

**FINANCIAL PLANNING  
ORGANIZER**

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CLIENT

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DATE

Wold, Consulting, PC

10201 South 51st Street  
Phoenix, AZ 85044  
480-763-9653

**CLIENT INFORMATION**

CLIENT NAME:	
ADDRESS	
CITY,STATE,ZIP	

HOME PHONE	
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HUSBAND'S FULL NAME	
HUSBAND'S SS NUMBER	
HUSBAND BIRTHDATE	
EMPLOYER (H)	
WORK PHONE (H)	
CELL PHONE (H)	
EMAIL (H)	

WIFE'S FULL NAME	
WIFE'S SS NUMBER	
WIFES BIRTHDATE	
EMPLOYER (W)	
WORK PHONE (W)	
CELL PHONE (W)	
EMAIL (W)	

CHILDREN:	BIRTHDATE	SS #

# Questionnaire

I would like guidance in the following:

	YES	NO	N/A
1			
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I hope to achieve the following through financial planning:

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So I don't forget, here are some questions that I have regarding my personal finances:

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**RISK**

How long of a period of time are you willing to see "poor" performance with your investments, before you would demand a change?

\_\_\_\_\_ years

What do you consider "a lot of money"

\$ \_\_\_\_\_

Would you feel worst about losing "a lot" by seeing your investments go down (A) or by having missed a opportunity to have made "a lot" (B)?

\_\_\_\_\_

**RETIREMENT GOALS**

Retirement income desired in today's dollars.

\$ \_\_\_\_\_

In how many years would you like to be financially secure so that you could retire?

\_\_\_\_\_

What do you feel the rate of inflation will average during that time?

\_\_\_\_\_

What rate of return would you expect on your investments without incurring an unacceptable risk?

\_\_\_\_\_ %

**FINANCIAL GOALS**

(i.e. College educations, house down payment, car, boat, travel, etc.)

Priority Rating 1 - 10 1 = Most Important	Item	Years to Achieve	Cost in Today's Dollars

## Checklist

Last Tax return

Current paystub

Employer Benefit Information

Pension Plan

Profit Sharing Plan

Life Insurance

Disabilty Insurance

Stock Option Plans

IRA information

Information on any investments

List of debts,pmts, interests, balances

Property taxes & Insurance

Current Insurance information;

Life

Health

Disability

## SCHEDULE OF INCOME & TAXES

ANNUAL INCOME *	CLIENT	SPOUSE	TAXES	CLIENT	SPOUSE
Salary			FICA		
Bonuses/Commissions					
Dividends/Interest			Federal Income Taxes		
Net Real Estate					
Other (List) *			State Income Taxes		
<b>Total</b>			Available Income		

# CASH NEEDS SUMMARY

## (Not Including Income Taxes)

ITEM (Don't Include Loan Payments)	MONTHLY AVERAGE	OR ANNUAL
Auto	\$ _____	\$ _____
Clothes	\$ _____	\$ _____
Contributions	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Food & Supplies	\$ _____	\$ _____
Home Expenses	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Vacations	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
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_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____
DEBT SERVICE (From Schedule of Liabilities)	\$ _____	\$ _____
<b>TOTAL CASH NEEDS</b>	\$ _____	\$ _____

SCHEDULE OF ASSETS AS OF \_\_\_\_\_

DESCRIPTION	COST	MARKET VALUE
	\$	\$
	\$	\$
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*Please include all assets including stocks, bonds, CDs, checking accounts, savings accounts, homes, jewelry, automobiles, recreational vehicles, home furnishings, etc.*



SCHEDULE OF LIABILITIES AS OF

DESCRIPTION	MIN PAYMENT	INT. RATE	FIXED-F ADJ-A	CURRENT BALANCE
	\$	%		\$
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Please include all liabilities including home mortgages, automobile loans, credit cards, etc.