



SWADVISERS
WE PLAN. YOU LIVE.

Financial Planning Worksheet

Name	DOB
Name	DOB

TOTAL HOUSEHOLD EXPENSES <small>(Not Including Savings)</small>	CURRENT		RETIREMENT		NOTES
	MONTHLY	ANNUAL	MONTHLY	ANNUAL	

FUTURE EXPENSES	DESCRIPTION	START DATE	END DATE	ANNUAL AMT.	NOTES
Car Budget - RV/Boat - 2nd Home - Travel - Care for Disabled Child/ Grand Child/Parent - Other?					

FINANCIAL ASSETS	ACCOUNT TYPE EXAMPLES: IRA - ROTH IRA - 401K - ROTH 401K - 403B - 457 - SIMPLE - SEP - INHERITED IRA - ESOP PROFIT SHARING - STOCK - MUTUAL FUND - TAXABLE - HSA - 529 FIXED/INDEXED/VARIABLE ANNUITY - SAVINGS - CD - BANK - OTHER
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ACCOUNT TYPE	INSTITUTION/ COMPANY	CURRENT BALANCE	MONTHLY CONTRIBUTION	EMPLOYER MONTHLY CONTRIBUTION	BENEFICIARY	NOTES

CURRENT INCOME	(Taken from Pay Stub/bank)					
	GROSS (Annual/Monthly/Bi-weekly)		NET (deposited in your bank acct)		MONTHLY COMMISSION?	ANNUAL BONUS/OTHER?
	SOURCE	AMOUNT	FREQUENCY?	AMOUNT		

SOCIAL SECURITY	(Found on page 2 of Social Security statement - www.SSA.gov)					(found on page 3)	
	Name	Full Retirement Age	Full Retirement Amount	Age 70 Amount	Age 62 Amount	Disability Amount	Last year Social Security Earnings

RETIREMENT INCOME	Examples: Pension - Rental Income - Agriculture - Mineral Rights - Part-Time Job - Hobby					
Source	Start Date	End Date	Amount/Month	Taxable?	Spousal Option?	Notes

INHERITANCE	Please List Financial assets (Land/Property/Investment...) of significant value.				
	Year Expected to Receive	Will use for Retirement?	Asset Type	Anticipated Amount	Notes
Source					

INSURANCE	Company/ Carrier Name	TYPE: LTC/term/whole index/variable	Face/Coverage AMT	Annual Premium Amount	Current Cash Value	Beneficiary
Insured Name						

ESTATE PLANNING	Enter Date Completed					
	Name	Will	Trust	Health Care Directive	Power of Attorney	Attorney Used

ADDITIONAL INFO.