

**Your Company Here**

***“Guaranteed savings on taxes and other financial expenses  
that most people routinely overpay for but don’t know it!”***

## 15 Minute Personal Money Master

This Comprehensive, personal financial planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It’s the essential first step in identifying potential savings.

**Please bring the following documents**

- |                                  |  |
|----------------------------------|--|
| 1. Last year’s tax return        | 3. All life insurance & annuity policies |
| 2. All brokerage firm statements | 4. All IRA & retirement statements       |

**FAMILY INFORMATION:**

Name \_\_\_\_\_ Age \_\_\_\_\_ yrs.

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse’s Name \_\_\_\_\_ Age \_\_\_\_\_ yrs.

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone(Home) \_\_\_\_\_ Phone(Business) \_\_\_\_\_

Children	Age	State of Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CONFIDENTIAL**

**1. Personal Questions**

- |  | Yes | No  |
|--|-----|-----|
| 1. Do you have a Financial Advisor?<br>(No stockbrokers, please) | ___ | ___ |
| If yes, who? _____   |     |     |
| 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 stockbrokers?                      | ___ | ___ |
| 10. Do you have long term care protection?                       | ___ | ___ |

**2. Financial Planning Objectives**

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

	Not Concerned					Very Concerned				
	1	2	3	4	5	6	7	8	9	10
Planning for Children Grandchildren										
Reducing Current Income Taxes										
Increasing Current Income										
Estate Planning										
Desire for Professional Management										
Maximum Growth										
Combined Growth & Income										

**3. Collectibles/Collections (coins, stamps, etc.)**

Estimated Value

_____	_____
_____	_____
_____	_____
_____	_____

**4. Real Estate**

Estimated Value of Home	\$ _____
Remaining Mortgage	\$ _____
Equity in Home (market value less mortgage)	\$ _____
Remaining Mortgage	\$ _____
Total Value of Real Estate	\$ _____

**5. Sources of monthly retirement income**

**SOCIAL SECURITY**

You	\$ _____
Spouse	\$ _____

**PENSION**

You	\$ _____
Spouse	\$ _____

**6. Bank and Credit Union Inventory**

(Checking, Savings, Money Market Accounts)

Name of Institution	Average Balance
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**7. Current Stockbrokers**

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

___ Merrill Lynch	___ Paine Webber
___ A.G. Edwards	___ Prudential
___ Raymond James	___ Other
___ Charles Schwab	___ Other
___ Smith Barney	___ Other

**8. 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
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

**9. Mutual Funds/Limited Partnerships**

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

**10. CD's**

Name of Bank	Rate of Return	Amt. Invested	Maturity Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CONFIDENTIAL**

**11. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**12. Present Life Insurance**

(Please bring in latest reports/statements)

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

**13. Annuities**

(Please bring in latest reports/statements)

Company	Original Investment	Date Purchased
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTES:** (to be filled at meeting)