FINANCIAL DIAGNOSIS WORKSHEET
CONFIDENTIAL

I Personal Information **Date:** ____________

Name: ____________ **Spouse:** ____________
Residence: ____________ Phone ____________
____________ *Email* ____________

Firm Name ____________ Phone ____________
Address ____________ *Email* ____________
(Yours) ____________

Firm Name ____________ Phone ____________
Address ____________ *Email* ____________
(Spouse's) ____________
____

Drivers License
Yours: ____________ **Spouse:** ____________

II What results do you want from this Financial Diagnosis and future planning?

____
____
____

III Financial Independence

What age do you wish to be financially independent?	______
What age will you "ideally" retire?	______
What monthly income will you need to live at present standard in retirement?	$
What is the balance of funds you have invested to date for your retirement?	$
Do you have income from a company retirement plan?	Yes No
If so, How much income will you receive and at what age? Age ______	$
What plans have you made for retirement/financial independence?	____________

____

IV Income Taxes

	Circle One
Do you have an investment plan to minimize taxes?	Yes No
Does your retirement plan maximize contributions on your behalf?	Yes No
Would you take more risk to pay less tax each year?	Yes No
How much did you invest in your retirement plan last year?	$

V Investment Planning

How much did you invest last year in addition to retirement plan?	$
Do you have a "policy statement" to measure your investment results?	Yes No
Do you have several IRA accounts?	Yes No
Do you review all accounts each statement period?	Yes No
How many brokers/accounts do you have?	______
Are you concerned about the commissions paid each year on your accounts?	Yes No
When was the last time your entire portfolio was reviewed?	______
Are you satisfied with your current investment results?	Yes No
Do you know what "asset allocation" means?	Yes No
Is your spouse/significant other involved with your accounts?	Yes No

FINANCIAL DIAGNOSIS WORKSHEET
CONFIDENTIAL

V Investment Planning *Circle One*

Are you concerned about inflation affecting your retirement income? Yes No
What is your estimate of future inflation? (as a percent) ______ %
What is your greatest concern about risk? ____________________

____

I have had a "bad experience" investing. If so, describe. ____________________

____

I never want to invest in ? And why. ____________________

____

VI Family Information *(Enter Family Dates of Birth, Including yours and spouses.)*

Name	Birthdate	Age

VII Estate Planning Information *Circle One*

Do you have an estate plan including wills and trusts for both spouses? Yes No
When was your last review with an attorney? ______
Do you own a business? Yes No
If so have you made plans for a transfer in event of death or disability? Yes No
Do you want your estate divided between your children equally or fairly? ______
How much income will be needed to support your family in event of your death?
Until youngest child is out of high school $ ______
For your spouse while children in college $ ______
For your spouse after children grown $ ______
Do currently you send children to private school? Yes No
If so what is annual cost per child $ ______
Assets allocated to children's college education $ ______
Cost annually for children's college education $ ______
Do you plan on providing graduate studies for children? Yes No
If so, how many years and what is annual cost Years ______ $ ______

VIII Medical, Life and Disability Benefits

Are you covered by a company benefit plan? Yes No
Do you have group life insurance on your life? If so, how much Yes No ______
Do you have any personal life insurance? if so, how much. Yes No ______
Does spouse have life insurance? If so, how much Yes No ______
Do you think this amount of insurance is enough? Yes No
Do you have disability benefits? If so, what amount of monthly benefit. Yes No ______
Will a short term disability affect your retirement plans? Yes No

FINANCIAL DIAGNOSIS WORKSHEET
CONFIDENTIAL

IX Income and Expense Information

Annual Income Information	Yours	Spouse's
Salary & Expected Bonus		
Expected Stock Option Exercise		
Interest (All Sources)		
Dividends (All Sources)		
Gross Rental Income		
Other _______________		
Other _______________		
Total Annual Income		

Personal Family Expenses	*MONTHLY*
Mortgage/Rent Payment	
Homeowner Insurance	
Residence Taxes	
Utilities	
Food	
Personal Expenses & Clothing	
Commute Costs & Auto Gas Expenses	
Auto Insurance	
Auto Loan Payments	
Credit Card Loan Payments	
401k & Retirement Plan Contributions	
Personal Savings	
Misc. _________________	
Misc. _________________	
Total Personal Expenses	

PLEASE INCLUDE MOST RECENT FEDERAL & STATE TAX RETURN

X Financial Priorities

Rank your financial priorities, most important first, least important last. (1,2, etc.)

	Ranking
Enjoy a comfortable retirement	
Reduce my tax liability	
Invest to increase my net worth	
Maintain my standard of living	
Develop an estate plan	
Provide for family in event of disability	
Provide sufficient assets for College	
Provide income for family in event of death	
Buy vacation property in future	
Purchase in future _____________	
Other ________________	
Other ________________	

FINANCIAL DIAGNOSIS WORKSHEET
CONFIDENTIAL

ASSETS	Market Value	Liability	Title
Liquid Assets			
Checking Accounts			
Money Market Accounts			
Credit Union/Other			
Certificates of Deposit			
Equity Securities			
Common Stock			
Preferred Stock			
Bonds			
Mutual Funds			
Real Estate			
Residence			
Value of all Rental Property			
Business/Practice Value			
Miscellaneous Assets			
Notes Owned			
Gold/Silver			
Insurance Cash Value			
Personal Assets			
Personal Effects			
Jewelry & Collectibles			
Personal Autos			
Boats & RVs			
Miscellaneous Personal Liabilities			
Credit Card Balances			
Qualified Plan Assets			
IRA Accounts			
Self Employed Plans			
401k Plan			
Company Retirement Plan			
Total Assets & Liabilities			

Property Titles: CP = Community Property, C = Yours, S = Spouse