





**Know Where You Stand Today** 

Name:



### **Building Economic Confidence**

#### THANK YOU FOR SCHEDULING YOUR COMPLIMENTARY FINANCIAL CONSULTATION

In this initial meeting together we will explore different views of money and how to make your money work smarter and harder to accomplish your goals with more confidence. The First Step is the hardest; this questionnaire is intended to serve as a guide to help you gather the information we require. If you already have a system to summarize your assets you may provide it. We understand some details may not be readily available and we can still move forward, a follow up checklist will be provided. Please do the best you can to complete what is pertinent to you and please try to securely email back to us before your meeting; if unable to do so, please bring all information to our first meeting.

If we were meeting here three years from now, looking back over those three years, what has happened during that period (financially, personally and professionally) which has made you feel happy about your progress?

#### **Financial Priorities**

inheritance, taking care of parents, etc.)?

From 1-5 (1 being most important), rank each of t	these financial goals in order of importance:
Retire comfortably	Children's education
Save on taxes	Provide for family in event of death/ disability
Other (please explain)	
Are there any special or unique circumstan	nces, goals, needs or wants that should be taken into



### **Checklist**

The following exercise helps us to evaluate your financial picture, highlighting how monies are being distributed and where inefficiencies may exist. Tending to this checklist with detail and accuracy will allow us to most effectively tailor our planning process to your financial needs.

**Document Check List** (Please Check Boxes)

Yourself

Spouse

- Paystub(s) for you and your spouse
  - Most recent and final from previous year
- Mortgage statement
- Current statements for each investment account
- Company-provided group benefits for you and your spouse (please provide a print-out of coverage details, if available)
- Wills and trust documents
- Life Insurance policy, annual statement, and illustration
- Any other types of insurance policies (auto, home, umbrella, etc)
  - If applicable, other debt statements



# **Personal Info**

Source:

#### **BACKGROUND INFORMATION**

	NA	ME	DATE OF BIRTH
YOURSELF			
PLACE OF BIRTH			
SPOUSE			
PLACE OF BIRTH			
CHILD			
RESIDENCE			
Street Address		How L	ong Have You Lived Here?
City		State	Zip
Cell		Email	
Spouse Cell		Spouse Email	
EMPLOYMENT	Yourself		Spouse
Company Name			
Occupation & Job Title			
Company Address			
Length of Employment			
INCOME	Yourself		Spouse
Base Salary			
Bonus/Commission			
(if any, when is it paid?)			
Stock Options/RSU's Other:			
Source:		Amount:	

Amount:

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### Assets

#### BANK ACCOUNTS

	Account Holder	Bank Name	Туре	Amount	Annual Savings	Purpose
i.e.	John Doe	Bank of America	Checking	\$10,000	\$2,000	Savings, vacation, college, etc.

#### RETIREMENT ACCOUNTS

	Type	Account Holder	% Contributing	% Contributing % Match Inv Co		Estimated Value
Ex.	401k	Nancy	7%	3%	Fidelity	\$50,000

Do you have a pension? If so, what is the estimated payout at retirement?



### Assets

#### **INVESTMENT ACCOUNTS**

	Account Holder	Account Type	Investment Company	Estimated Annual Savings	Estimated Value	Purpose
Ex.	John	Brokerage	Fidelity	\$5,000	\$10,000	General Investing

Are you happy with the performance of all your investments?

Are you happy with the level of risk that you are currently taking?



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Type

Estimated Current Market Value

### **Debt**

Type Current Balance

Current Monthly Payment

**Interest Rate** 

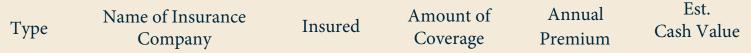
Months Remaining

Are you making any additional payments above the current minimum amounts? If so, how much?



#### **Insurance**

LIFE INSURANCE



DISABILITY INSURANCE Name of Insurance Type Insured Company Annual Premium Coverage

How did you arrive at the amount of Life and Disability insurance that you currently have?

If you have term insurance, in what year does the coverage end?



## **Monthly Cash Flow**

I Basic Expenses II Discretionary Expenses

Automobile Fuel Entertainment

Automobile Loan Food/Dining

Cable/Internet Gifts

Child Care Haircuts

Food/Groceries Hobbies

Home/Auto/Umbrella Insurance Payments

Housekeeper Services

Home Security Subscriptions

Mortgage/Rent Travel

School (College, Private)

Vacations

Phone Bill Memberships

Utilies (Gas, Electric, Water)

Misc. (Charity, etc)

Pet Care Total

Misc.

Other Grand Total

Total



# **Additional Information**

What would your perfect future look like, feel like, what would you be doing and with who?
What changes or improvements would you like to see with respect to your personal finances?
What are you hoping to get out of going through this process with us?
What is important about money to you?



# **Personal Notes**

# T.R.U.E.V.I.E.W Process

**T** eam work and targeting goals

**R** ealization of alternative views about money

**U** tilize velocity of money concepts

**E** xamine Efficiencies & Inefficiencies

**V** alidation through math and science

I ntegrating all areas of the financial world

**E** xponentially growing wealth

Wealth maximization strategies

FINANCIAL