

CONFIDENTIAL



"FAMILY" FINANCIAL SURVEY

Family Information

Names: Mr. _____ Date of Birth: _____
Mrs. _____ Date of Birth: _____

Dependents	Relationship	Support %	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income Information

Salary/Salaries: _____ \$ _____

Investment Income: _____ \$ _____

Pensions: _____ \$ _____

Additional Income: _____ \$ _____

TOTAL INCOME: _____ \$ _____

Present Plan

Do you have a will? _____ Date signed: _____ Power of Attorney signed? _____

Does your spouse have a will? _____ Date signed: _____ Power of Attorney signed? _____

Were these wills drawn by an attorney? Yes _____ No _____

Have you established any trusts? Yes _____ No _____

Pertinent details to these trusts: _____

Have gifts under the \$14,000 annual exclusion per donee been made? Yes _____ No _____

Confidential Financial Statement

ASSETS

	Husband	Wife	Jointly Held
Cash \$	_____	\$ _____	\$ _____
Home - Current Value \$	_____	\$ _____	\$ _____
Other Real Estate \$	_____	\$ _____	\$ _____
Cash Value Life Insurance \$	_____	\$ _____	\$ _____
Investments \$ (Stocks, Bonds, Mutual Funds, Annuities, Securities)	_____	\$ _____	\$ _____
Business Interests \$	_____	\$ _____	\$ _____
Retirement Plans \$	_____	\$ _____	\$ _____
Other Assets \$	_____	\$ _____	\$ _____
TOTAL ASSETS \$	_____	\$ _____	\$ _____

LIABILITIES

	Husband	Wife	Jointly Held
Home Mortgage \$	_____	\$ _____	\$ _____
Home Equity Loan \$	_____	\$ _____	\$ _____
Credit Card Debt \$	_____	\$ _____	\$ _____
Other Loans \$ (Car, Education)	_____	\$ _____	\$ _____
TOTAL LIABILITIES \$	_____	\$ _____	\$ _____

Percentage Rate of Home Mortgage: _____ Percentage Rate of Home Equity Loan: _____

Time Remaining on Home Mortgage: _____ Time Remaining on Home Equity Loan: _____

NET WORTH

	Husband	Wife	Jointly Held
+ Total Assets \$	_____	\$ _____	\$ _____
- Total Liabilities \$	_____	\$ _____	\$ _____
= NET WORTH \$	_____	\$ _____	\$ _____

STOCKS & BONDS

[illegible][illegible][illegible]

ANNUITIES (FIXED AND VARIABLE)

Amount	Description	Contribution	Current Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

OTHER INVESTMENTS INCLUDING CERTIFICATES OF DEPOSIT

Type	Company	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

INSURANCE

Name of Insured	Beneficiary	Cash Value	Plan of Ins. (Term, etc.)	Death Benefit	Annual Premium
_____	_____	\$ _____	_____	\$ _____	\$ _____
_____	_____	\$ _____	_____	\$ _____	\$ _____
_____	_____	\$ _____	_____	\$ _____	\$ _____
_____	_____	\$ _____	_____	\$ _____	\$ _____
_____	_____	\$ _____	_____	\$ _____	\$ _____

BUSINESS INTERESTS

Name of Business or Practice: _____

Nature of Business: _____

Form of Business: _____

Additional Comments: _____
