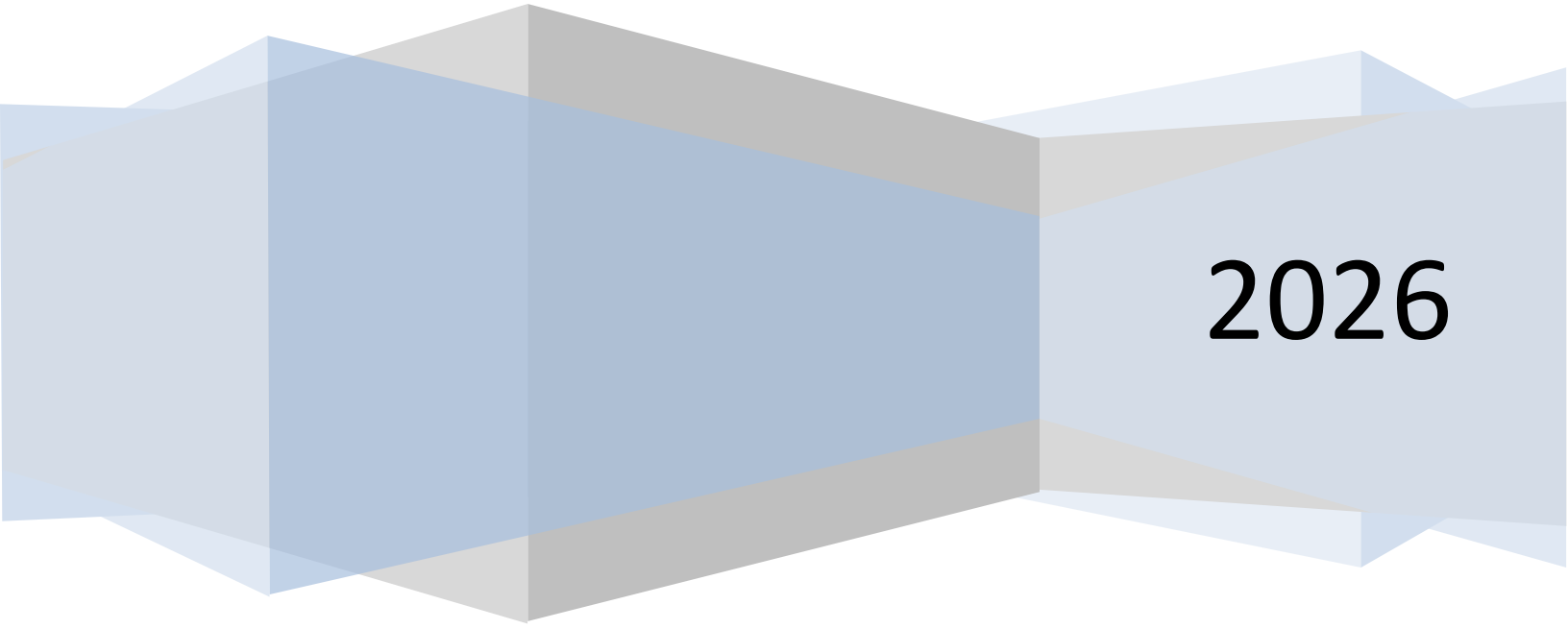
Financial Worksheet

CONFIDENTIAL INFORMATION FORM

Please bring account information for:

- **Investment Products (account statements)**
- **Retirement Products (account statements)**
- **Insurance Products (policies and policy information)**
  - **Disability Income Insurance**
  - **Long-term Care Insurance**
  - **Term or Permanent Life Insurance**
- **Personal budgets you have**
- **Any other applicable items**



2026

Biographical Information

Personal:	**Client 1:**	**Client 2:**
Name:		
Home Address:		
Home Phone:		
Cell Phone:		
Email Address:		
Date of Birth:		
Birthplace:		
Citizenship (Country):		
Social Security Number:		
Undergraduate School:		
Driver's License Number:		
Issue State:		
Issue Date:		
Expiration Date:		
Medical/Graduate School:		
Residency or training		
Finish date:		
Marriage Date:		
Hobbies/interests:		

Children:

Name:	**Relationship:**	**Birth date:**	**Social Security #:**

Trusted Contact Person (Emergency Contact):

Name: _____
Address: _____
_____
Phone: _____
Email: _____
Relation: _____

Employment information

	Client 1:	**Client 2:**
Employer's Name:		
Address:		
Phone:		
Title/Position:		
Date of Hire:		
Base Salary:		
Pay Frequency:	every (how often) (time period)	every (how often) (time period)
Take home per check:		
Bonus/Other Compensation:		
When/How Bonus Paid:		

What is your income potential (increasing with inflation):

In 3 years:		
In 5 years:		
In 10 years:		

Other sources of income (amount and description):		

<u>Employment Goals:</u>

Practice (Private/Group)		
Location Desired (Region)		
Future Training		

Financial goals

Immediate (1-12 months):

Short-term (1-5 years):

Medium-term (5-10 years):

Long-term (10-20 years):

At what age do you wish to retire? Client 1: _____ Client 2:_____

What type of Standard of Living do you wish for in retirement?

☐ Lower than pre-retirement ☐ Same as pre-retirement ☐ Higher than pre-retirement

In your opinion, what is your worst financial problem/liability?

In your opinion, what is your greatest financial asset?

What issues or special concerns do you want specifically addressed in your financial plan?

Assets

Liquid Cash or Equivalents (Checking, Savings, Online Savings, Money Market, etc.)

Account Owner	Company	Type of Account	Account Balance

Investments (Non-Retirement: Mutual Funds, Managed Accounts, ETF's, Stocks, Bonds, CD's)

Account Owner	Company	Type of Account	Account Balance	Purpose or Goal

Retirement Accounts (401k, 403b, 401a, Pension, IRA, Roth IRA, etc.)

Account Owner	Company	Type of Account (401k, Roth IRA, Pension, etc.)	Account Balance	Current Contribution ($ or %)	Current Employer Match

Assets

Real Estate (Residence, Additional Mortgage, Investment Property, Commercial, Land, Other)

Type of Real Estate Investment				
Estimated Value				
Date Acquired				
Mortgage Balance				
Interest Rate (APR)				
Monthly Payment (principal + interest)				
Repayment schedule (years)				

Vehicles (Automobiles, Motorcycles, Boats, ATV's, etc.)

Vehicle Year				
Make / Model				
Estimated Value				
Finance Company				
Balance				
Interest Rate				
Monthly Payment				
Repayment schedule (years)				

Other Investments (Describe):

Liabilities

Student Loans

Loan Company/Type					
Balance					
Interest Rate (APR)					
Monthly Payment					
Income Based Repayment?					
Repayment Schedule					

Other/Personal Loans (Consolidation loans, medical debt, family, other credit lines, etc.)

Type/Purpose				
Balance				
Interest Rate (APR)				
Monthly Payment				
Repayment Schedule				

Credit Cards

Company						
Balance						
Interest Rate						
Minimum Payment						
Your Monthly Payment						
Credit Limit						
Still Use this Card						

Insurance information

Please bring copies of life and disability insurance statements or initial policy

Medical Insurance

Person Insured	Through Employer / Private	HSA

Disability Insurance

Person Insured	Company	Group or Private	Monthly Benefit	Benefit Period	Waiting Period	Premium

Life Insurance

Person Insured	Company	Term / Whole / Universal	Death Benefit	Cash Value	Premium

Other Insurance Notes

Monthly Budget

Mortgage/Rent	
Utilities/Other Home Bills	
Phone	
Food/Groceries	
Restaurants / Bars	
Other Entertainment	
Auto Insurance	
Auto Repair/Gas	
Auto Payment	
Personal Insurance	
Student Loans	
Credit Cards (if carried balance)	
Clothing Expense	
Childcare	
Charity/Tithing	
Hobbies	
Gifts/Holidays	
Miscellaneous / Other	
Total Monthly Expenses	
Total Monthly Take Home	
Monthly Surplus	