



Financial Planning Quick Checkup

Client: _____

Age(s): _____

Your Financial Situation

Income, Spending, and Saving

Annual amounts

Your salary + bonuses	\$
Your spouse's salary + bonus (if applicable)	\$
Other income (rentals, dividends, etc)	\$
Mortgage / rent payment	\$
Educational spending (college, private school)	\$
Support for any others?	\$
Other essential spending	\$
Savings to 401(k), other <u>retirement</u> acct's	\$
Discretionary spending	\$
Other amounts you <u>save</u> each year	\$

Assets

Home value (if applicable)	\$
Rainy Day Fund value	\$
Brokerage account value	\$
Percent investments in stocks	%
401(k) or IRA accounts value	\$
529 (college) account value	\$
Other assets	\$

Retirement

Annual amounts

Anticipated pension (if any)	\$
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Debt

Home mortgage (1st) amount	\$
Home mortgage (2nd) amount	\$
Credit card balances	\$
401(k) <u>loan</u> balance	\$
Other debt (student loan, etc)	\$

Risk Management & Insurance

Do you carry homeowners / renters insurance?	Yes / No
Life insurance amount - you	\$
Life insurance amount - spouse	\$
Do you have long term disability insurance?	Yes / No
Do you have long term care insurance?	Yes / No
Do you have umbrella liability insurance?	Yes / No

Estate Planning (circle one)

Do you have a will?	Yes / No
Do you have a living trust?	Yes / No
Have you checked your beneficiaries recently?	Yes / No
Do you have a Power of Attorney?	Yes / No
Do you have an Advance Health Care Directive?	Yes / No

Financial Goals

When will it happen?

How Much will you spend??

Retirement	Year to retire:		[To be Determined]
Travel	Times per Year:		\$
Home Purchase	Year:		\$
Other Major Purchase	Purchase Year:		\$
Education Funding	Starting Year		\$
Cars	Every ___ years		\$
Wedding	Wedding year:		\$
Home Improvement	Start year:		\$
Other celebration	Year:		\$
Health care - now	Starting Year		\$
Health care - retirement	Starting year (65?)		\$
Gifts	How many per year		\$
Start Business	When?		\$
Legacy	At whose death?		\$
Other Goals			\$