

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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