.	Credit Limit

SAVINGS & INVESTMENTS

Account Name	Balance	Deposit Amt/Frequency	Rate of Return	Taxable

REAL ESTATE OWNED

Address	Current Value	Mortgage Amount	Interest Rate	Primary/2 nd Home/Investment