



Please **complete** this form and bring it along with your **LAST YEAR'S TAX RETURN** and **most current investment statement** to your meeting. **THANK YOU!**

Date: _____

FINANCIAL PLANNING INFORMATION

(Please complete prior to your appointment and print clearly. If not sure about an item, leave it blank.)

YOUR NAME _____ SS # _____

NICK NAME _____ DATE OF BIRTH _____ AGE _____

BUSINESS PHONE () _____ CELL PHONE () _____

EMPLOYER _____

SPOUSE NAME _____ SS# _____

NICKNAME _____ DATE OF BIRTH _____ AGE _____

BUSINESS PHONE () _____ CELL PHONE () _____

EMPLOYER _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ WEB SITE _____

YOUR EMAIL _____ SPOUSE EMAIL _____

Do you have a current will? Y _____ N _____ Living Trust? Y _____ N _____

Are you concerned about possible Nursing Home Expenses? Y _____ N _____

Planned retirement date _____, or if retired, date retired _____

Will you and your spouse retire at the same time? Y _____ N _____

Do you believe Social Security is sufficient for your retirement income? Y _____ N _____

Are you expecting an inheritance in the future? Y _____ N _____

If yes, please explain. _____

LifeStyle Financial Network, LLC
(205) 871-2265

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List your top three financial concerns (List in order of importance)

How do you feel about your current financial situation? _____

How can a financial planner help? _____

If money was not an issue, I would _____

Are you comfortable in making investment decisions? Yes _____ No _____

What is the best investment that you ever made?

What is your investment objective?

Current Income Balance Growth & Income Growth Maximum Growth

How risky are you? Low Moderate Aggressive Speculative

Would you say your investment knowledge was: Zero Limited Good Excellent?

Do you have money set aside for an emergency? Yes ___ No ___ If so, how much? \$ _____

Please, describe what financial independence means to you. *(Please be specific)*

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AMOUNTS IN BANKS, SAVINGS & LOANS & CREDIT UNIONS (NON-IRA)
(i.e. Checking, Savings, Money Market)

NAME OF INSTITUTION	TYPE OF ACCOUNT	MATURITY DATE	INTEREST RATE	APPROXIMATE BALANCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS
(Please bring in your latest reports/statements)

ACCOUNT TYPE & LOCATION <i>(i.e. Bank, Broker, Employer, etc.)</i>	TYPE (401K, IRA, TSA, ETC.)	APPROXIMATE MARKET VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

STOCKS AND BONDS (Where You Hold Certificates Yourself)
(Please use another sheet of paper if more space is needed)

NAME OF STOCK/BOND	NUMBER OF SHARES	APPROXIMATE VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

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MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS

(Please bring in your latest reports/statements)

NAME OF BROKERAGE FIRM/MUTUAL FUND	NUMBER OF SHARES	APPROXIMATE VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCE & OTHER REAL ESTATE OWNED

(Please use another sheet of paper if more space is needed)

PROPERTY ADDRESS	ORIGINAL COST	APROX.VALUE	DEBT	NET CASH FLOW BEFORE DEPREC (if a rental)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIMITED OR GENERAL PARTNERSHIPS

(Please use another sheet of paper if more space is needed)

NAME OF PARTNERSHIP	TYPE OF INVESTMENT	APPROXIMATE MARKET VALUE or AMOUNT of INVESTMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

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LIFE INSURANCE
(Please bring in policies and latest statements)

COMPANY	NAME OF INSURED	TYPE OF INSURANCE (WHOLE LIFE, TERM)	DEATH BENEFIT	ANNUAL PREMIUM	LOAN AGAINST?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ANNUITIES
(Please bring in contracts and latest statements)

COMPANY	ANNUITANT/ OWNER	FIXED/ VARIABLE	APPROX. VALUE	DATE PURCHASED	AMOUNT DEPOSITED
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIST OTHER ASSETS
(Please use another sheet of paper if more space is needed)

_____	\$	_____
_____	\$	_____
_____	\$	_____

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ANNUAL FAMILY INCOME

(Please list all of the following items as accurate as possible.)

Salary/Wages _____	\$ _____
Salary/Wages _____	\$ _____
Bonuses _____	\$ _____
Commissions _____	\$ _____
Self-employment _____	\$ _____
Interest	
Taxable _____	\$ _____
Tax-exempt _____	\$ _____
Dividends _____	\$ _____
Capital Gains _____	\$ _____
Rental _____	\$ _____
Alimony _____	\$ _____
Child Support _____	\$ _____
Farm _____	\$ _____
Partnerships _____	\$ _____
Trust _____	\$ _____
Royalties _____	\$ _____
Tax Refunds _____	\$ _____
Disability Insurance _____	\$ _____
Social Security	
Retirement _____	\$ _____
Disability _____	\$ _____
Corporate Pension _____	\$ _____
IRA _____	\$ _____
Annuities _____	\$ _____
Unemployment _____	\$ _____
Other _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____

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ANNUAL FAMILY EXPENSES
(Please list all of the following items as accurate as possible.)

HOUSING

Rent/Mortgage	\$ _____
Second Mortgage	\$ _____
Property Taxes	\$ _____
Fires Dues	\$ _____
Home Maintenance	
Repairs/General Maintenance	\$ _____
Garbage Service	\$ _____
Pest Control	\$ _____
Yard and Pool Maintenance	\$ _____
Inside Household Help	\$ _____
Homeowners/Renters Insurance	\$ _____
Other	\$ _____
TOTAL HOUSING	\$ _____

UTILITIES

Electricity	\$ _____
Heating (Gas, Oil)	\$ _____
Water/Sewer	\$ _____
Telephone	\$ _____
TOTAL UTILITIES	\$ _____

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TRANSPORTATION

Payment #1	\$ _____
Payment #2	\$ _____
Gas	\$ _____
Maintenance & Repairs	\$ _____
Bus/Car Pool/Parking	\$ _____
License Tags/Taxes	\$ _____
Insurance	\$ _____
Other	\$ _____
TOTAL TRANSPORTATION	\$ _____

FOOD

Food/Groceries (Weekly x 52)	\$ _____
Food at Work or Lunch (Daily Average x 20 Days)	\$ _____
School Lunches (Daily x 20 Days)	\$ _____
Alcoholic Beverages	\$ _____
Other	\$ _____
TOTAL FOOD	\$ _____

CLOTHING

Clothing (Cost last year)	\$ _____
Laundry/Dry Cleaning	\$ _____
Other	\$ _____
TOTAL CLOTHING	\$ _____

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PERSONAL CARE & CASH

Personal Items/Toiletries	\$ _____
Barber/Beauty Shop	\$ _____
Allowances for Children	\$ _____
Child Care	\$ _____
Child Support/Alimony	\$ _____
Tobacco	\$ _____
Other	\$ _____
TOTAL PERSONAL CARE & CASH	\$ _____

MEDICAL

(Expenses not covered by insurance)

Doctors	\$ _____
Medications/Drugs	\$ _____
Dentists	\$ _____
Labs\ X Rays etc.	\$ _____
Other	\$ _____
TOTAL MEDICAL	\$ _____

INSURANCE

Life Insurance	\$ _____
Disability	\$ _____
Hospital	\$ _____
Cancer	\$ _____
Other	\$ _____
TOTAL INSURANCE	\$ _____

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EDUCATION

Tuition/School Fees	\$ _____
Newspapers	\$ _____
Books/Magazines	\$ _____
School Books/Supplies	\$ _____
Music, Dancing, etc., Lessons	\$ _____
Professional Education/Seminars (not reimbursed by employer)	\$ _____
Other	\$ _____
TOTAL EDUCATION	\$ _____

MORTGAGE/NOTES/LOANS and CREDIT CARDS FACTS

<u>Name</u>	<u>% Rate</u>	<u>Payment</u>	<u>Outstanding</u>	<u>Term</u>	<u>Yrs/Mths Remaining</u>
1. _____	_____ %	\$ _____	\$ _____	_____	_____
2. _____	_____ %	\$ _____	\$ _____	_____	_____
3. _____	_____ %	\$ _____	\$ _____	_____	_____
4. _____	_____ %	\$ _____	\$ _____	_____	_____
5. _____	_____ %	\$ _____	\$ _____	_____	_____
6. _____	_____ %	\$ _____	\$ _____	_____	_____

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ENTERTAINMENT

Movies/Concerts/Plays	\$ _____
Cable TV	\$ _____
Sports/Hobbies/Clubs	\$ _____
Recreation Equipment & Repairs	\$ _____
Eating Out (Other than Lunches)	\$ _____
Birthday Gifts	\$ _____
Christmas	\$ _____
Other Gifts (Mother's Day, Anniversaries, etc)	\$ _____
TOTAL ENTERTAINMENT	\$ _____

VACATIONS & HOLIDAY

Vacations/Camps	\$ _____
Other	\$ _____
TOTAL VACATIONS	\$ _____

CHARITABLE CONTRIBUTION

Church Donations	\$ _____
Colleges/Universities	\$ _____
Other Donations	\$ _____
TOTAL CHARITABLE CONTRIBUTION	\$ _____

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MISCELLANEOUS

Postage	\$ _____
Pet Supplies/Care	\$ _____
Banks Fees	\$ _____
Family Pictures	\$ _____
Business Expenses <i>(Not reimbursed by employer)</i>	\$ _____
Other	\$ _____
TOTAL MISCELLANEOUS	\$ _____

SAVING AND INVESTMENTS

Enter the amount invested for the last twelve (12) months (NOT the market value).

IRA	\$ _____
College Fund	\$ _____
401(k) (Annual amount deducted from paycheck)	\$ _____
Passbook Saving	\$ _____
Money Market	\$ _____
Mutual Fund	\$ _____
Other	\$ _____
TOTAL SAVINGS & INVESTMENTS	\$ _____

List anything else which was not referred to above.

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