



Center for **Financial Planning**, Inc.®

Initial Financial Organizer

Client Name

Spouse / Significant Other Name

**PLEASE COMPLETE THIS
CONFIDENTIAL INITIAL FINANCIAL ORGANIZER &
RETURN IT PRIOR TO YOUR FIRST MEETING**

This confidential Initial Financial Organizer is necessary to help us begin preparing for your meeting. If you are unsure of an answer, or are uncomfortable providing a response, simply leave the question blank.

Section 1: Questions

What is Important to You?

What are the most important topics you want to be sure to cover at our meeting?



Financial independence
review or retirement
income analysis



Analysis of tax returns
& working to
reduce tax liability



Review
investments



College funding
for children &
grandchildren



Estate and/or
charitable planning



Reviewing risk management
(life, disability, long term care,
property & casualty insurance)

What circumstances could affect your financial future (i.e. births, employment, care for elderly parents, inheritance, selling house, etc.)?

Are you interested in sustainable investing?

Yes

Maybe, I'd like to learn more

No

Financial Goals

Examples of goals: retirement, college funding, new home, new car, gifting, travel, etc.

Goal	Amount	Date to Achieve
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What is the most important financial accomplishment you would like to achieve in the near-term?

What do you see as your most important legacy to your family, your community and/or the world?

Section 1: Questions

Cash Flow

Do you expect any significant changes to your cash flow (income or expenses) this next year? The next 1-3 years?

Additional Comments, Thoughts, Notes, Ideas or Doodles...

Section 2: Documents to Return

Please provide copies of the following documents, if applicable.

Retirement & Employee Benefits

Social Security Statement (estimate can be obtained at <http://ssa.gov/estimator>)

Pension Statement

Employee Benefit Summaries (health benefits, any group life or disability insurance, etc.)

Tax Information

Income tax returns (two years preferred)

Paystubs

W2

Outside Investment Statements

Investment statements and available options for company retirement plans (401(k), 403(b))

Other investment statements (brokerage, mutual funds, IRA, CD, etc.)

Insurance Documents

Insurance and/or annuity contracts

Estate Planning Documents

Estate Planning documents (wills, POAs, trusts, and prenuptial agreement, if applicable)

Other Financial Planning Documents

Business arrangements (buy/sell, stock options, etc., if applicable)

Any other information that will assist in our evaluation of your finances

Section 3: Your Information

Personal Information

Client 1

Client 2

Name _____

Birthdate _____

Gender Male Female

US Citizen Yes No

Social Security # _____

Marital Status Single Married Divorced Widowed

Prior Marriages Yes No

Prenuptial Agreement Yes No

US Veteran Yes No

Male Female

Yes No

Single Married Divorced Widowed

Yes No

Yes No

Yes No

Please mark check box next to preferred contact method.

Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone _____

Cell Phone _____

Work Phone _____

Employment Status

Client 1

Client 2

Currently Employed

Business Owner, Partner or Professional Practice

Retired

Contractor, Consultant or Freelance

Not Currently Employed

Employer Name _____
(if retired, last employer)

Employer Address _____

Job Title _____

Years at Employer _____

Retirement Year _____

Occupation *(Former, if retired)* _____

Currently Employed

Business Owner, Partner or Professional Practice

Retired

Contractor, Consultant or Freelance

Not Currently Employed

Employer Name _____
(if retired, last employer)

Employer Address _____

Job Title _____

Years at Employer _____

Retirement Year _____

Occupation *(Former, if retired)* _____

Children / Grandchildren / Family

Name (First, Last)	Date of Birth	Age	Grade	Gender	Relationship (e.g. child)	Social Security #
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Section 3: Your Information

Professional Advisors

CPA / Tax Preparer:

Name & Firm _____

Email _____

Phone _____

May we discuss financial and personal information with your CPA? Yes No

Attorney:

Name & Firm _____

Email _____

Phone _____

May we discuss financial and personal information with your Attorney? Yes No

Other advisors or people you want to have knowledge of your financial affairs, if applicable:

Name / Relationship _____

Name / Relationship _____

Risk Management / Insurance

Please check which insurances you hold

Life Insurance Yes No

Disability Insurance Yes No

Long Term Health Care Yes No

Homeowners / Renters Yes No

Automobile Yes No

Personal Liability Yes No

Umbrella Liability Coverage Yes No

Medical Coverage Yes No

Estate Planning

Do you have a will(s)? Yes No

Do you have a living trust(s)? Yes No

Do you have a Durable Power of Attorney? Yes No

Do you have a Health Care Power of Attorney? Yes No

Do you have a Donor Advised Fund? Yes No

Other _____

Section 3: Your Information

Net Worth

Assets	Financial Institution	Joint	Client 1	Client 2
Checking	_____	_____	_____	_____
Checking	_____	_____	_____	_____
Savings	_____	_____	_____	_____
Savings	_____	_____	_____	_____
CDs / Money Market	_____	_____	_____	_____
Taxable Brokerage Account	_____	_____	_____	_____
401k / 403b / 457, etc.	_____	_____	_____	_____
IRA(s)	_____	_____	_____	_____
Annuities	_____	_____	_____	_____
Properties / Land <small>(not residence)</small>	_____	_____	_____	_____
Personal Property <small>(auto, boat, etc.)</small>	_____	_____	_____	_____
Business Assets	_____	_____	_____	_____
Stock Options	_____	_____	_____	_____

Are there additional accounts & information? If so, please provide the information in Additional Comments.

Liabilities <small>(loans, autos, credit cards)</small>	Outstanding Balance	Rate	Term	Monthly Payment	Joint	Client 1	Client 2
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Real Estate

Property: _____	Property: _____
Interest Rate: _____	Interest Rate: _____
Property Value: _____	Property Value: _____
Mortgage Company: _____	Mortgage Company: _____
Mortgage Amount: _____	Mortgage Amount: _____
Type <small>(Fixed/Variable)</small> : _____	Type <small>(Fixed/Variable)</small> : _____
Term: _____	Term: _____
Origination Date: _____	Origination Date: _____
Monthly Payment: _____ <small>(Principal and Interest Only)</small>	Monthly Payment: _____ <small>(Principal and Interest Only)</small>

Are there additional properties to include? If so, please provide the information in Additional Comments.

Section 3: Your Information

Current Annual Income & Savings Please provide Gross / Pre-tax figures

Income	Client 1	Client 2
Employment Wages	_____	_____
Bonus	_____	_____
Rental Income	_____	_____
Income from Business Entity	_____	_____
Alimony or Child Support	_____	_____
Pension	_____	_____
Social Security	_____	_____
Annuity Income	_____	_____
Other Income _____	_____	_____
Savings & Contributions		
401(k) / 403(b) / Simple IRA	_____	_____
Employer Match	_____	_____
Traditional IRA Contribution	_____	_____
Roth IRA Contribution	_____	_____
Additional Retirement Contribution	_____	_____
Deferred Compensation	_____	_____
Deposits to Checking or Savings	_____	_____
Other _____	_____	_____

Section 3: Your Information

Retirement Planning

	Client 1		Client 2	
Date of Desired Retirement				
Current Planned Age to Begin Social Security				
Are you eligible to receive a pension?	Yes	No	Yes	No
If so, what is the estimated benefit?				
Beginning at what age?				
How much do you plan to spend per year in retirement?			Gross	Net

If helpful, a budget worksheet may be found at www.CenterFinPlan.com/budget

College Planning

Will you be providing for a child, grandchild, or others higher education costs?	Yes	No	
If yes, for how many years?			
How many children / grandchildren / or others?			
How much do you estimate yearly costs will be per child in today's dollars?			
Name of college, if known			
Public or Private? In-state or Out?			
How much have you set aside for future education costs?			
Have you established education account(s) such as a 529, UTMA or Coverdell account?	Yes	No	