

## GOALS

What are your three most important financial goals?

**Client:**

**Spouse:**

**A.**

**A.**

**B.**

**B.**

**C.**

**C.**

What are your three most important personal goals?

**Client:**

**Spouse:**

**A.**

**A.**

**B.**

**B.**

**C.**

**C.**

**What would you like for Freedom 5:one Ministries to help you accomplish?**

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## FAMILY

Name	Birthday	Age	
Client			
Spouse			

### Children/Dependents

Living at home  
Yes or No



### Mailing Address

City	State	Zip
Home Phone	E-Mail	
Cell Phone	Cell Phone	

(Circle one)    Single    Married    Divorced    Widowed

Do you have a Will? \_\_\_\_\_ When was it last reviewed? \_\_\_\_\_  
 Do you have a Trust? \_\_\_\_\_ When was it last reviewed? \_\_\_\_\_  
 Where do you attend Church? \_\_\_\_\_ How Long? \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

Work Phone \_\_\_\_\_ How long have you been with current employer? \_\_\_\_\_

Previous Occupations \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

Work Phone \_\_\_\_\_ How long have you been with current employer? \_\_\_\_\_

Previous Occupations \_\_\_\_\_

## INCOME

The following information should be taken from your payroll stub. (please bring pay stub)  
 If you are Self-Employed (skip this page) Enter income and tax information on Page 6

1st Earner	How often do you get paid?		2nd Earner	How often do you get paid?
	Weekly <input type="checkbox"/>			Weekly <input type="checkbox"/>
	Bi-Weekly <input type="checkbox"/>			Bi-Weekly <input type="checkbox"/>
	Semi-Monthly <input type="checkbox"/>			Semi-Monthly <input type="checkbox"/>
	Monthly <input type="checkbox"/>			Monthly <input type="checkbox"/>
	<b>Gross per Paycheck</b>	_____		<b>Gross per Paycheck</b>
D	Federal	_____	D	Federal
E	State	_____	E	State
D	Soc.Sec./FICA/OASDI	_____	D	Soc.Sec./FICA/OASDI
U	Medicare	_____	U	Medicare
C	Medical Reimbursement	_____	C	Medical Reimbursement
T	Health Ins.	_____	T	Health Ins.
I	Dental Ins.	_____	I	Dental Ins.
O	Cancer Ins.	_____	O	Cancer Ins.
N	Vision Ins.	_____	N	Vision Ins.
S	Life Ins.	_____	S	Life Ins.
	Dependent Life	_____		Dependent Life
	AD&D	_____		AD&D
	Disability ST	_____		Disability ST
	Disability LT	_____		Disability LT
	Other Ins.	_____		Other Ins.
	Retirement/401k	_____		Retirement/401k
	Savings	_____		Savings
	Stock Purchase	_____		Stock Purchase
	Loan Payment	_____		Loan Payment
	Garnishment	_____		Garnishment
	Charities	_____		Charities
	Christmas Club	_____		Christmas Club
	Fitness Center	_____		FitnessCenter
	Child Support	_____		Child Support
	Child Care Reimbursement	_____		Child Care Reimbursement
	Other	_____		Other
	<b>Take Home per Paycheck</b>	_____		<b>Take Home per Paycheck</b>

### OTHER INCOME

Bonus	_____	Other	_____	
Child Support	_____			
Commission	_____			
Tax Refund	_____			

## INSURANCE

✓ PD if premiums are payroll deducted

### Medical Insurance

Insured	Insurance Company	Deductible Co-Pay	Type	Premium		PD
				Amount	Frequency	

### Life Insurance

Insured	Insurance Company	Face Amount / Cash Value	Type	Premium		PD
				Amount	Frequency	

What do you want your life insurance to cover? (Circle all that apply)

Survivor Income    Final Expense    Pay off mortgage    Pay off consumer debt    Fund College

### Disability Insurance

Insured	Insurance Company	Mo.Benefits/ Waiting Period	Short Term or Long Term	Premium		PD
				Amount	Frequency	

### Long Term Care Insurance / Dental / Cancer / Critical Illness

Insured	Insurance Company	Benefit/ Deductible	Type	Premium		PD
				Amount	Frequency	

### Liability Insurance

What is the liability limits on your auto policy? \_\_\_\_\_

What is the liability limit on you home policy? \_\_\_\_\_

Do you have a umbrella liability policy? \_\_\_\_\_ What is the limit? \_\_\_\_\_

Client: Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ use tobacco? yes no

Pre existing conditions/medications \_\_\_\_\_  
 \_\_\_\_\_

Spouse: Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ use tobacco? yes no

Pre-existing conditions/medications \_\_\_\_\_  
 \_\_\_\_\_

Children:

Pre-existing conditions/medications \_\_\_\_\_  
 \_\_\_\_\_

**SAVINGS**

Checking Acct., Savings Acct., Money Market Acct. CD's, etc.

✓ PD if savings is payroll deducted

Type	Current Value	Client Contribution	Frequency of Contribution	PD

**RETIREMENT/INVESTMENT ASSETS**

401k, 403b, IRA, Roth IRA, Annuity, Mutual Funds, Stocks, etc.

**Expected Retirement Age** \_\_\_\_\_

Type	Current Value	Client Contribution	Employer Contribution	Frequency of Contribution	PD

Estimated Social Security Benefit

Client:  
 At age 62 \_\_\_\_\_  
 At age \_\_ \_\_\_\_\_

Spouse:  
 At age 62 \_\_\_\_\_  
 At age \_\_ \_\_\_\_\_

Estimated Pension Benefit

Client:  
 At age \_\_ \_\_\_\_\_  
 Cost of living adjustment \_\_\_\_\_  
 Survivor Benefit \_\_\_\_\_

Spouse:  
 At age \_\_ \_\_\_\_\_  
 Cost of living adjustment \_\_\_\_\_  
 Survivor Benefit \_\_\_\_\_

Do you plan to pay for or assist with children's college cost? Yes or No Where? \_\_\_\_\_

Please describe plan: \_\_\_\_\_

Are you expecting an inheritance? \_\_\_\_\_ Please describe it:  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASSETS**

Real Estate

Description	Creditor	% Interest	Current Value	Outstanding Loan	Minimum Payment	Pmt. You're Making

How long to you expect to live at current residence? \_\_\_\_\_ Interest Rate Fixed or Variable Do  
 you have credit life on your home mortgage? \_\_\_\_\_ Number of Years Financed \_\_\_\_\_  
 Number of Years Remaining on Mortgage \_\_\_\_\_

Vehicles


Other Assets (i.e. Boat, RV, Motorcycle, Jet ski, Livestock, etc.)


## MONTHLY EXPENSES

### Do Not Include Payroll Deductions

Childcare: _____	<b><u>MEDICAL</u></b>	<b><u>DEBT</u></b>	
Child Support: _____	@Doctor: _____	List on Debt page	
Tithe/Contribution: _____	@Dentist: _____		
	@Optometry: _____	<b><u>SAVINGS</u></b>	
<b><u>HOUSING</u></b>	@Medicine: _____	Retirement: _____	
House Payment: _____	<b><u>INSURANCE</u></b>	@Specified: _____	
Rent: _____	Health: _____	Investments: _____	
Cable: _____	Life: _____	@Car Fund: _____	
Water & Trash: _____	Disability: _____	@Uncommitted: _____	
Electric: _____	Misc. Insurance: _____		
Gas: _____	@Insurance Setback: _____	<b><u>@CLOTHING:</u></b>	_____
@Propane/Wood: _____			
Phone: _____	<b><u>ENTERTAINMENT</u></b>	<b><u>GIFTS</u></b>	
Housekeeper: _____	@Vacation/Trips: _____	@Christmas: _____	
@Insurance & Taxes: _____	@Camps: _____	@Gifts: _____	
@Home Maintenance: _____	\$Entertainment: _____		
Cellular Phone: _____	@Sports/Activities: _____	<b><u>SCHOOLING</u></b>	
Alarm System: _____	Fitness Center: _____	Tuition/Expenses (Monthly): _____	
		@Tuition/Exp. (Setback): _____	
<b><u>\$GROCERIES:</u></b>	<b><u>MISCELLANEOUS</u></b>	Lessons: _____	
	\$Spending: _____		
<b><u>AUTO</u></b>	School Lunch (Paid Check): _____		
Auto Payment 1: _____	\$Wal-Mart: _____	<b><u>Extras</u></b>	
Auto Payment 2: _____	Hair Cuts/Cosmetics: _____	Misc. _____	
@Auto Insurance (Setback) _____	Subscriptions: _____	Misc. _____	
Auto Insurance (Monthly) _____	Dry Cleaning: _____	\$Cash Acct. _____	
\$Gasoline: _____	Internet Service: _____	\$Cash Acct. _____	
@Maintenance: _____	@Pets: _____	@Setback _____	
@Tags/Taxes: _____	Stamps: _____	@Setback _____	
	Bank Fees: _____		

**Instructions:** Figure each category and enter the amount into the blank. This is a **monthly** plan. Everything should be broken down into a monthly figure.

**Example:** \$25 week x 52 ÷ 12 = \$108.33 monthly  
 \$25 bi-weekly x 26 ÷ 12 = \$54.17 monthly  
 \$25 semi-monthly x 2 = \$50.00 monthly





**SELF-EMPLOYED INCOME**

Client

Spouse

Last year's avg mo. personal income after expenses \_\_\_\_\_

Current year est. mo. personal income after expenses. \_\_\_\_\_

How often do you pay yourself? \_\_\_\_\_

Are you paying taxes on a quarterly basis? Yes or No Yes or No

Amount of estimated quarterly taxes. \_\_\_\_\_

(Circle one) Sole Proprietor Partnership S Corp C Corp

Number of Employees \_\_\_\_\_

Do you Provide employee benefits? Yes or No

If (Yes) List Benefits and Providers:

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Do you maintain separate accounts for personal and business finances? Yes or No

Other Business related information:

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