

Financial Needs Analysis

This Comprehensive, Personal Financial Planning Summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities.

Please Note: All information is held in strict confidence and will not be disclosed to any other party without permission.

We would like to review the following documents

- | | |
|--|---|
| 1. Last year's Income Tax Return | 5. All LTC policies |
| 2. All brokerage statements | 6. Power of Attorney–Health & Financial |
| 3. All life insurance & annuity policies | 7. Wills |
| 4. All IRA & retirement statements | 8. Revocable Living Trust |

FAMILY INFORMATION:

First Names: _____ DOB: _____ DOB: _____

Last Name _____

Retired? _____ Current/Former Occupation _____

Spouse Retired? _____ Current/Former Occupation _____

Address _____

Phone (Home) _____ (Business) _____

(Mobile) _____

E-mail: _____ Anniversary: _____

Children and Grandchildren	Age	State of Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Personal Questions

- | | | |
|---|------------|-----------|
| | Yes | No |
| 1. Do you have a Financial Advisor?
___ Independent ___ Firm ___ Self
Name: _____ | ___ | ___ |
| 2. Do you have a living trust? | ___ | ___ |
| 3. Do you have a will? | ___ | ___ |
| 4. Do you have income from real estate? | ___ | ___ |
| 5. Do you have an attorney? | ___ | ___ |
| 6. Do you have an accountant? | ___ | ___ |
| 7. Do you expect to care for a child or parent? | ___ | ___ |
| 8. Do you expect an inheritance? | ___ | ___ |
| 9. Any problems with previous advisors? | ___ | ___ |
| 10. Do you have an Umbrella Liability Policy? | ___ | ___ |
| 11. Do you have Long Term Care protection? | ___ | ___ |
| 12. Identify theft prevention plan established? | ___ | ___ |
| 13. Do you have Power of Attorney – Assets? | ___ | ___ |
| 14. Do you have Power of Attorney – Health care? | ___ | ___ |
| 15. Filed health care directives electronically? | ___ | ___ |
| 16. Do you have joint accounts with children? | ___ | ___ |

2. Financial Planning Objectives

Rank the following according to your level of concern.
(Please circle the most appropriate number)

	Not Concerned					Very Concerned				
Protect assets from LTC	1	2	3	4	5	6	7	8	9	10
Reducing Taxes	1	2	3	4	5	6	7	8	9	10
Increasing our income	1	2	3	4	5	6	7	8	9	10
Reduce or Eliminate Estate	1	2	3	4	5	6	7	8	9	10
Reduce or Eliminate Estate & Capital Gains tax	1	2	3	4	5	6	7	8	9	10
Avoid the probate process	1	2	3	4	5	6	7	8	9	10
Protect my assets from market volatility	1	2	3	4	5	6	7	8	9	10
Increase returns on savings and retirement funds	1	2	3	4	5	6	7	8	9	10

- | | | |
|---|------------|-----------|
| 3. Do you live off the interest from savings & investments? | Yes | No |
| | ___ | ___ |

4. Real Estate

- | | |
|---------------------------------|----------|
| Estimated Value of Home | \$ _____ |
| Remaining Mortgage | \$ _____ |
| Equity in Home | \$ _____ |
| 2 nd Home-Est. Value | \$ _____ |
| Remaining Mortgage | \$ _____ |
| Equity in 2 nd Home | \$ _____ |
| Total Value of Real Estate | \$ _____ |

5. Sources of monthly income

- | | |
|------------------------|-----------------|
| SOCIAL SECURITY | PENSION |
| You \$ _____ | You \$ _____ |
| Spouse \$ _____ | Spouse \$ _____ |
| WAGES | OTHER |
| You \$ _____ | You \$ _____ |
| Spouse \$ _____ | Spouse \$ _____ |

Social Security starting at what age?

(circle) **Disabled** **62** **65** **66** **70**

6. Bank and Credit Union Account

(Checking, Savings, Money Market Accounts)
Name of Institution Average Balance

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |

7. Current Stockbrokers

(Please check any brokerage firm that you have any account with)

- | | |
|-------------------|--------------------|
| ___ Merrill Lynch | ___ A. G. Edwards |
| ___ Raymond James | ___ Charles Schwab |
| ___ Smith Barney | ___ Edward Jones |
| Other _____ | Other _____ |

If "yes", amount of monthly income?
\$ _____

4. Individual Stocks & Bonds (Please include EE Bonds, but not mutual funds or IRA's here)
 (Also, please bring all statements)

Number Of Shares	Name of Company	Original Investment	Market Value	Ownership	Date Acquired
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

5. CD's

Name of Bank	Amount Invested	Rate of Return	Maturity Date
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

6. Business Interests or Ownership in any Partnerships

Name of Company	Original Investment	Market Value	Ownership%	Date Acquired
_____	\$ _____	\$ _____	_____	_____

Description of Business

Name of Company	Original Investment	Market Value	Ownership%	Date Acquired
_____	\$ _____	\$ _____	_____	_____

Description of Business

7. IRA & Other Retirement Account Information

(Please bring in latest reports/statements)

Name Where Account is (Banks, Brokers, Employer)	Type (401K, IRA, 403b, TSA)	Approximate Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Present Life Insurance

(Please bring in latest reports/statements)

Company	Type	Face Amount	Cash Value	Annual Premium	Who is Insured	Who is Beneficiary
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

9. Annuities

(Please bring in latest statements and policies, if possible)

Company	Type of Annuity	Original Investment	Date of Purchase
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. NOTES: (to be filled at meeting)

11. Future Personal Planning

Do you have a need to increase income now? _____ Yes _____ No

Do you see a need to increase income in the future? _____ Yes _____ No

We need to plan for the loss of a pension and reduction in SS income? _____ Yes _____ No

Do you expect to provide care or assistance for any of your parents? _____ Yes _____ No

If yes, when or how? i.e. (financially, living arrangements) _____

Are there any children or grandchildren with special needs? _____

Do you expect to receive an inheritance? _____ Estimated amount if known? _____

Will the inheritance include real estate? _____ If yes, describe: _____

If you had a 40% increase in your assets would that really change your lifestyle? _____

How? _____

If you had a 40% loss of your assets would that really change your lifestyle? _____

How? _____

At this point in time what do still hope to achieve in life? _____

How do you see the distribution of your assets once you are gone? _____

Have you made specific plans to leave an inheritance? _____

Who will you use for health insurance?: _____ Medicare _____ Supplement _____ Advantage Plan

If you use a supplement, what is the cost? \$_____per mo If an Adv Plan, who? _____

What plan do you use for your prescriptions? _____ Is there a cost? _____

Your Comments: _____

My Comments: _____

What is liked the most about what is being done with the money?

What do we like the least or would like to change?

Should we have a plan in place to help our children or more specifically our grandchildren? (college or starting a retirement plan) _____ YES _____ NO

If yes, describe: _____

Why do you own these products?:

Mutual Funds _____

Individual Stocks _____

Bonds _____

Variable Annuities _____

Life Insurance _____

Index Annuities _____

Other: _____