

# The freedom point

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## FINANCIAL PLANNING INFORMATION

Please fill in prior to your appointment. If you are not sure, leave it blank. It is okay to approximate amounts. Please bring in your most recent tax return.

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Number \_\_\_\_\_

Are you concerned about possible Nursing Home Expenses?    Yes \_\_\_\_\_ No \_\_\_\_\_

## AMOUNTS IN BANKS, SAVINGS & LOANS and CREDIT UNIONS (NON-IRA) (Checking, Savings, Money Market)

Name of Institution	Type of Account	Interest Rate	Approximate Balance
1. _____	_____	_____ %	\$ _____
2. _____	_____	_____ %	\$ _____
3. _____	_____	_____ %	\$ _____
4. _____	_____	_____ %	\$ _____

## PROMISSORY NOTES & TRUST DEEDS (Where someone owes or is paying you on a note)

Name of Debtor	Interest Rate	Approximate Balance
1. _____	_____ %	\$ _____
2. _____	_____ %	\$ _____

## IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS

(IRAs, 401K, TSA, Pension, Etc.)

Name of Institution	Type of Account	Approximate Balance
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Date retired: \_\_\_\_\_ Or planned retirement date: \_\_\_\_\_

## MUTUAL FUNDS and/or BROKERAGE ACCOUNTS

(Please bring in your most recent statements)

Name of Institution	Number of Shares	Approximate Balance
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

## STOCKS and BONDS

(Where you hold certificates yourself)

Name of Institution	Number of Shares	Approximate Balance
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

**RESIDENCE and OTHER REAL ESTATE OWNED**

(Use another sheet of paper, if more space is needed)

Property Address	Original Cost	Approximate Value	Debt
1. _____	\$ _____	\$ _____	\$ _____
_____		Net Cash flow before Depreciation	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
_____		Net Cash flow before Depreciation	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
_____		Net Cash flow before Depreciation	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
_____		Net Cash flow before Depreciation	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
_____		Net Cash flow before Depreciation	\$ _____

**LIFE INSURANCE**

(Please bring in policies and latest statements)

Company	Name of Insured	Type of Policy (Whole, Term, Group)	Approximate Death Benefit	Loan Against
3. _____	_____	_____	\$ _____	
4. _____	_____	_____	\$ _____	
5. _____	_____	_____	\$ _____	

### ANNUITIES

(Please bring in contracts and latest statements)

Company	Annuitant Owner	Interest Rate	Approximate Value	Date Purchased
1. _____	_____	_____ %	\$ _____	_____
2. _____	_____	_____ %	\$ _____	_____
3. _____	_____	_____ %	\$ _____	_____
4. _____	_____	_____ %	\$ _____	_____
5. _____	_____	_____ %	\$ _____	_____

### OTHER ASSETS

Description	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

**HOUSEHOLD CASH FLOW**

Husband's Wages	\$ _____/yr	Source: _____
Wife's Wages	\$ _____/yr	Source: _____
Dividend Income	\$ _____/yr	Source: _____
Other Income	\$ _____/yr	Source: _____

**WHAT ARE YOUR APPROXIMATE ANNUAL EXPENSES?** \$ \_\_\_\_\_

**WHAT ARE YOUR PRIMARY FINANCIAL CONCERNS?** (Please list in order of importance.)

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

**HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD?      WHY?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***P***ERHAPS YOU HAVE A FRIEND OR RELATIVE THAT WOULD BENEFIT FROM COMING TO ONE OF OUR SEMINARS OR MAYBE THEY PREFER A FREE CONSULTATION WITH CASEY . PLEASE LIST THE NAME AND ADDRESS OF ANY FRIEND AND/OR FAMILY MEMBERS AND WE WILL INVITE THEM TO A FUTURE SEMINAR OR CALL TO OFFER A FREE CONSULTATION.

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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THANK YOU.