

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?

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"/>
	Gross per Paycheck	_____		Gross per Paycheck
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
	Take Home per Paycheck	_____		Take Home per Paycheck

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

DEBT

Include Credit Cards, Consolidation Loans, Loan from Parents, Medical Bills, 401k Loans, Etc. List them even if you are not making payments.
 ✓ PD if payment is payroll deducted

Consumer Debt

Creditor	% Interest	Outstanding Balance	Minimum Payment	Pmt. You're Making	PD
@Debt Setback:					

TOTAL DEBTS					
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@ Debt Setback is for debts you pay on a quarterly or annual basis.

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:

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

Other Business related information:

