

Financial Workbook

Prepared for: **Valued Clients**

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Brought to you by:



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Budget Organizer

Income

	Monthly Amount	Annual Amount
Income:		
Salary and Bonuses	\$ _____	\$ _____
Interest/Investment Income	_____	_____
Other Income	_____	_____
Income Sub-Total	_____	_____
Income Taxes:		
Federal Income Taxes	_____	_____
State Income Taxes	_____	_____
FICA/Self-Employment Taxes	_____	_____
Income Taxes Sub-Total	_____	_____
Available Income	\$ _____	\$ _____

Fixed Expenses - Personal

	Monthly Amount	Annual Amount
Housing:		
Mortgage/Rent Payment	\$ _____	\$ _____
Property Taxes	_____	_____
Homeowners/Renters Insurance	_____	_____
Transportation:		
Car Payment	_____	_____
Automobile Insurance	_____	_____
Parking/Tolls/Bus/Train	_____	_____
Loans:		
Credit Card Payments	_____	_____
Personal Loan/Student Loan Payments	_____	_____
Insurance:		
Life Insurance Premiums	_____	_____
Disability Income Insurance Premiums	_____	_____
Health Insurance Premiums	_____	_____
Dental/Vision Insurance Premiums	_____	_____
Personal/Family:		
Child Support/Child Care Expenses/Alimony	_____	_____
Membership/Professional Dues	_____	_____
Savings/Investments:		
Emergency Fund	_____	_____
Personal Savings/Investments	_____	_____
Retirement Savings (401(k) or IRA)	_____	_____
Other Fixed Expenses:		
Total Fixed Expenses	\$ _____	\$ _____

Budget Organizer

Variable Expenses - Personal

	Monthly Amount	Annual Amount
Housing:		
Utilities (electricity, gas, water)	\$ _____	\$ _____
Telephone/Internet	_____	_____
Home Repair/Maintenance	_____	_____
Household Goods/Furnishings	_____	_____
Transportation:		
Fuel	_____	_____
Auto Repair/Maintenance	_____	_____
Parking/Tolls/Bus/Train	_____	_____
Personal/Family:		
Food/Personal Care Items	_____	_____
Clothing	_____	_____
Laundry/Dry Cleaning	_____	_____
Doctor/Dental/Prescription Drug Expenses	_____	_____
Gifts/Charitable Contributions	_____	_____
Entertainment:		
Cable/Satellite TV	_____	_____
Dining Out	_____	_____
Movies/Sporting Events	_____	_____
Babysitter	_____	_____
Hobbies	_____	_____
Vacation/Travel	_____	_____
Other Variable Expenses:		
_____	_____	_____
_____	_____	_____
Total Variable Expenses	\$ _____	\$ _____

Total Personal Expenses

	Monthly Amount	Annual Amount
Total Fixed Expenses	\$ _____	\$ _____
Total Variable Expenses	_____	_____
Total Personal Expenses	\$ _____	\$ _____

Budget Organizer

Fixed and Variable Expenses - Business

	Monthly Amount	Annual Amount
Rent/Mortgage Payment	\$ _____	\$ _____
Salaries	_____	_____
Taxes	_____	_____
Employee Benefits	_____	_____
Telephone/Internet	_____	_____
Insurance	_____	_____
Transportation/Fuel Expenses	_____	_____
Travel	_____	_____
Tax/Accounting/Banking Services	_____	_____
Advertising/Promotions	_____	_____
Printing/Stationary/Postage	_____	_____
Business Entertainment	_____	_____
Professional/Association Dues	_____	_____
Other Business Expenses:	_____	_____
_____	_____	_____
_____	_____	_____
Total Business Expenses	\$ _____	\$ _____

Balance Sheet

	Monthly Amount	Annual Amount
Available Income	\$ _____	\$ _____
Total Personal Expenses	- _____	- _____
Total Business Expenses	- _____	- _____
Surplus/Shortage	\$ _____	\$ _____

Balance Sheet

Assets			
	Market Value (Spouse 1/ Partner 1)	Market Value (Spouse 2/ Partner 2)	Market Value (Joint)
Checking Accounts	\$ _____	\$ _____	\$ _____
Savings Accounts	_____	_____	_____
CDs	_____	_____	_____
U.S. Savings Bonds	_____	_____	_____
Mutual Funds	_____	_____	_____
Stocks/Bonds	_____	_____	_____
Limited Partnerships	_____	_____	_____
Residence(s)	_____	_____	_____
Investment Real Estate	_____	_____	_____
Life Insurance Cash Values	_____	_____	_____
Annuities	_____	_____	_____
IRAs	_____	_____	_____
Qualified Retirement Plans (vested)	_____	_____	_____
Business Interests	_____	_____	_____
Collectibles	_____	_____	_____
Automobiles	_____	_____	_____
Personal Property	_____	_____	_____
Other: _____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____
TOTAL ASSETS		\$ _____	

Liabilities		
	Monthly Payment	Balance
Mortgage(s)	\$ _____	\$ _____
Other Real Estate Loans	_____	_____
Home Equity Loans	_____	_____
Auto Loans	_____	_____
Education Loans	_____	_____
Installment Loans	_____	_____
Charge Accounts	_____	_____
Credit Cards	_____	_____
Personal Credit Line	_____	_____
Business Debt	_____	_____
Other: _____	_____	_____
TOTAL LIABILITIES	\$ _____	\$ _____

Balance Sheet	
Total Assets	\$ _____
Total Liabilities	- _____
NET WORTH	\$ _____

Bank and Brokerage Account Inventory

Bank Accounts

	Bank 1	Bank 2
Name of Bank	_____	_____
Address	_____	_____
Telephone Number	_____	_____
Account Number	_____	_____
Bank Officer	_____	_____
Average Balance	\$ _____	_____
Type of Account (Checking, Money Market, Savings)	_____	_____
Ownership of Account (Individual, Joint, Joint and Survivorship)	_____	_____

Brokerage Accounts

	Brokerage 1	Brokerage 2
Firm Name	_____	_____
Address	_____	_____
Telephone Number	_____	_____
Account Number	_____	_____
Broker	_____	_____
Value as of _____	_____	_____
Type of Account (Personal, Retirement, Trust)	_____	_____
Ownership of Account (Individual, Joint, Trust)	_____	_____

Retirement Plan Inventory

Employer-Sponsored Retirement Plans

	Plan 1	Plan 2
Company	_____	_____
Plan Type (Defined Benefit, Money Purchase, Profit Sharing, 401(k), SEPP, TDA, Deferred Compensation)	_____	_____
Value as of _____	\$ _____	\$ _____
Account Number	_____	_____
Benefits Manager	_____	_____
Telephone Number	_____	_____
Payout Provisions	<input type="checkbox"/> Lump Sum or Annuity: <input type="checkbox"/> Life Only <input type="checkbox"/> Life ____ Years Certain <input type="checkbox"/> Joint and ____% Survivor	<input type="checkbox"/> Lump Sum or Annuity: <input type="checkbox"/> Life Only <input type="checkbox"/> Life ____ Years Certain <input type="checkbox"/> Joint and ____% Survivor

Personal Retirement Plans

	Plan 1	Plan 2
Bank or Brokerage	_____	_____
Plan Type (Regular IRA, Roth IRA, Keogh, Personal Non-Qualified Savings)	_____	_____
Value as of _____	\$ _____	\$ _____
Account Number	_____	_____
Bank Officer or Broker	_____	_____
Telephone Number	_____	_____
Payout Provisions	<input type="checkbox"/> Lump Sum or Annuity: <input type="checkbox"/> Life Only <input type="checkbox"/> Life ____ Years Certain <input type="checkbox"/> Joint and ____% Survivor	<input type="checkbox"/> Lump Sum or Annuity: <input type="checkbox"/> Life Only <input type="checkbox"/> Life ____ Years Certain <input type="checkbox"/> Joint and ____% Survivor

Life Insurance Inventory: Permanent Insurance

Permanent Insurance		
	Policy 1	Policy 2
Company	_____	_____
Policy Number	_____	_____
Agent/Broker	_____	_____
Telephone Number	_____	_____
Type (WL, VL, UL, VUL)	_____	_____
Death Benefit	\$ _____	\$ _____
Premium	\$ _____	\$ _____
Cash Value as of _____	\$ _____	\$ _____
Outstanding Loan	\$ _____	\$ _____
Policy Owner	_____	_____
Beneficiary(ies)	_____	_____
Location of Policy	_____	_____
	Policy 3	Policy 4
Company	_____	_____
Policy Number	_____	_____
Agent/Broker	_____	_____
Telephone Number	_____	_____
Type (WL, VL, UL, VUL)	_____	_____
Death Benefit	\$ _____	\$ _____
Premium	\$ _____	\$ _____
Cash Value as of _____	\$ _____	\$ _____
Outstanding Loan	\$ _____	\$ _____
Policy Owner	_____	_____
Beneficiary(ies)	_____	_____
Location of Policy	_____	_____

Life Insurance Inventory: Term Insurance

Term Insurance		
	Policy 1	Policy 2
Company	_____	_____
Policy Number	_____	_____
Agent/Broker	_____	_____
Telephone Number	_____	_____
Type (LT, DC, Group Term)	_____	_____
Death Benefit	\$ _____	\$ _____
Premium	\$ _____	\$ _____
Policy Owner	_____	_____
Beneficiary(ies)	_____	_____
Location of Policy	_____	_____
	Policy 3	Policy 4
Company	_____	_____
Policy Number	_____	_____
Agent/Broker	_____	_____
Telephone Number	_____	_____
Type (LT, DC, Group Term)	_____	_____
Death Benefit	\$ _____	\$ _____
Premium	\$ _____	\$ _____
Policy Owner	_____	_____
Beneficiary(ies)	_____	_____
Location of Policy	_____	_____

Professional Advisors

Attorney:

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Accountant:

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Life Insurance Agent:

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

P&C Insurance Agent:

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Stockbroker:

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Financial Planner:

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Trust Officer:

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Document Checklist

Document	Location
Personal:	
Birth Certificate	_____
Marriage License	_____
Pre- or Post-Nuptial Agreement	_____
Will	_____
Trust(s)	_____
Living Will(s)/Power(s) of Attorney	_____
Mortgage Papers	_____
Automobile Titles/Papers	_____
Income Tax Returns	_____
Gift Tax Returns	_____
Insurance Policies	_____
Employee Benefit Documents	_____
Passport	_____
Military Records	_____
Medical Records	_____
Citizenship Papers	_____
Warranties	_____
Current Bills	_____
Funeral/Burial Documents	_____
Other: _____	_____
Business Ownership:	
Partnership/Incorporation Documents	_____
Buy-Sell Agreement	_____
Section 303 Stock Redemption Agreement	_____
Business Valuation/Appraisal	_____
Business Tax Returns	_____
Other: _____	_____

Document Checklist

It is recommended that you keep the following documents in a **secure location in your home**:

- Copies of wills and trusts
- Copies of living wills and powers of attorney
- Income tax returns

These documents are best kept in a **bank safety deposit box**:

- Original wills, trusts and powers of attorney
- Marriage certificates, birth certificates, divorce decrees, death certificates
- Deeds and car titles
- Military discharge papers
- Any stock or bond certificates
- Citizenship papers
- Insurance policies

Consider giving these items to your **attorney, executor and/or spouse**:

- Living will/medical power of attorney (original should be given to the agent named in the document)
- Copies of wills, trust agreements, powers of attorney
- Inventory of insurance and investments
- List of professional advisors (attorney, accountant, insurance agent, etc.)
- Safety deposit box access information
- Funeral instructions

Business Disposition

In the event of your death, do you want your business interest:

- A. Retained for Family B. Sold C. Liquidated

A. Family Retention:

How is your business interest to be transferred?

- by will (at death)
 by gift (during life)
 by sale (during life or at death)

Who is to receive your business interest?

B. Sold:

To whom will your business interest be sold?

Do you have a written buy-sell agreement?

- Yes
 No

If yes, where is the agreement kept?

If yes, is the plan funded with life insurance?

- Yes
 No

If yes, where are the policies kept?

C. Liquidated:

Have you made provisions to avoid a forced liquidation?

- Yes
 No

If yes, what plans have been made?

Funeral Instructions for: _____

Funeral Home	
Telephone Number	_____
Pre-Planned Arrangement?	<input type="radio"/> Yes <input type="radio"/> No
Burial or Cremation?	<input type="radio"/> Burial <input type="radio"/> Cremation
Viewing?	<input type="radio"/> Yes <input type="radio"/> No
Type of Casket/Urn	_____
Open or Closed Casket?	<input type="radio"/> Open <input type="radio"/> Closed
Appearance (clothing, jewelry)	_____
Special Requests	_____
Funeral/Memorial Service?	<input type="radio"/> Funeral <input type="radio"/> Memorial
Where?	_____
Who Should Preside at the Service?	_____
Pallbearers	_____ _____ _____ _____
Requested Hymns/Scriptures	_____
Special Requests	_____
Place of Interment	
Location of Cemetery Deed or Contract	_____
Type of Headstone	_____
Epitaph	_____
Special Requests	_____
Obituary Notice?	<input type="radio"/> Yes <input type="radio"/> No
Donations in Lieu of Flowers?	<input type="radio"/> Yes To: _____ <input type="radio"/> No
Special Requests	_____
Other Instructions	

Funeral Instructions for: _____

Funeral Home	
Telephone Number	_____
Pre-Planned Arrangement?	<input type="radio"/> Yes <input type="radio"/> No
Burial or Cremation?	<input type="radio"/> Burial <input type="radio"/> Cremation
Viewing?	<input type="radio"/> Yes <input type="radio"/> No
Type of Casket/Urn	_____
Open or Closed Casket?	<input type="radio"/> Open <input type="radio"/> Closed
Appearance (clothing, jewelry)	_____
Special Requests	_____
Funeral/Memorial Service?	<input type="radio"/> Funeral <input type="radio"/> Memorial
Where?	_____
Who Should Preside at the Service?	_____
Pallbearers	_____ _____ _____ _____
Requested Hymns/Scriptures	_____
Special Requests	_____
Place of Interment	
Location of Cemetery Deed or Contract	_____
Type of Headstone	_____
Epitaph	_____
Special Requests	_____
Obituary Notice?	<input type="radio"/> Yes <input type="radio"/> No
Donations in Lieu of Flowers?	<input type="radio"/> Yes To: _____ <input type="radio"/> No
Special Requests	_____
Other Instructions	

Important Information

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