INTEGRATED PLANNING STRATEGIES

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www.integratedplanningstrategiesllc.com

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Date Completed: ___________________________________

Financial Planning Analysis

COMPLETE THIS FORM AND BRING IT WITH YOU TO YOUR FIRST APPOINTMENT

1. Please return the fillable form or print it and if you are not sure, please leave it blank.
2. Please use approximate values – round to the nearest thousand.
3. Please return this form with last year's tax return.

Client Information:

Name: ___________________________________ Date of Birth: ___________________________________

Nickname: ________________________________ Social Security: __________________________________

Mailing Address: ____

City: ____________________________ State: __________________________ Zip: ______________________

Home Phone: ____________________________ Business Phone: ___________________________________

Occupation: _______________________________ Employer: _______________________________________

Employers Address: ____

City: ____________________________ State: __________________________ Zip: ______________________

Annual Gross Income: _______________________ Email Address: __________________________________

Spouse Information:

Name: ___________________________________ Date of Birth: ___________________________________

Nickname: ________________________________ Social Security: __________________________________

Occupation: _______________________________ Employer: _______________________________________

Employers Address: ____

City: ____________________________ State: __________________________ Zip: ______________________

Annual Gross Income: _______________________ Email Address: __________________________________

*Here at Integrated Planning Strategies, we take the issue of privacy very seriously. We want to assure you that we protect your security, privacy, and confidentiality regarding any information you share with us. *

Personal Expenses

Item	Creditor	Balance	Payment	Before Retirement	After Retirement
Mortgage Principal & Interest					
2nd Mortgage					
Mortgage Insurance (MI, PMI)					
Real Estate Taxes					
Homeowners Ins. & Upkeep					
Installment Loan					
Installment Loan					
Installment Loan					
Auto Lease/ Purchase					
Court Ordered Child Support					
Credit Card					
Credit Card					
Credit Card					
Credit Card					
Credit Card					
Credit Card					
Total Credit Report Items					
Heating Gas or Oil					
Electric					
Water/Sewer					
Home Phone Line					
Cell Phone					
Internet Service					
Cable or Satellite TV					
Food & Groceries					
Gasoline & Auto Upkeep					
Daycare Expense					
Medical Expense					
Auto Insurance					
Health Insurance					
Educational Expense					
New Clothing					
Meals away from home					
Tobacco/Alcohol					
Religious/Donations					
Subscription- Netflix, Amazon					
Other					
Other					
Total Other Expenses					
Total ALL Expenses					

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Amounts in Banks, Savings, Loans, and Credit Unions (NON-IRA)

Name of Bank	Type of Account	Maturity Date	Interest Rate	Approx. Balance

IRA Accounts and Other Retirement Accounts

(Please bring in most recent statements/reports)

Location of Account (Bank, Broker, Employer)	Type of Account (401(k), 403(b), IRA, etc.)	Approximate Market Value	Account Holder

When do you plan to retire? ____

Stock and Bonds Certificates

(Please bring in most recent statements/reports)

Name of Stock/Bond	Number of Shares	Approximate Market Value	Account Holder

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Mutual Fund and/or Brokerage Accounts

(Please bring in most recent statements/reports)

Name of Brokerage Firm or Mutual Fund	Approximate Market Value	Account Holder

Real Estate and Residence

Property Address	Original Cost	Approx. Market Value	Debt Owed

Family Business / Partnerships

Name of Partnership	Type of Investment	Amount Invested	Market Value

Long Term Care

Insured	Monthly Benefit / Premium Amount

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Life Insurance

(Please bring in policies and latest statements)

Name of Company	Insured	Type of Insurance	Cash Value	Death Benefit

Pensions or Other Streams of Income

(Please bring in policies and latest statements)

Source	Account Holder	Monthly Amount

Children

Name	Sex	Date of Birth	Filed as Dependent	Funds Needed for College
			☐ Y / ☐ N	
			☐ Y / ☐ N	
			☐ Y / ☐ N	
			☐ Y / ☐ N	

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Other Assets

Approximate value of Personal Property (Household goods, Jewelry, Cars, Etc.): $___________________

Family Business (Provide name, value, and how held. Is it a corporation?):

____

____

Other Assets:

____

____

What are your Primary Financial Concerns?

____

____

Approximate Monthly Expenses?

____

Appointment Checklist:

(Make sure you have filled out the following items for your financial evaluation)

1. Name(s)
2. Date of Birth(s)
3. Amount of Liquid Money in the Bank
    - CD's
    - Checking/Savings
4. Amount of Money in Qualified Plans
    - IRA rollovers/Old 401K
    - Current 401K
    - SEP's, Roth's, TSP, 403B, 457
5. If currently working, what is your annual income?
6. When do you plan to retire? Need Age(s)
7. Any non-qualified assets in brokerage/funds/savings bonds…
8. Real Estate Value and debt on each property
9. Life Insurance/LTC information
10. Pension:
    - All pension info WITH survivorship %
    - All Social Security amounts from benefit statement page
    - Any other residual income source
11. What are your primary financial concerns? THIS QUESTION IS A MUST
12. Approximate Monthly Expense? IN RETIREMENT WHAT DO YOU NEED?

Please bring all statements/paperwork applicable:

- Annuity Statements
- Brokerage Statements
- Mutual Fund Statements
- Social Security Statement
- Retirement Account Statements
- Life Insurance Policies & Statements
- Last Year's Tax Return

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