



COMPREHENSIVE FINANCIAL SOLUTIONS

CHARTING A SECURE FUTURE

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## FINANCIAL PLANNING QUESTIONNAIRE

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INCLUDES:

FINANCIAL FOCUS AND FUTURE VISION  
FINANCIAL PLANNING WORKSHEET

PREPARED BY:



FINANCIAL PLANNING  
SOLUTIONS



TAX  
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INSURANCE  
SOLUTIONS



WEALTH MANAGEMENT  
SOLUTIONS

953 MOUNT HERMON ROAD | SUITE 101 | SALISBURY, MD 21804  
TOLL-FREE: (800) 465-7042 | PHONE: (410) 546-0911 | FAX: (410) 543-2759  
WEB: [WWW.CFS4ME.COM](http://WWW.CFS4ME.COM) | E-MAIL: [INFO@CFS4ME.COM](mailto:INFO@CFS4ME.COM)

SECURITIES AND ADVISORY SERVICES ARE OFFERED THROUGH CETERA ADVISORS LLC, MEMBER FINRA / SIPC.  
CFS IS INDEPENDENT OF CETERA ADVISORS LLC.



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## FINANCIAL FOCUS AND FUTURE VISION

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WHAT IS MOTIVATING YOU AT THIS TIME TO SEEK ADVICE AND GUIDANCE?

ARE THERE ANY URGENT OR TIME SENSITIVE ISSUES WE SHOULD KNOW ABOUT?

WHAT IS IMPORTANT TO YOU ABOUT MONEY? WHY?

WHAT WOULD BE YOUR IDEAL, REALISTIC LIFESTYLE? (NOW AND FUTURE)

WHAT IS YOUR PASSION?

HOW DO YOU ENVISION YOUR LEGACY?

HOW WOULD YOU MEASURE SUCCESS WHEN WORKING WITH A FINANCIAL PLANNER / INVESTMENT ADVISOR?



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## FINANCIAL PLANNING WORKSHEET

### PERSONAL INFORMATION:

ALL INFORMATION IS HELD IN  
STRICTEST CONFIDENCE

DATE:

---

### INDIVIDUAL 1

NAME:

---

SOCIAL SECURITY:

---

DATE OF BIRTH:

---

ANTICIPATED RETIREMENT AGE:

---

NOTES: |

### INDIVIDUAL 2:

NAME:

---

SOCIAL SECURITY:

---

DATE OF BIRTH:

---

ANTICIPATED RETIREMENT AGE:

---

NOTES: |



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**CONTACT INFORMATION:**

PLEASE INDICATE YOUR PREFERRED METHODS OF CONTACT

HOME PHONE: \_\_\_\_\_

**INDIVIDUAL 1**

**INDIVIDUAL 2**

CELL: \_\_\_\_\_  
 WORK: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

CELL: \_\_\_\_\_  
 WORK: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

**RESIDENCE / LEGAL ADDRESS**

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MAILING ADDRESS**

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**OVERNIGHT ADDRESS**

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_



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**DEPENDENT / BENEFICIARY INFORMATION:**

**PLEASE INDICATE YOUR CURRENT DEPENDENT AND / OR BENEFICIARY INFORMATION.**

**DEPENDENT INFORMATION**

NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY #	COMPLETE ADDRESS
1.				
2.				
3.				

**PRIMARY BENEFICIARY INFORMATION**

NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY #	COMPLETE ADDRESS
1.				
2.				
3.				

**CONTINGENT BENEFICIARY INFORMATION**

NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY #	COMPLETE ADDRESS
1.				
2.				
3.				



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**ANNUAL HOUSEHOLD EMPLOYMENT  
 INCOME INFORMATION:**

**PLEASE INDICATE YOUR CURRENT  
 ANNUAL HOUSEHOLD EMPLOYMENT  
 INCOME**

**INDIVIDUAL 1**

**INDIVIDUAL 2**

**PRE-RETIREMENT**

CURRENT EMPLOYER: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

CURRENT EARNINGS: \$ \_\_\_\_\_

CURRENT EARNINGS: \$ \_\_\_\_\_

NUMBER OF YEARS ON JOB: \_\_\_\_\_ YRS.

NUMBER OF YEARS ON JOB: \_\_\_\_\_ YRS.

**RETIREMENT**

DO YOU ANTICIPATE  
 WORKING IN RETIREMENT? \_\_\_\_\_

DO YOU ANTICIPATE  
 WORKING IN RETIREMENT? \_\_\_\_\_

IF YES, PLEASE ANSWER BELOW:

IF YES, PLEASE ANSWER BELOW:

APPROXIMATE EARNINGS: \$ \_\_\_\_\_

APPROXIMATE EARNINGS: \$ \_\_\_\_\_

PLANNED WORKING YEARS  
 DURING RETIREMENT: \_\_\_\_\_ YRS.

PLANNED WORKING YEARS  
 DURING RETIREMENT: \_\_\_\_\_ YRS.

NOTES: |

**FOR COMPREHENSIVE PLANNING  
 PLEASE ATTACH A COPY OF YOUR MOST RECENT TAX RETURN.**



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**SPECIAL INCOME, EXPENSES &  
 EDUCATION FUNDING  
 INFORMATION:**

**PLEASE INDICATE YOUR CURRENT SPECIAL  
 INCOME & SPECIAL EXPENSES**

**SPECIAL INCOME**

- ANTICIPATED INHERITANCE, PROCEEDS FROM THE SALE OF INVESTMENT PROPERTY OR ASSETS, ETC.

DESCRIPTION	ANNUAL AMOUNT	STARTING YEAR	NUMBER OF YEARS
1.	\$		YRS.
2.	\$		YRS.
3.	\$		YRS.

NOTES:

**SPECIAL EXPENSES**

- FUNDS NEEDED TO PAY-OFF BALLOON FINANCING PAYMENT, LARGE HOME IMPROVEMENT COSTS, CAR PURCHASE, ETC.

DESCRIPTION	ANNUAL AMOUNT	STARTING YEAR	NUMBER OF YEARS
1.	\$		YRS.
2.	\$		YRS.
3.	\$		YRS.

NOTES:

**EDUCATION FUNDING**

DEPENDENT CHILD'S NAME	AGE	START AGE	COST PER YEAR	# OF YEARS	CURRENT COLLEGE FUNDS SAVED	PLANNED ANNUAL ADDITIONS
1.			\$		\$	\$
2.			\$		\$	\$
3.			\$		\$	\$



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**PENSION & SOCIAL SECURITY INFORMATION:**

**PLEASE INDICATE YOUR ESTIMATED PENSION AND SOCIAL SECURITY BENEFITS**

**PENSION**

INDIVIDUAL 1		INDIVIDUAL 2	
BENEFIT TYPE: (LUMP SUM OR MONTHLY)	_____	BENEFIT TYPE: (LUMP SUM OR MONTHLY)	_____
ANTICIPATED AMOUNT:	\$ _____	ANTICIPATED AMOUNT:	\$ _____
STARTING AGE:	_____	STARTING AGE:	_____
INCREASE RATE (COLA):	_____	INCREASE RATE (COLA):	_____
SURVIVOR BENEFIT:	_____ %	SURVIVOR BENEFIT:	_____ %
NOTES:			

**SOCIAL SECURITY**

INDIVIDUAL 1		INDIVIDUAL 2	
AGE TO START BENEFIT:	_____	AGE TO START BENEFIT:	_____
ANTICIPATED ANNUAL BENEFIT:	\$ _____	ANTICIPATED ANNUAL BENEFIT:	\$ _____
NOTES:			

- IF POSSIBLE, ATTACH A COPY OF YOUR MOST RECENT "SOCIAL SECURITY ESTIMATE OF BENEFITS" PROVIDED BY THE SOCIAL SECURITY ADMINISTRATION OR YOU CAN OBTAIN THIS INFORMATION ONLINE AT:  
[HTTP://WWW.SOCIALSECURITY.GOV/ESTIMATOR/](http://WWW.SOCIALSECURITY.GOV/ESTIMATOR/)
- SOCIAL SECURITY PLANNING IS CRITICAL TO YOUR LONG-TERM FINANCIAL SECURITY. COORDINATION OF SPOUSAL BENEFITS IS JUST ONE IMPORTANT ISSUE TO ADDRESS. PLEASE CONSULT WITH THE SOCIAL SECURITY ADMINISTRATION AND COMPREHENSIVE FINANCIAL SOLUTIONS (CFS) BEFORE FILING FOR YOUR SOCIAL SECURITY BENEFITS.







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**ANNUAL LIVING EXPENSE INFORMATION:**

**PLEASE INDICATE YOUR ESTIMATED ANNUAL HOUSEHOLD EXPENSES.**

ITEM	DESCRIPTION	AMOUNT
<b>HOUSING</b>		
RENT (IF APPLICABLE)		\$
MORTGAGE (SEE PAGE 16)		
MORTGAGE (SEE PAGE 16)		
ASSOCIATION DUES		\$
PROPERTY TAXES		\$
PROPERTY MAINTENANCE		\$
HOME OWNER'S INSURANCE		\$
<b>HOUSING TOTAL</b>		<b>\$</b>

<b>UTILITIES</b>		
ELECTRIC		\$
PROPANE/GAS/OIL		\$
WATER/SEWER		\$
GARBAGE REMOVAL		\$
TELEPHONE/CELL PHONE		\$
CABLE/TV/INTERNET		\$
<b>UTILITIES TOTAL</b>		<b>\$</b>

<b>FOOD</b>		
GROCERIES		\$
MEALS OUT		\$
<b>FOOD TOTAL</b>		<b>\$</b>

<b>CHILD CARE</b>		
CARE GIVER/DAYCARE		\$
ALIMONY/CHILD SUPPORT		\$
<b>CHILD CARE TOTAL</b>		<b>\$</b>



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ITEM	DESCRIPTION	AMOUNT
<b>AUTOMOBILES</b>		
GASOLINE		\$
MAINTENANCE / REPAIRS		\$
REGISTRATION / INSPECTION		\$
AUTO INSURANCE PREMIUM		\$
AUTO LOAN DETAILS (SEE PAGE 17)		
<b>AUTOMOBILES TOTAL</b>		\$

<b>DISCRETIONARY SPENDING</b>		
CLOTHING / PERSONAL ITEMS		\$
ENTERTAINMENT / VACATIONS		\$
CHARITABLE CONTRIBUTIONS		\$
MEMBERSHIPS: GYMS, CLUBS, ETC.		\$
HOME FURNISHINGS		\$
GIFTS GIVEN: HOLIDAYS/BIRTHDAYS		\$
OTHER:		\$
OTHER:		\$
<b>DISCRETIONARY TOTAL</b>		\$

<b>HEALTHCARE / LONG-TERM CARE</b>		
MEDICAL INSURANCE PREMIUM		\$
OFFICE VISIT CO-PAY/DEDUCTIBLE		\$
MEDICATIONS		\$
DENTAL		\$
OPTICAL		\$
LONG-TERM CARE		\$
<b>HEALTHCARE/LONG-TERM CARE TOTAL</b>		\$



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ITEM	DESCRIPTION	AMOUNT
<b>EDUCATION</b>		
TUITION		\$
SUPPLIES		\$
STUDENT LOAN PAYMENTS		\$
<b>EDUCATION TOTAL</b>		\$

<b>ANNUAL HOUSEHOLD EXPENSE TOTALS</b>		
HOUSING		\$
UTILITIES		\$
FOOD		\$
CHILD CARE		\$
AUTOMOBILES		\$
DISCRETIONARY SPENDING		\$
HEALTHCARE		\$
EDUCATION		\$
MISCELLANEOUS		\$
<b>TOTAL ANNUAL HOUSEHOLD EXPENSES</b>		\$



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**INSURANCE INFORMATION:**

**PLEASE INDICATE YOUR CURRENT INSURANCE POLICIES**

**PERMANENT LIFE**

**INDIVIDUAL 1**

**INDIVIDUAL 2**

PERMANENT LIFE INS?

\_\_\_\_\_

PERMANENT LIFE INS?

\_\_\_\_\_

INSURANCE COMPANY:

\_\_\_\_\_

INSURANCE COMPANY:

\_\_\_\_\_

IF YES, PLEASE ANSWER BELOW:

\_\_\_\_\_

IF YES, PLEASE ANSWER BELOW:

\_\_\_\_\_

ANNUAL PREMIUM:

\$ \_\_\_\_\_

ANNUAL PREMIUM:

\$ \_\_\_\_\_

DEATH BENEFIT:

\$ \_\_\_\_\_

DEATH BENEFIT:

\$ \_\_\_\_\_

CURRENT CASH VALUE:

\$ \_\_\_\_\_

CURRENT CASH VALUE:

\$ \_\_\_\_\_

NOTES:

|

**TERM LIFE**

**INDIVIDUAL 1**

**INDIVIDUAL 2**

TERM LIFE INSURANCE?

\_\_\_\_\_

TERM LIFE INSURANCE?

\_\_\_\_\_

INSURANCE COMPANY:

\_\_\_\_\_

INSURANCE COMPANY:

\_\_\_\_\_

IF YES, PLEASE ANSWER BELOW:

\_\_\_\_\_

IF YES, PLEASE ANSWER BELOW:

\_\_\_\_\_

YEAR OF PURCHASE:

\_\_\_\_\_

YEAR OF PURCHASE:

\_\_\_\_\_

LENGTH OF TERM (YEARS):

YRS. \_\_\_\_\_

LENGTH OF TERM (YEARS):

YRS. \_\_\_\_\_

ANNUAL PREMIUM:

\$ \_\_\_\_\_

ANNUAL PREMIUM:

\$ \_\_\_\_\_

DEATH BENEFIT (FACE AMOUNT):

\$ \_\_\_\_\_

DEATH BENEFIT (FACE AMOUNT):

\$ \_\_\_\_\_

NOTES:

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**DISABILITY POLICY**

**INDIVIDUAL 1** **INDIVIDUAL 2**

<p>DISABILITY INSURANCE? _____</p> <p>INSURANCE COMPANY: _____</p> <p>IF YES, PLEASE ANSWER BELOW:</p> <p>ANNUAL PREMIUM: \$ _____</p> <p>ST MONTHLY BENEFIT: \$ _____</p> <p>TERM (IN YEARS): _____ YRS.</p> <p>LT MONTHLY BENEFIT: \$ _____</p> <p>TERM (IN YEARS): _____ YRS.</p>	<p>DISABILITY INSURANCE? _____</p> <p>INSURANCE COMPANY: _____</p> <p>IF YES, PLEASE ANSWER BELOW:</p> <p>ANNUAL PREMIUM: \$ _____</p> <p>ST MONTHLY BENEFIT: \$ _____</p> <p>TERM (IN YEARS): _____ YRS.</p> <p>LT MONTHLY BENEFIT: \$ _____</p> <p>TERM (IN YEARS): _____ YRS.</p>
--	--

**LONG-TERM CARE**

**INDIVIDUAL 1** **INDIVIDUAL 2**

<p>LONG-TERM CARE? _____</p> <p>INSURANCE COMPANY: _____</p> <p>IF YES, PLEASE ANSWER BELOW:</p> <p>MONTHLY BENEFIT: \$ _____</p> <p>ANNUAL PREMIUM: \$ _____</p> <p>BENEFIT PERIOD: _____</p> <p>INFLATION RIDER: _____</p>	<p>LONG-TERM CARE? _____</p> <p>INSURANCE COMPANY: _____</p> <p>IF YES, PLEASE ANSWER BELOW:</p> <p>MONTHLY BENEFIT: \$ _____</p> <p>ANNUAL PREMIUM: \$ _____</p> <p>BENEFIT PERIOD: _____</p> <p>INFLATION RIDER: _____</p>
--	--

**UMBRELLA LIABILITY POLICY**

**INDIVIDUAL 1** **INDIVIDUAL 2**

<p>UMBRELLA LIABILITY? _____</p> <p>INSURANCE COMPANY: _____</p> <p>IF YES, PLEASE ANSWER BELOW:</p> <p>COVERAGE AMOUNT: \$ _____</p> <p>ANNUAL PREMIUM: \$ _____</p>	<p>UMBRELLA LIABILITY? _____</p> <p>INSURANCE COMPANY: _____</p> <p>IF YES, PLEASE ANSWER BELOW:</p> <p>COVERAGE AMOUNT: \$ _____</p> <p>ANNUAL PREMIUM: \$ _____</p>
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**ASSETS OUTSIDE OUR MANAGEMENT:**

**PLEASE INDICATE YOUR CAPITAL ASSETS OUTSIDE OF OUR MANAGEMENT.**

- INCLUDE BANK ACCOUNTS, SAVINGS ACCOUNTS, INVESTMENT ACCOUNTS, RETIREMENT ACCOUNTS, 401(K), MONEY PURCHASE BENEFIT, 403(B), BROKERAGE ACCOUNTS, STOCKS, BONDS, BUSINESS INTERESTS, ETC.
- **PLEASE ATTACH MOST RECENT STATEMENTS.**

ASSET DESCRIPTION	ACCOUNT TYPE	OWNERSHIP	CURRENT VALUE	ANNUAL ADDITIONS
EXAMPLE: HOSPITAL	403(B)	INDIV. 2	\$ 200,000.00	\$ 2,400.00
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$

NOTES:

**BALANCE SHEET INFORMATION:**

**PLEASE INDICATE APPROXIMATE VALUE OF YOUR CURRENT ASSETS**



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**ASSET VALUES**

PRIMARY RESIDENCE:	\$ _____	OTHER:	\$ _____
SECONDARY RESIDENCE:	\$ _____	OTHER:	\$ _____
PERSONAL PROPERTY:	\$ _____	OTHER:	\$ _____
AUTOMOBILES:	\$ _____	OTHER:	\$ _____
BOAT, RV, ETC.	\$ _____	OTHER:	\$ _____
INVESTMENT PROPERTY:	\$ _____	OTHER:	\$ _____
RENTAL PROPERTY:	\$ _____	OTHER:	\$ _____

NOTES: |

**LIABILITIES  
PROPERTY**

**PRIMARY RESIDENCE**

YEAR PURCHASED:	_____	CURRENT LOAN BALANCE:	\$ _____
PURCHASE PRICE:	\$ _____	INTEREST RATE:	_____ %
CURRENT VALUE:	\$ _____	LOAN TERMS (YEARS):	_____ YRS.
COST OF IMPROVEMENTS:	\$ _____	PAYMENT (P&I ONLY):	\$ _____
ORIGINAL LOAN AMOUNT:	\$ _____	BALLOON YEARS	_____ YRS.
DATE OF LOAN:	_____	LENDER INSTITUTION:	_____

NOTES: |

**SECONDARY RESIDENCE (IF APPLICABLE)**

YEAR PURCHASED:	_____	CURRENT LOAN BALANCE:	\$ _____
PURCHASE PRICE:	\$ _____	INTEREST RATE:	_____ %
CURRENT VALUE:	\$ _____	LOAN TERMS (YEARS):	_____ YRS.
COST OF IMPROVEMENTS:	\$ _____	PAYMENT (P&I ONLY):	\$ _____
ORIGINAL LOAN AMOUNT:	\$ _____	BALLOON YEARS	_____ YRS.
DATE OF LOAN:	_____	LENDER INSTITUTION:	_____

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### HOME EQUITY LOAN

PROPERTY NAME:	_____	INTEREST RATE:	_____ %
LENDER NAME:	_____	LOAN TERM:	_____ YRS.
DATE OF LOAN:	_____	PAYMENT (P&I ONLY):	\$ _____
ORIGINAL LOAN AMOUNT:	\$ _____	BALLOON YEARS:	_____ YRS.
CURRENT BALANCE:	\$ _____	OTHER:	_____

NOTES: |

### RENTAL PROPERTY MORTGAGE I

PROPERTY NAME:	_____	PAYMENT (P&I):	\$ _____
YEAR PURCHASED:	_____	TAXES:	\$ _____
PURCHASE PRICE:	\$ _____	INSURANCE:	\$ _____
ORIGINAL LOAN AMOUNT:	\$ _____	ASSOCIATION FEES:	\$ _____
CURRENT BALANCE:	\$ _____	MANAGEMENT FEES:	\$ _____
DATE OF LOAN:	_____	OTHER:	_____
LOAN TERMS:	_____ YRS.		

NOTES: |

### RENTAL PROPERTY MORTGAGE II

PROPERTY NAME:	_____	PAYMENT (P&I):	\$ _____
YEAR PURCHASED:	_____	TAXES:	\$ _____
PURCHASE PRICE:	\$ _____	INSURANCE:	\$ _____
ORIGINAL LOAN AMOUNT:	\$ _____	ASSOCIATION FEES:	\$ _____
CURRENT BALANCE:	\$ _____	MANAGEMENT FEES:	\$ _____
DATE OF LOAN:	_____	OTHER:	_____
LOAN TERMS:	_____ YRS.		

NOTES: |

**PLEASE PROVIDE IRS TAX RETURN SCHEDULE E FOR EACH RENTAL PROPERTY**



FINANCIAL PLANNING  
SOLUTIONS



TAX  
SOLUTIONS



INSURANCE  
SOLUTIONS



WEALTH MANAGEMENT  
SOLUTIONS





ADDRESS:  
953 MOUNT HERMON ROAD, SUITE 101  
SALISBURY, MD 21804

TOLL-FREE: (800) 465-7042  
PHONE: (410) 546-0911  
FAX: (410) 543-2759  
WEB: [WWW.CFS4ME.COM](http://WWW.CFS4ME.COM)  
E-MAIL: [INFO@CFS4ME.COM](mailto:INFO@CFS4ME.COM)

**PERSONAL PROPERTY**

**AUTO LOAN I**

ORIGINAL LOAN AMOUNT:	\$ _____	CURRENT BALANCE:	\$ _____
PAYMENT (P&I):	\$ _____	INTEREST RATE:	_____ %
DATE OF LOAN:	_____	LOAN TERMS (YRS):	_____ YRS.

NOTES: | \_\_\_\_\_

**AUTO LOAN II**

ORIGINAL LOAN AMOUNT:	\$ _____	CURRENT BALANCE:	\$ _____
PAYMENT (P&I):	\$ _____	INTEREST RATE:	_____ %
INSURANCE:	\$ _____	LOAN TERMS (YRS):	_____ YRS.

NOTES: | \_\_\_\_\_

**OTHER LOAN**

ORIGINAL LOAN AMOUNT:	\$ _____	CURRENT BALANCE:	\$ _____
PAYMENT (P&I):	\$ _____	DATE OF LOAN:	_____
LOAN TERMS (YRS):	_____ YRS.	INTEREST RATE:	_____ %
		OTHER:	_____

NOTES: | \_\_\_\_\_

**OTHER LOAN**

ORIGINAL LOAN AMOUNT:	\$ _____	CURRENT BALANCE:	\$ _____
PAYMENT (P&I):	\$ _____	DATE OF LOAN:	_____
LOAN TERMS (YRS):	_____ YRS.	INTEREST RATE:	_____ %
		OTHER:	_____

NOTES: | \_\_\_\_\_



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**OTHER LIABILITIES**

**CREDIT CARD I**

LENDER NAME:		PAID IN FULL EACH MONTH? (CIRCLE ONE)	YES	NO
CURRENT BALANCE:	\$ _____	IF NOT, APPROPRIATE MONTHLY PAYMENT:	\$ _____	
INTEREST RATE:	_____ %	OTHER:	_____	
NOTES:				

**CREDIT CARD II**

LENDER NAME:		PAID IN FULL EACH MONTH? (CIRCLE ONE)	YES	NO
CURRENT BALANCE:	\$ _____	IF NOT, APPROPRIATE MONTHLY PAYMENT:	\$ _____	
INTEREST RATE:	_____ %	OTHER:	_____	
NOTES:				

**QUARTERLY TAX INSTALLMENTS**

FEDERAL PAYMENT:	\$ _____	STATE PAYMENT:	\$ _____
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**CHILD SUPPORT / ALIMONY**

ANNUAL PAYMENT:	\$ _____	# OF YEARS:	_____	SPOUSE NAME:	_____
ANNUAL PAYMENT:	\$ _____	# OF YEARS:	_____	CHILD NAME:	_____
ANNUAL PAYMENT:	\$ _____	# OF YEARS:	_____	CHILD NAME:	_____
NOTES:					



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**ESTATE PLANNING INFORMATION:**

**PLEASE INDICATE WHICH LEGAL DOCUMENTS CURRENTLY HELD**

DOCUMENT	INDIVIDUAL 1	DATE OF EXECUTION	INDIVIDUAL 2	DATE OF EXECUTION
WILL:				
MARITAL TRUST:				
REVOCABLE TRUST:				
CREDIT SHELTER TRUST:				
IRREVOCABLE LIFE INSURANCE TRUST:				
DURABLE GENERAL POWER OF ATTORNEY:				
HEALTH CARE POWER OF ATTORNEY:				
LIVING WILL:				
OTHER:				
OTHER:				
NOTES:				

**PLEASE NOTE ANY OTHER IMPORTANT INFORMATION YOU WOULD LIKE CONSIDERED IN THE OVERALL FINANCIAL PLAN:**

**THANK YOU FOR YOUR TIME AND EFFORT!**



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