15-Minute Personal Money Master

APPOINTMENT

DATE: ____________________

TIME: ____________________

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. This confidential questionnaire belongs to you, and we will need to refer to it at our first meeting.

Please bring the following documents:

1. Last 2 years of tax returns
2. Annuity policies and recent statements
3. All brokerage firm statements (all pages)
4. All LTC and Life insurance policies.
5. CD information
6. Warranty deed or legal description

My Estate Planning Knowledge falls...

{ ☐ ☐ ☐ ☐ ☐ }

Beginner — Intermediate — Advanced

(Please mark with an "X")

Family Information

Name ____________________ Age ________ yrs.

Nickname ____________________ Date of Birth ____________

Spouse's name ____________________ Age ________ yrs.

Nickname ____________________ Date of Birth ____________

Anniversary Date ____________________

Address ____________________

City ____________________ State ____________ Zip Code ________

Phone (Home) ____________________

Social Security No. ____________________

Children	Age	State of Residence

If no children, name a church and/or charity you wish your estate to go to.

____

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A. Personal Questions

	Yes	No
1. Do you have a Financial Advisor? (no stockbrokers, please) if Yes. who? ______________________________	☐	☐
4. Do you have a living trust?	☐	☐
5. Do you have a will?	☐	☐
6. Do you have income from real estate?	☐	☐
7. Do you own more than 1 home?	☐	☐
8. Do you have an attorney?	☐	☐
9. Do you have an accountant?	☐	☐
10. Do you expect to care for a child or parent?	☐	☐
11. Do you expect an inheritance?	☐	☐
12. Any problems with previous stockbrokers?	☐	☐
13. Do you have long term care protection?	☐	☐
(please bring policies to your appointment?)	☐	☐

B. Financial Planning Objectives

Rank the following according to your level of concern.

(Please circle the most appropriate number)

	Not Concerned - Very Concerned									
1. Planning for Children, Grandchildren	1	2	3	4	5	6	7	8	9	10
2. Reducing current income taxes	1	2	3	4	5	6	7	8	9	10
3. Increasing Current Income	1	2	3	4	5	6	7	8	9	10
4. Estate Planning	1	2	3	4	5	6	7	8	9	10
5. Desire for Professional Management	1	2	3	4	5	6	7	8	9	10
6. Maximum Growth	1	2	3	4	5	6	7	8	9	10
7. Combined Growth & Income	1	2	3	4	5	6	7	8	9	10
8. Simplifying My Investments	1	2	3	4	5	6	7	8	9	10
9. Preservation of Assets	1	2	3	4	5	6	7	8	9	10

C. Collectibles/Collections (coins, stamps, etc.)

	Estimated Value
______________________________	____________________
______________________________	____________________
______________________________	____________________

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D. Real Estate

	1st	2nd
Estimated value of Home	$ ________	$ ________
Remaining Mortgage	$ ________	$ ________
Equity in Home	$ ________	$ ________
(market value less mortgage)		
Remaining Mortgage	$ ________	$ ________
Total value of Real Estate	$ ________	$ ________
Mortgage Payment	$ ________	$ ________

E. Sources of Monthly Retirement Income

Social Security

You $ ____________________

Spouse $ ____________________

Pension

You $ ____________________

Spouse $ ____________________

Pension % to Spouse $ ____________________

Withdrawals from Investments

You $ ____________________

Spouse $ ____________________

F. Bank and Credit Union Inventory
(Checking, Savings, Money Market account)

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

G. Current Stockbrokers
(Please check all brokerage firms that you have any account with)

☐ Merrill Lynch	☐ UBS/(Paine Webber)
☐ Wells Fargo/(AG Edwards)	☐ Prudential
☐ Raymond James	☐ Morgan Stanley
☐ Charles Schwab	☐ Other
☐ Smith Barney	☐ Other

H. Individual Stocks & Bonds (Please include EE Bonds, but not Mutual Funds or IRAs here)

(Also, please bring all statements)

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

I. Mutual Funds/Limited Partnerships

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

J. CDs

Name of Bank	Rate of Return	Amt. Invested	Maturity Date

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K. 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

RMD Amounts: You ______________________

Spouse ______________________

L. Present Life Insurance
(Please bring in latest reports/statements)

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

M. Annuities
(Please bring in latest reports/statements)

Company	Original Investment	Date Purchased	Beneficiary

N. Land or Business Owned

Land or Business	Original Investment	Date Purchased

Please check one.
If you could sell the above
with no capital gains tax, would you want to? ☐ **Yes** ☐ **No** ☐ **It Depends**

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