Financial Workbook

Prepared for:

Brought to you by:

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Budget Organizer

Income		
Income:	**Monthly Amount**	**Annual Amount**
Salary and Bonuses	$	$ 0
Interest/Investment Income		0
Other Income		0
Income Sub-Total	0	0
Income Taxes:		
Federal Income Taxes		0
State Income Taxes		0
FICA/Self-Employment Taxes		0
Income Taxes Sub-Total	0	0
Available Income	$ 0	$ 0

Fixed Expenses - Personal		
Housing:	**Monthly Amount**	**Annual Amount**
Mortgage/Rent Payment	$	$ 0
Property Taxes		0
Homeowners/Renters Insurance		0
Transportation:		
Car Payment		0
Automobile Insurance		0
Parking/Tolls/Bus/Train		0
Loans:		
Credit Card Payments		0
Personal Loan/Student Loan Payments		0
Insurance:		
Life Insurance Premiums		0
Disability Income Insurance Premiums		0
Health Insurance Premiums		0
Dental/Vision Insurance Premiums		0
Personal / Family:		
Child Support/Child Care Expenses/Alimony		0
Membership/Professional Dues		0
Savings / Investments:		
Emergency Fund		0
Personal Savings/Investments		0
Retirement Savings (401(k) or IRA)		0
Other Fixed Expenses:		
		0
Total Fixed Expenses	$ 0	$ 0

Budget Organizer

Variable Expenses - Personal		
Housing:	**Monthly Amount**	**Annual Amount**
Utilities (electricity, gas, water)	$	$ 0
Telephone/Internet		0
Home Repair/Maintenance		0
Household Goods/Furnishings		0
Transportation:		
Fuel		0
Auto Repair/Maintenance		0
Parking/Tolls/Bus/Train		0
Personal/Family:		
Food/Personal Care Items		0
Clothing		0
Laundry/Dry Cleaning		0
Doctor/Dental/Prescription Drug Expenses		0
Gifts/Charitable Contributions		0
Entertainment:		
Cable/Satellite TV		0
Dining Out		0
Movies/Sporting Events		0
Babysitter		0
Hobbies		0
Vacation/Travel		0
Other Variable Expenses:		
		0
		0
		0
Total Variable Expenses	$ 0	$ 0

Total Personal Expenses		
	Monthly Amount	**Annual Amount**
Total Fixed Expenses	$ 0	$ 0
Total Variable Expenses	0	0
Total Personal Expenses	$ 0	$ 0

Budget Organizer

Fixed and Variable Expenses - Business	Monthly Amount	Annual Amount
Rent/Mortgage Payment	$	$ 0
Salaries		0
Taxes		0
Employee Benefits		0
Telephone/Internet		0
Insurance		0
Transportation/Fuel Expenses		0
Travel		0
Tax/Accounting/Banking Services		0
Advertising/Promotions		0
Printing/Stationary/Postage		0
Business Entertainment		0
Professional/Association Dues		0
Other Business Expenses:		
		0
		0
		0
Total Business Expenses	$ 0	$ 0

Balance Sheet	Monthly Amount	Annual Amount
Available Income	$ 0	$ 0
Total Personal Expenses	- 0	- 0
Total Business Expenses	- 0	- 0
Surplus/Shortage	$ 0	$ 0

Balance Sheet

Assets	Market Value (Spouse 1 / Partner 1)	Market Value (Spouse 2 / Partner 2)	Market Value (Joint)
Checking Accounts	$__________	$__________	$__________
Savings Accounts	__________	__________	__________
CDs	__________	__________	__________
U.S. Savings Bonds	__________	__________	__________
Mutual Funds	__________	__________	__________
Stocks/Bonds	__________	__________	__________
Limited Partnerships	__________	__________	__________
Residence(s)	__________	__________	__________
Investment Real Estate	__________	__________	__________
Life Insurance Cash Values	__________	__________	__________
Annuities	__________	__________	__________
IRAs	__________	__________	__________
Qualified Retirement Plans (vested)	__________	__________	__________
Business Interests	__________	__________	__________
Collectibles	__________	__________	__________
Automobiles	__________	__________	__________
Personal Property	__________	__________	__________
Other: ______________________	__________	__________	__________
TOTAL	$ 0	$ 0	$ 0

TOTAL ASSETS $ 0

Liabilities	Monthly Payment	Balance
Mortgage(s)	$__________	$__________
Other Real Estate Loans	__________	__________
Home Equity Loans	__________	__________
Auto Loans	__________	__________
Education Loans	__________	__________
Installment Loans	__________	__________
Charge Accounts	__________	__________
Credit Cards	__________	__________
Personal Credit Line	__________	__________
Business Debt	__________	__________
Other: ______________________	__________	__________
TOTAL LIABILITIES	$ 0	$ 0

Balance Sheet		
Total Assets	$	0
Total Liabilities	-	0
NET WORTH	$	0

Bank and Brokerage Account Inventory

Bank Accounts		
	Bank 1	**Bank 2**
Name of Bank		
Address		
Telephone Number		
Account Number		
Bank Officer		
Average Balance	$	
Type of Account (Checking, Money Market, Savings)		
Ownership of Account (Individual, Joint, Joint and Survivorship)		

Brokerage Accounts		
	Brokerage 1	**Brokerage 2**
Firm Name		
Address		
Telephone Number		
Account Number		
Broker		
Value as of _______________		
Type of Account (Personal, Retirement, Trust)		
Ownership of Account (Individual, Joint, Trust)		

Retirement Plan Inventory

Employer-Sponsored Retirement Plans	Plan 1	Plan 2
Company		
Plan Type (Defined Benefit, Money Purchase, Profit Sharing, 401(k), SEPP, TDA, Deferred Compensation)		
Value as of ___________	$	$
Account Number		
Benefits Manager		
Telephone Number		
Payout Provisions	○ Lump Sum or Annuity: ○ Life Only ○ Life _____ Years Certain ○ Joint and _____% Survivor	○ Lump Sum or Annuity: ○ Life Only ○ Life _____ Years Certain ○ Joint and _____% Survivor

Personal Retirement Plans	Plan 1	Plan 2
Bank or Brokerage		
Plan Type (Regular IRA, Roth IRA, Keogh, Personal Non-Qualified Savings)		
Value as of ___________	$	$
Account Number		
Bank Officer or Broker		
Telephone Number		
Payout Provisions	○ Lump Sum or Annuity: ○ Life Only ○ Life _____ Years Certain ○ Joint and _____% Survivor	○ Lump Sum or Annuity: ○ Life Only ○ Life _____ Years Certain ○ Joint and _____% Survivor

Life Insurance Inventory: Permanent Insurance

Permanent Insurance	Policy 1	Policy 2
Company		
Policy Number		
Agent/Broker		
Telephone Number		
Type (WL, VL, UL, VUL)		
Death Benefit	$	$
Premium	$	$
Cash Value as of ___________	$	$
Outstanding Loan	$	$
Policy Owner		
Beneficiary(ies)		
Location of Policy		

	Policy 3	Policy 4
Company		
Policy Number		
Agent/Broker		
Telephone Number		
Type (WL, VL, UL, VUL)		
Death Benefit	$	$
Premium	$	$
Cash Value as of ___________	$	$
Outstanding Loan	$	$
Policy Owner		
Beneficiary(ies)		
Location of Policy		

Life Insurance Inventory: Term Insurance

Term Insurance		
	Policy 1	**Policy 2**
Company		
Policy Number		
Agent/Broker		
Telephone Number		
Type (LT, DC, Group Term)		
Death Benefit	$	$
Premium	$	$
Policy Owner		
Beneficiary(ies)		
Location of Policy		
	Policy 3	**Policy 4**
Company		
Policy Number		
Agent/Broker		
Telephone Number		
Type (LT, DC, Group Term)		
Death Benefit	$	$
Premium	$	$
Policy Owner		
Beneficiary(ies)		
Location of Policy		

Professional Advisors

Attorney:	______________________________	
Firm Name:	______________________________	Phone: ______________
Street Address:	______________________________	
City, State, Zip:	______________________________	
Accountant:	______________________________	
Firm Name:	______________________________	Phone: ______________
Street Address:	______________________________	
City, State, Zip:	______________________________	
Life Insurance Agent:	______________________________	
Firm Name:	______________________________	Phone: ______________
Street Address:	______________________________	
City, State, Zip:	______________________________	
P&C Insurance Agent:	______________________________	
Firm Name:	______________________________	Phone: ______________
Street Address:	______________________________	
City, State, Zip:	______________________________	
Stockbroker:	______________________________	
Firm Name:	______________________________	Phone: ______________
Street Address:	______________________________	
City, State, Zip:	______________________________	
Financial Planner:	______________________________	
Firm Name:	______________________________	Phone: ______________
Street Address:	______________________________	
City, State, Zip:	______________________________	
Trust Officer:	______________________________	
Firm Name:	______________________________	Phone: ______________
Street Address:	______________________________	
City, State, Zip:	______________________________	

Document Checklist

Document	Location
Personal:	
Birth Certificate	______________________
Marriage License	______________________
Pre- or Post-Nuptial Agreement	______________________
Will	______________________
Trust(s)	______________________
Living Will(s)/Power(s) of Attorney	______________________
Mortgage Papers	______________________
Automobile Titles/Papers	______________________
Income Tax Returns	______________________
Gift Tax Returns	______________________
Insurance Policies	______________________
Employee Benefit Documents	______________________
Passport	______________________
Military Records	______________________
Medical Records	______________________
Citizenship Papers	______________________
Warranties	______________________
Current Bills	______________________
Funeral/Burial Documents	______________________
Other: ______________________	______________________
Business Ownership:	
Partnership/Incorporation Documents	______________________
Buy-Sell Agreement	______________________
Section 303 Stock Redemption Agreement	______________________
Business Valuation/Appraisal	______________________
Business Tax Returns	______________________
Other: ______________________	______________________

Document Checklist

It is recommended that you keep the following documents in a **secure location in your home**:

- Copies of wills and trusts
- Copies of living wills and powers of attorney
- Income tax returns

These documents are best kept in a **bank safety deposit box**:

- Original wills, trusts and powers of attorney
- Marriage certificates, birth certificates, divorce decrees, death certificates
- Deeds and car titles
- Military discharge papers
- Any stock or bond certificates
- Citizenship papers
- Insurance policies

Consider giving these items to your **attorney, executor and / or spouse**:

- Living will/medical power of attorney (original should be given to the agent named in the document)
- Copies of wills, trust agreements, powers of attorney
- Inventory of insurance and investments
- List of professional advisors (attorney, accountant, insurance agent, etc.)
- Safety deposit box access information
- Funeral instructions

Disposition of Personal Property

Description of Personal Property	Recipient of Personal Property

Notes:

Business Disposition

In the event of your death, do you want your business interest:

- ○ **A.** Retained for Family
- ○ **B.** Sold
- ○ **C.** Liquidated

A. Family Retention:

How is your business interest to be transferred?

- ○ by will (at death)
- ○ by gift (during life)
- ○ by sale (during life or at death)

Who is to receive your business interest?

B. Sold:

To whom will your business interest be sold?

Do you have a written buy-sell agreement?

- ○ Yes
- ○ No

If yes, where is the agreement kept?

If yes, is the plan funded with life insurance?

- ○ Yes
- ○ No

If yes, where are the policies kept?

C. Liquidated:

Have you made provisions to avoid a forced liquidation?

- ○ Yes
- ○ No

If yes, what plans have been made?

Funeral Instructions for: ______________________

Funeral Home	
Telephone Number	
Pre-Planned Arrangement?	○ Yes ○ No
Burial or Cremation?	○ Burial ○ Cremation
Viewing?	○ Yes ○ No
Type of Casket/Urn	
Open or Closed Casket?	○ Open ○ Closed
Appearance (clothing, jewelry)	
Special Requests	
Funeral / Memorial Service?	○ Funeral ○ Memorial
Where?	
Who Should Preside at the Service?	
Pallbearers	____________________ ____________________ ____________________ ____________________ ____________________
Requested Hymns/Scriptures	
Special Requests	
Place of Interment	
Location of Cemetery Deed or Contract	
Type of Headstone	
Epitaph	
Special Requests	
Obituary Notice?	○ Yes ○ No
Donations in Lieu of Flowers?	○ Yes To:____________________ ○ No
Special Requests	
Other Instructions	

Funeral Instructions for: ______________________________

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Telephone Number	
Pre-Planned Arrangement?	○ Yes ○ No
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Special Requests	
Place of Interment	
Location of Cemetery Deed or Contract	
Type of Headstone	
Epitaph	
Special Requests	
Obituary Notice?	○ Yes ○ No
Donations in Lieu of Flowers?	○ Yes To:____________________________ ○ No
Special Requests	
Other Instructions	

Important Information

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