

LEAR & PANNEPACKER, LLP

Certified Public Accountants

791 Alexander Road, Princeton, NJ 08540

609-452-2200; 609-452-1065 FAX

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CONFIDENTIAL FINANCIAL PLANNING DATA QUESTIONNAIRE

Name: _____

Date: _____

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Name: _____

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I. Instructions

This questionnaire consists of two parts. The first part gathers information regarding your present financial status, such as assets, liabilities, income, taxes, living expenses, children's education, retirement and insurance. The second part consists of qualitative questions regarding your financial objectives, goals, concerns and preferences.

Please answer all questions as fully and accurately as possible. If you need clarification on any of the questions, do not hesitate to call. Use the bottom of each page to provide us with any additional comments or remarks.

Please furnish us with copies of the following documents along with this questionnaire:

1. Personal and closely held corporation income tax returns for the past three years, Federal and State;
2. Latest financial Statements relating to closely held corporations or business entities;
3. Recent paycheck stub for yourself and your spouse;
4. Latest checking, savings, money market fund, stock brokerage and mutual fund statements. Children's gift accounts and retirement investment accounts relating to yourself and your spouse;
5. Latest loan account statements such as bank, credit card, auto, credit union, insurance cash value loan, and mortgages;
6. Deed to real estate (if any);
7. Life, disability and liability insurance policies, and life insurance cash value statements;
8. Wills and trust documents (if any);
9. Latest employee stock option award statements;
10. Summary of pension plan documents, latest pension benefit statements and profit sharing statements (if any); and
11. Latest employee saving plan statements.

All documents will be returned to you upon review, and copied by us as needed. All information provided to us will be kept confidential.

II. Personal Data

Client Name: _____
Spouse Name: _____
Address: _____
Home Phone/Fax: _____
E-Mail Address: _____

EMPLOYER INFORMATION

Client Occupation: _____
Company Name: _____
Company Address: _____
Company Phone/Fax: _____
Spouse Occupation: _____
Company Name: _____
Company Address: _____
Company Phone/Fax: _____

DEPENDENTS

	Birth Date	Social Security Number
Client:	_____	_____
Spouse:	_____	_____
Dependents (list)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADVISORS

	Name	Address	Phone
Accountant	_____	_____	_____
Attorney	_____	_____	_____
Banker	_____	_____	_____
Insurance	_____	_____	_____
Investment	_____	_____	_____
_____	_____	_____	_____

III. Annual Living Expenses

<u>HOUSEHOLD EXPENSES</u>	Last Year	Current Year	Improvement Needed	Action Needed
FIXED MANDATORY EXPENSES:				
Mortgages:				
Home – Rent	_____	_____	_____	_____
Home – Mortgage	_____	_____	_____	_____
Home Equity	_____	_____	_____	_____
Investment Property:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Real Estate Taxes:				
Home	_____	_____	_____	_____
Investment Property	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Insurance:				
Homeowner's	_____	_____	_____	_____
Renter's	_____	_____	_____	_____
Investment Property:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
VARIABLE MANDATORY EXPENSES:				
Repairs	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
TOTAL				
HOUSEHOLD EXPENSES	_____	_____		

<u>AUTOMOBILE EXPENSES</u>	Last Year	Current Year	Improvement Needed	Action Needed
FIXED MANDATORY EXPENSES:				
Auto Loan - _____	_____	_____	_____	_____
Auto Loan - _____	_____	_____	_____	_____
Insurance - _____	_____	_____	_____	_____
Insurance - _____	_____	_____	_____	_____
VARIABLE MANDATORY EXPENSES:				
Repairs and Maint.	_____	_____	_____	_____
Fuel/Parking/Tolls	_____	_____	_____	_____
Public Transport	_____	_____	_____	_____
TOTAL				
AUTOMOBILE EXPENSES	_____	_____		

III. Annual Living Expenses (continued)

<u>MEDICAL EXPENSES</u>	Last Year	Current Year	Improvement Needed	Action Needed
FIXED MANDATORY EXPENSES:				
Insurance:				
Medical/Health	_____	_____	_____	_____
Client's Life	_____	_____	_____	_____
Spouse's Life	_____	_____	_____	_____
Children's Life	_____	_____	_____	_____
Client's Disability	_____	_____	_____	_____
Spouse's Disability	_____	_____	_____	_____
VARIABLE MANDATORY EXPENSES:				
Medical/Dental	_____	_____	_____	_____
Out-of-Pocket Expenses (non-reimbursable)	_____	_____	_____	_____
TOTAL MEDICAL EXPENSES:	_____	_____		

<u>PERSONAL EXPENSES</u>	Last Year	Current Year	Improvement Needed	Action Needed
VARIABLE MANDATORY EXPENSES:				
Food/Groceries	_____	_____	_____	_____
Restaurants	_____	_____	_____	_____
Clothes/Dry-cleaning	_____	_____	_____	_____
Unreim. Employee Exp	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
DISCRETIONARY MANDATORY EXPENSES:				
Dues/Subscriptions	_____	_____	_____	_____
Personal Care	_____	_____	_____	_____
Entertainment	_____	_____	_____	_____
Cable Television	_____	_____	_____	_____
Vacations/Short Trips	_____	_____	_____	_____
Gifts	_____	_____	_____	_____
Animal Care	_____	_____	_____	_____
Contributions	_____	_____	_____	_____
Contingency	_____	_____	_____	_____
Financial Advice	_____	_____	_____	_____
Support of Relatives	_____	_____	_____	_____
CDs/Tapes/Records	_____	_____	_____	_____
Athletic/Social Clubs	_____	_____	_____	_____
Lessons (Dance/Music)	_____	_____	_____	_____
Camps	_____	_____	_____	_____
Allowances	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL PERSONAL EXPENSES:	_____	_____		

IV. ASSETS/LIABILITIES

	12/31/____	Improvement Needed	Action Needed
<u>ASSETS:</u>			
Cash:			
Regular Checking	_____	_____	_____
Savings/Money Market	_____	_____	_____
Investments:			
Stocks/Bonds	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Personal Assets:			
Life Insurance, CSV	_____	_____	_____
Personal Residence, FMV	_____	_____	_____
Investment Property, FMV:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Home Furnishings	_____	_____	_____
Antiques	_____	_____	_____
Auto --	_____	_____	_____
Auto --	_____	_____	_____
_____	_____	_____	_____
Retirement Accounts:			
401(k) --	_____	_____	_____
401(k) --	_____	_____	_____
IRA --	_____	_____	_____
IRA --	_____	_____	_____
TOTAL ASSETS	_____		
	12/31/____	Improvement Needed	Action Needed
<u>LIABILITIES:</u>			
Auto Loan --	_____	_____	_____
Auto Loan --	_____	_____	_____
Credit Cards:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Mortgages – Real Estate:			
Home Mortgage – payoff	_____	_____	_____
Home Equity Loan – payoff	_____	_____	_____
Investment Property – payoff	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Other Loans:			
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL LIABILITIES	_____		

V. PRIORITIES

Please indicate your preferences in the following areas. Please do not give the same rating to more than four areas and do not give a rating of 5 to more than two areas.

	1 VERY LOW	2 LOW	3 MODERATE	4 HIGH	5 VERY HIGH
1. <u>Tax Relief</u> – To what extent are you concerned about getting all of the tax relief to which you are legally entitled and which is suitable and logical to you?	1	2	3	4	5
2. Income Now – How much are you concerned about getting maximum income from your savings and investments?	1	2	3	4	5
3. Retirement Income – How much are you concerned about getting the highest income within reasonable limits from your investments at retirement?	1	2	3	4	5
4. Income Replacement – How important is it that your spouse and family be able to replace the income lost in the event of your death/disability?	1	2	3	4	5
5. Budgeting – To what extent are you concerned about having a written budget to manage income and expenses more effectively?	1	2	3	4	5
6. Financial Independence – How important is it to have acquired sufficient assets to accommodate your financial aspirations?	1	2	3	4	5
7. Inflation – How much are you concerned about having your savings and investment dollars keep pace with inflation?	1	2	3	4	5
8. Leverage – To what extent are you comfortable with using borrowed money in larger amounts than might otherwise be possible?	1	2	3	4	5
9. Liquidity – How much are you concerned that cash be available at once to meet emergencies or operations?	1	2	3	4	5
10. Diversification – How much are you concerned about hedging against big losses by spreading your risks?	1	2	3	4	5
11. Professional Management – How desirable is it for you to use professional know-how for your investing, leaving you free to concentrate on you own field?	1	2	3	4	5
12. Capital Growth – How important is it that the value of your assets grows over time as opposed to receiving dividends and interest today?	1	2	3	4	5
13. Estate Conservation – How important is it to preserve the value of your estate at death for your heirs?	1	2	3	4	5
14. More Suitably Deployed Assets – How important is it to position your assets in a manner most consistent with your goals?	1	2	3	4	5
15. Education – How important is it for you to accumulate funds for the education of your children?	1	2	3	4	5
16. Safety – How concerned are you about the risk of losing some of your money when making an investment?	1	2	3	4	5

SPOUSE NAME _____

V. PRIORITIES

Please indicate your preferences in the following areas. Please do not give the same rating to more than four areas and do not give a rating of 5 to more than two areas.

	1 VERY LOW	2 LOW	3 MODERATE	4 HIGH	5 VERY HIGH
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14. More Suitably Deployed Assets – How important is it to position your assets in a manner most consistent with your goals?	1	2	3	4	5
15. Education – How important is it for you to accumulate funds for the education of your children?	1	2	3	4	5
16. Safety – How concerned are you about the risk of losing some of your money when making an investment?	1	2	3	4	5

SPOUSE NAME _____

VI. LIFE STYLE CONCERNS

1. What are your short-term financial goals (within 12 months)?

2. What are your immediate term financial goals (1 to 5 years)?

3. What are your long-range financial goals (5 years and longer)?

4. Are there any problems that could hamper the achievement of your goals?
If yes, please explain. _____

5. What is your biggest financial worry?

6. Are you satisfied with your previous investment results? Please explain.

7. Are there any investments you feel committed to (for family, social, or political reasons)? If you, please explain.

8. Based upon the investment risk you are willing to accept, what is a reasonable rate of growth for your investments?

9. If your spouse capable of managing financial affairs?

10. In the event of your death, would your spouse's judgment and emotional stability serve the best financial interest of the family?

11. In the event of your death, what is your estimate of the emotional and economic maturity of your children?

12. Do you expect your present occupation to be your lifetime work?

13. Do you expect to start your own business someday? _____

14. If yes, when and what? _____
If no, what are your occupational goals?

15. Are you satisfied with your current tax planning strategies?

16. What tax planning techniques or strategy have you utilized in the past?

17. On what information do you base your investment decisions (personal, research, tips, broker)?

VI. LIFE STYLE CONCERNS (continued)

18. Briefly describe the manner in which you would like your estate to be distributed in the event of either spouse's death or common disaster?

19. Has your estate plan been reviewed since the Revenue Reconciliation Act of 1993?

20. Have guardians been named for your children? If yes, who?

21. Have you created grantor, Clifford, Insurance, Testamentary or other trusts? If yes, who is the Trustee and who are the beneficiaries?

22. Are any members of your immediate family beneficiaries of a trust? If yes, who? _____
Anticipated amount expected: _____
23. Do you, your spouse, or your children expect to receive gifts or inheritances? If yes, who, amount expected, from whom, and when?

24. Do you have any significant charitable objectives? If yes, please explain.

25. What are your monetary plans for your children?

26. In the event of death, when should assets be distributed to your spouse and/or your children?

27. Is it important to you to retain total control over all your assets during your lifetime?

28. Is it important for your spouse to be financially independent or dependent upon children?

29. Are there any special problems or considerations which should be made with respect to your children?

30. Are there any relatives or friends who you now support financially or will likely support in the future?

31. Does any member of your family have a serious health problem? If yes, please explain.

32. Who is responsible for handling family finances?

VI. LIFE STYLE CONCERNS (continued)

33. How are family financial decisions made?

34. On a scale from 1 to 10, with 1 being very high risk and 10 being complete safety, what is your position on risk in investing?

35. During the next five years, do you expect any major purchases, remodeling, or additions to your home?

36. During the next five years, do you expect any major changes in residence or standard of living?

37. For what reason did you originally purchase your life insurance?

38. What do you currently expect your life insurance to accomplish?

39. Is there any other information we should know to prepare your financial plan?

40. In summation, what do you expect us to accomplish for you?

Develop a household budget	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Review insurance needs and areas of risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Develop a savings/investment plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Review retirement needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Determine appropriate funding for education costs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Develop business plan strategies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Review assistance with debt restructuring and refinancing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Develop an estate plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Review/develop tax planning strategies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Determine cash flow requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anticipate extraordinary expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receive help with succession planning and business sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assist with real estate planning and investments	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other objectives, concerns or questions you may have:

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

VII. ESTIMATED CHANGES IN INCOME AND EXPENSES

	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
<u>INCOME:</u>	_____	_____	_____	_____	_____
Salary – Client	_____	_____	_____	_____	_____
Salary – Spouse	_____	_____	_____	_____	_____
Net Business Income - Client	_____	_____	_____	_____	_____
Net Business - Spouse	_____	_____	_____	_____	_____
Interest Income	_____	_____	_____	_____	_____
Dividend Income	_____	_____	_____	_____	_____
Net Capital Gains/(Losses)	_____	_____	_____	_____	_____
Non-taxable income	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<u>DEDUCTIONS/CREDITS/ADJUSTMENTS:</u>					
Number of Exemptions	_____	_____	_____	_____	_____
Contributions	_____	_____	_____	_____	_____
Alimony Paid	_____	_____	_____	_____	_____
IRA – Client	_____	_____	_____	_____	_____
IRA – Spouse	_____	_____	_____	_____	_____
Keogh – Client	_____	_____	_____	_____	_____
Keogh – Spouse	_____	_____	_____	_____	_____
401(k)/403(b) – Client	_____	_____	_____	_____	_____
401(k)/403(b) – Spouse	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<u>EXTRAORDINARY EXPENSES:</u>					
Education	_____	_____	_____	_____	_____
Vacations	_____	_____	_____	_____	_____
Auto Purchases	_____	_____	_____	_____	_____
Home Improvements/ Remodeling	_____	_____	_____	_____	_____
Furniture Purchases	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VIII. RETIREMENT AND SAVINGS PROGRAMS

TYPE:	<u>Custodian</u>	<u>Owner</u>	<u>% Vested</u>	<u>Current Value</u>	<u>Retire Benefit</u>
IRA – Client	_____	_____	_____	_____	_____
IRA – Spouse	_____	_____	_____	_____	_____
401(k) – Client	_____	_____	_____	_____	_____
401(k) – Spouse	_____	_____	_____	_____	_____
Keogh – Client	_____	_____	_____	_____	_____
Keogh – Spouse	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Number of years covered by Social Security? Client _____ Spouse _____

Contributed maximum? Client _____ Spouse _____

Is Pension Plan indexed to inflation? Client _____ Spouse _____

Is anyone eligible for Stock Options? Client _____ Spouse _____

If yes, please explain:

Employee Benefit contact person:

Client – Name _____ Phone Number _____

Spouse – Name _____ Phone Number _____

RETIREMENT:

At what age do you wish to retire? Client _____ Spouse _____

At what age do you expect to retire? Client _____ Spouse _____

Family's annual retirement need: _____
(in today's after-tax dollars)

EDUCATION: (Private School, College, Graduate School)

<u>Individual</u>	<u>Annual Cost</u>	<u>Number of Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IX. RISK ANALYSIS

POST MORTEM NEEDS:

Final expenses (funeral costs, etc)	Client _____	Spouse _____
Mortgages paid off (yes/no)	Client _____	Spouse _____
Loans and debts paid off (yes/no)	Client _____	Spouse _____
Education costs fully funded (yes/no)	Client _____	Spouse _____
Charitable bequests	Client _____	Spouse _____
Other expenses	Client _____	Spouse _____
Survivor monthly before-tax income needs while children are at home (do not include mortgages and children's education expenses if they are separately funded)	Client _____	Spouse _____
Survivor monthly before-tax income needs after children leave home (do not include mortgages and children's education expenses if they are separately funded)	Client _____	Spouse _____
Inflation rate (assumed) for the next five years:	_____	
Before-tax investment return rate (assumed) for the next five years:	_____	

LIFE INSURANCE:

	<u>Policy 1</u>	<u>Policy 2</u>	<u>Policy 3</u>	<u>Policy 4</u>
Insured	_____	_____	_____	_____
Company	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Face Amount	_____	_____	_____	_____
Policy Type	_____	_____	_____	_____
Policy Owner	_____	_____	_____	_____
Premium/Period	_____	_____	_____	_____
Cash Value	_____	_____	_____	_____
Loan O/S	_____	_____	_____	_____
Div Opt Value	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____
Issue Age	_____	_____	_____	_____

IX. RISK ANALYSIS (continued)

DISABILITY NEEDS:

Minimum cash required for family living expenses
in the event of disability over 90 days: Client_____ Spouse_____

DISABILITY INSURANCE:

	<u>Policy 1</u>	<u>Policy 2</u>	<u>Policy 3</u>	<u>Policy 4</u>
Insured	_____	_____	_____	_____
Company	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Policy Type	_____	_____	_____	_____
Premium/Period	_____	_____	_____	_____
Monthly Benefit Accident/Sick	_____	_____	_____	_____
Partial Disability Accident/Sick	_____	_____	_____	_____
Waiting Period	_____	_____	_____	_____
Benefit Period	_____	_____	_____	_____
Supplemental Benefits	_____	_____	_____	_____

MEDICAL INSURANCE:

	<u>Policy 1</u>	<u>Policy 2</u>
Insured	_____	_____
Company	_____	_____
Policy Number	_____	_____
Policy Type	_____	_____
Premium/Period	_____	_____
Deductible Out of Pocket Maximum (include deductible)	_____	_____
Waiting Period	_____	_____
Benefit Period	_____	_____
Supplemental Benefits	_____	_____

IX. RISK ANALYSIS (continued)

PROPERTY AND CASUALTY INSURANCE:

	<u>Home</u>	<u>Investment Property 1</u>	<u>Investment Property 2</u>
Company	_____	_____	_____
Policy #	_____	_____	_____
Policy Type	_____	_____	_____
Premium/Period	_____	_____	_____
Deductible	_____	_____	_____
Coverage Limits:	_____	_____	_____
Building	_____	_____	_____
Personal Property	_____	_____	_____
Detached Structure	_____	_____	_____
Added Living	_____	_____	_____
Liability:	_____	_____	_____
Limit	_____	_____	_____
Medical	_____	_____	_____

LIABILITY INSURANCE:

	<u>Personal Liability</u>	<u>Umbrella</u>	<u>Other</u>
Company	_____	_____	_____
Policy #	_____	_____	_____
Premium/Period	_____	_____	_____
Deductible	_____	_____	_____
Property Covered	_____	_____	_____
Exclusions	_____	_____	_____
Other	_____	_____	_____

AUTOMOBILE INSURANCE:

	<u>Auto 1</u>	<u>Auto 2</u>	<u>Auto 3</u>	<u>Auto 3</u>
Vehicle	_____	_____	_____	_____
Company	_____	_____	_____	_____
Policy #	_____	_____	_____	_____
Premium/Period	_____	_____	_____	_____
Collision Deductible	_____	_____	_____	_____
Comprehensive Deductible	_____	_____	_____	_____
Liability Limits:				
Personal Injury Protection	_____	_____	_____	_____
Property Damage	_____	_____	_____	_____
Uninsured Motorist	_____	_____	_____	_____
Added Living	_____	_____	_____	_____

X. REAL ESTATE ANALYSIS

	<u>Investment Property 1</u>	<u>Investment Property 2</u>	<u>Investment Property 3</u>
Location	_____	_____	_____
Purchase Price	_____	_____	_____
Current Value	_____	_____	_____
Original Amount of Mortgage	_____	_____	_____
Interest Rate	_____	_____	_____
Term of Mortgage	_____	_____	_____
Date of 1 st Payment	_____	_____	_____
Rental Income	_____	_____	_____
Management Fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
Property Taxes	_____	_____	_____
Insurance	_____	_____	_____
Utilities	_____	_____	_____
Repairs and Miscellaneous	_____	_____	_____
Total Expenses	_____	_____	_____
Operating Income/(Loss)	_____	_____	_____
Mortgage Principle Payment	_____	_____	_____
Cash Flow	_____	_____	_____
Operating Income/(Loss)	_____	_____	_____
Depreciation	_____	_____	_____
Taxable Income/(Loss)	_____	_____	_____
Proposed Refinancing:			
Date	_____	_____	_____
Amount	_____	_____	_____
Proposed Sale:			
Date	_____	_____	_____
Amount	_____	_____	_____
Proposed Additions:			
Date	_____	_____	_____
Amount	_____	_____	_____

XI. BUSINESS INVESTMENTS

Company Name	_____	_____	_____
Cost/Basis	_____	_____	_____
Date Acquired	_____	_____	_____
Type of Entity	_____	_____	_____
% Owned/Number of Shares	_____	_____	_____
Total Business	_____	_____	_____
Value	_____	_____	_____
Method of Valuation	_____	_____	_____
Accountant	_____	_____	_____
Attorney	_____	_____	_____

XII. GOALS AND OBJECTIVES

1. Develop a household budget
2. Review insurance needs and areas of risk
3. Develop a savings/investment plan
4. Review retirement needs
5. Determine appropriate funding for education costs
6. Develop business plan strategies
7. Receive assistance with debt restructuring and refinancing
8. Develop an estate plan
9. Review/develop tax planning strategies
10. Determine cash flow requirements
11. Anticipate extraordinary expenses
12. Receive help with succession planning and business sales
13. Assist with real estate planning and investments