

MY FINANCIAL LIFE AT A GLANCE



Name(s): _____ Date: ____/____/____

Top 3 Financial Concerns: 1) _____ 2) _____ 3) _____

ASSETS = \$ _____

<u>Liquid Assets</u>	Balance	Interest Rate
Checking:	_____	_____
Savings:	_____	_____
Money Market:	_____	_____
CDs (& maturity dates)	_____	_____
<u>Real Estate</u>		Value
Primary Residence:	_____	_____
Other: _____	_____	_____
<u>Investments</u>		Value
Retirement Plans at Work (401k/403b):	_____	_____
Old Employer Retirement Plans:	_____	_____
Traditional/SIMPLE/SEP IRAs:	_____	_____
Roth IRAs:	_____	_____
529 Plans:	_____	_____
Coverdell ESAs:	_____	_____
Custodial Accounts:	_____	_____
Stocks/Bonds (non-retirement):	_____	_____
Mutual Funds(non-retirement):	_____	_____
Fixed/Variable Annuities (<1/3):	_____	_____
NETWORTH (Assets-Liabilities)	_____	_____

LIABILITIES = \$ _____

	Balance	Interest Rate	Years Left
Mortgage on Residence:	_____	_____	_____
Second Mortgage:	_____	_____	_____
Home Equity Loans:	_____	_____	_____
Credit Card:	_____	_____	_____
Auto Loans:	_____	_____	_____
Student Loans:	_____	_____	_____
Other: _____	_____	_____	_____

INCOME = \$ _____ /month or year

Employment: _____

Self-Employment: _____

Social Security: _____

Pension: _____

RMD: _____

Other: _____

EXPENSES = \$ _____ /month or year

Monthly Expenses: _____

Upcoming Expenses: _____

RISK MANAGEMENT Location: _____

	<u>Coverage Type*</u>	<u>Insured</u>	<u>Benefit Amount</u>	<u>Annual Premium</u>	<u>Years Level (Term)</u>	<u>Cash Value</u>	<u>Year Started</u>
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____

*Types Include: Life, Disability, Long Term Care, and Health

ESTATE PLANNING Location: _____

Will/Trust/POAs: _____ Last Review/Drafted: _____

Beneficiaries:

1) _____

2) _____

Charitable: _____

Gifting: _____

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