

# Financial Inventory

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## I. Personal Information

Date: \_\_\_\_\_

Client A name \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-Mail \_\_\_\_\_

Client B name \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-Mail \_\_\_\_\_

### Permanent Address:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Work phone \_\_\_\_\_

### Secondary Address (if applicable):

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Work phone \_\_\_\_\_

### Client A Information (Yes/No)

Are you a US citizen? \_\_\_\_\_ Do you smoke? \_\_\_\_\_ Do you have any health issues? \_\_\_\_\_ Use tobacco in other form? \_\_\_\_\_

If yes, please specify? \_\_\_\_\_

Employer \_\_\_\_\_ Job title \_\_\_\_\_

### Client B Information (Yes/No)

Are you a US citizen? \_\_\_\_\_ Do you smoke? \_\_\_\_\_ Do you have any health issues? \_\_\_\_\_ Use tobacco in other form? \_\_\_\_\_

If yes, please specify? \_\_\_\_\_

Employer \_\_\_\_\_ Job title \_\_\_\_\_

### Dependent Information

Name	Age	Spouse's Name	Age	Dependent of			
				Client A		Client A	
				Yes	No	Yes	No
1. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Dependent Information

Name	Age	Parents
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

# Financial Inventory

## II. Objectives/Goals

What are your short-term financial goals (0 to five years)? Please list and prioritize (e.g., reduce debt, buy car, college funding).

What are your long-term financial goals (five years through retirement)? Please list and prioritize (e.g., buy second home, special gifts for children/grandchildren, retire early - please note planned retirement age).

List your top five goals in order of priority from most important to less important:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What monthly income do you need to meet your lifestyle expectations? Do you foresee any changes in current income?

To potentially increase retirement income and/or reduce taxes, how much could you invest to help meet your financial goals?

## III. Income Statement

	Client A	Client B
<b>Income</b> (monthly)		
Salaries, wages, bonuses (after tax)	_____	_____
Investment income	_____	_____
Social Security/Other	_____	_____
Total Income	_____	_____
<b>Expenses</b> (monthly)		
Mortgage payment	_____	_____
Auto payment(s)	_____	_____
Living expenses (food, clothing, transportation)	_____	_____
Entertainment, recreation	_____	_____
Total Expenses	_____	_____
<b>Net Income</b> (amount available for savings and investment)	_____	_____

## IV: Asset Summary

Assets	Current Value	Cost Basis	% Growth	Income Producing? (Y/N)	Debt/Loan	Ownership (Client A, B or Joint)
Home(s)						
Real estate						
Business interest						
Equities						
– Mutual funds						
– Individual securities						
– Nonqualified annuities						
Bonds						
– Taxable						
– Tax-free (i.e. municipal)						
Cash/money market account						
Bank account(s)						
Personal note(s)						
Personal property						
Misc. assets						

Total current value of assets owned by: **Client A** \$ \_\_\_\_\_ **Client B** \$ \_\_\_\_\_ **Joint** \$ \_\_\_\_\_

**Retirement Plans** (enter current value)

	<b>Client A</b>		<b>Client B</b>	
401(k)/403(b)/Keogh/SEP	\$ _____	Beneficiary _____	\$ _____	Beneficiary _____
Traditional IRA	\$ _____	Beneficiary _____	\$ _____	Beneficiary _____
Roth IRA	\$ _____	Beneficiary _____	\$ _____	Beneficiary _____
Pension	\$ _____	Beneficiary _____	\$ _____	Beneficiary _____
Totals	\$ _____		\$ _____	

Life Insurance (Type: WL = Whole life insurance; UL = Universal life insurance; VUL = Variable universal life insurance)

1. Insured \_\_\_\_\_ Insurer \_\_\_\_\_ Premium \$ \_\_\_\_\_ Owner \_\_\_\_\_ Beneficiary \_\_\_\_\_  
 Type (check one):  WL  UL  VUL  Term Death benefit \$ \_\_\_\_\_ Cash value \$ \_\_\_\_\_

2. Insured \_\_\_\_\_ Insurer \_\_\_\_\_ Premium \$ \_\_\_\_\_ Owner \_\_\_\_\_ Beneficiary \_\_\_\_\_  
 Type (check one):  WL  UL  VUL  Term Death benefit \$ \_\_\_\_\_ Cash value \$ \_\_\_\_\_

**V. Other Debts**

<b>Short-term</b>	<b>Client A</b>	<b>Client B</b>	<b>Long-term</b>	<b>Client A</b>	<b>Client B</b>
Credit card	_____	_____	Real estate	_____	_____
Credit line	_____	_____	Mortgage	_____	_____
Auto	_____	_____	Business loans	_____	_____
Auto	_____	_____	Other	_____	_____
<b>Totals</b>	_____	_____	<b>Totals</b>	_____	_____

**VI. Estate Planning/Wills/Trusts**

Do you currently have a will? If yes, when was it last updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you have a living trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a credit shelter trust/provision set up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Health Care Power of Attorney or a Living Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you resided in another state? If yes, what state and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Are you making gifts to a charitable or non-profit foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been making gifts to your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to make lifetime gifts to your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What other estate planning have you done?	_____	_____

If you are working with an attorney or CPA, please list their names and phone numbers below:

Attorney: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Accountant: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Other Advisor: Name \_\_\_\_\_ Phone \_\_\_\_\_

**VII. Business Ownership**

Business name \_\_\_\_\_ Business structure:  Sole proprietor  'C' Corp  'S' Corp  Partnership  LLC or LLP  
 If a 'C' corp, what is the corporate tax bracket? \_\_\_\_\_% What is your personal tax bracket? \_\_\_\_\_%  
 Percentage of business owned: \_\_\_\_\_ % Other Owners: \_\_\_\_\_ Do you have children active in business? \_\_\_\_\_  
 Do you wish for children to continue business at your retirement? \_\_\_\_\_  
 Do have any other partners or key employees who would succeed you in the business? \_\_\_\_\_  
 Is there currently a buy-sell arrangement in place? \_\_\_\_\_ If so, how is it structured (entity/trust owned, cross purchase) \_\_\_\_\_  
 How is the arrangement funded? \_\_\_\_\_ Is there a "key employee" plan in place? \_\_\_\_\_