



Personal Financial Strategy

Client Name _____ DOB _____ Child Name _____
 Spouse Name _____ DOB _____ Child Name _____
 Address _____ Child Name _____
 Phone _____ Child Name _____
 Email _____ Child Name _____

Concerns

- Too many bills/debts
- Lack of savings/ investments
- Children's future (higher education, career)
- Healthcare (disability, long term illness)
- Wealth transfer (life insurance, funeral, doc.)
- Income stability (job, career, business)
- Lack of financial knowledge
- other _____

Monthly Income

Client Occupation _____
 Primary _____
 Secondary _____
 Total Income _____

Spouse Occupation _____
 Primary _____
 Secondary _____
 Total Income _____

Goals (Emergency Fund, Proper Protection, Education Retirement, Home, Parents, Vacation/ Travel)

Less than 1 Year
1-5 Years
5+ Years

Assets

Assets	Type/Company	Value	Monthly Contribution
Market Value of Home(s)	_____	_____	_____
Mutual Funds/ Stocks	_____	_____	_____
Savings Account	_____	_____	_____
Checking Account	_____	_____	_____
Retirement Account	_____	_____	_____
Client Life Insurance Policy	_____	_____	_____
Spouse Life Insurance Policy	_____	_____	_____
Assets Total		_____	_____

Liabilities

	Type/Company	Value	Monthly Contribution
Mortgage	_____	_____	_____
2nd Mortgage	_____	_____	_____
Car Loan	_____	_____	_____
Credit Cards	_____	_____	_____
Personal Loans	_____	_____	_____
Other Debt/ Loans	_____	_____	_____
	Liabilities Total	_____	_____

Monthly Expenses

Mortgage / Rent	_____	Pet Expenses	_____
Mortgage Insurance	_____	Car Payment	_____
Property Insurance	_____	Car Insurance	_____
Property Taxes	_____	Car Maintenance/ Gas	_____
HOA	_____	Ride Sharing	_____
Utilities (Elec./gas/water)	_____	Cell Phone	_____
Home Maintenance	_____	Recreation/ Hobby	_____
Internet	_____	Subscription Service(s)	_____
Cable / Streaming	_____	Membership(s)	_____
Groceries/ Dining / Delivery	_____	Medical	_____
Health Insurance	_____	Clothing	_____
Personal / Self-Care	_____	Child care / Babysitting	_____
School Tuition / Materials	_____		

Monthly Cash Flow Calculations

_____	-	_____	-	_____	-	_____	=	_____
Total Income	-	Total Asset Contribution	-	Total Liability Contribution	-	Total Monthly / Expenses	=	Monthly / Cashflow

Estate Preservation

- Will Trust Personal Directives Power of Attorney Last Wishes Guardianship
 Secure Storage

Date Last Reviewed _____ Who is Informed ? _____

Follow - up Appointment Date _____ Client Signature _____