

Cash Flow Worksheet

Date: _____

	Client 1	Client 2
Name		

COLLEGE FINANCING GOALS

NAME	Date of Birth	Currently in Grade	College Financing Goal ^(a)	State or Private	Amount already saved	Regular monthly savings

^(a) Either the number of years or percentage of cost you would like to finance.

CURRENT ANNUAL INCOME

Please provide a recent pay-stub	Client 1	Client 2
Salary		
Annual Bonus		
Monthly savings currently outside of your employer retirement plans?		
How much more per month could you save every month?		
Current Social Security benefits		
Current Pension Income		
Pension Payment Type (a) Single life, 50% joint and survivor, other (specify).		
Other Sources of Income:		

ANTICIPATIONS ABOUT FUTURE INCOME

Please provide Social Security and Pension Benefit reports.	Client 1		Client 2	
	Default	Your Expectation	Default	Your Expectation
Anticipated Regular Salary Increases	Inflation less 0.5%		2.5%	
Age to start part-time work	65		65	
Age no longer working	67		67	
Age to start Social Security	70		70	
Age to Start Pension	65		65	
Anticipated Monthly Pension				
Additional Considerations about future employment or income?				

SAVING FOR THE FUTURE: HOW MUCH ARE YOU SAVING ON A REGULAR BASIS?

Please indicate monthly (M), quarterly (Q) or annual (A) contribution amounts	Client 1	Client 2
Tax Deferred Plans		
401(k)/403(b)/457 contributions from you		
401(k) Contributions/Match from your employer		
Roth IRA contributions		
Traditional IRA contributions (include SEPs)		
Taxable Accounts		
Regular Contributions to stocks, bonds, mutual funds, etc.		
Regular Contributions to Money Market, Savings, or CD purchases		
Could you save more? If so, how much more?		

CURRENT BALANCES OF LIQUID FUNDS

Checking Accounts		<input type="checkbox"/> JT <input type="checkbox"/> CLNT 1, <input type="checkbox"/> CLNT 2, <input type="checkbox"/> OTHR
Savings or Money Market Accounts		<input type="checkbox"/> JT <input type="checkbox"/> CLNT 1, <input type="checkbox"/> CLNT 2, <input type="checkbox"/> OTHR
Certificates of Deposit		<input type="checkbox"/> JT <input type="checkbox"/> CLNT 1, <input type="checkbox"/> CLNT 2, <input type="checkbox"/> OTHR
Savings Bonds		<input type="checkbox"/> JT <input type="checkbox"/> CLNT 1, <input type="checkbox"/> CLNT 2, <input type="checkbox"/> OTHR
Other:		<input type="checkbox"/> JT <input type="checkbox"/> CLNT 1, <input type="checkbox"/> CLNT 2, <input type="checkbox"/> OTHR
Other:		<input type="checkbox"/> JT <input type="checkbox"/> CLNT 1, <input type="checkbox"/> CLNT 2, <input type="checkbox"/> OTHR

CURRENT FINANCIAL PORTFOLIO

WE PREFER RECENT BANK, MUTUAL FUND, BROKERAGE ACCOUNT, AND RETIREMENT PLAN STATEMENTS. PLEASE PROVIDE STATEMENTS SO THAT WE GET MORE ACCURATE INFORMATION AND YOU CAN SKIP THIS PART.

Tax Deferred Plans Balances	Client 1	Client 2
401(k) or 403(b) Plans (Balance)		
IRAs (Balance)		
IRA (Total after-tax contributions included above)		
Roth IRAs (Balance)		
SEP-IRAs (Balance)		
Nonqualified Plans (Balance)		
Taxable Assets	Value	Ownership (check)
Investment Accounts #1		<input type="checkbox"/> JT <input type="checkbox"/> CLNT 1, <input type="checkbox"/> CLNT 2, <input type="checkbox"/> OTHR
Investment Account #2		<input type="checkbox"/> JT <input type="checkbox"/> CLNT 1, <input type="checkbox"/> CLNT 2, <input type="checkbox"/> OTHR
Private Business Value		<input type="checkbox"/> JT <input type="checkbox"/> CLNT 1, <input type="checkbox"/> CLNT 2, <input type="checkbox"/> OTHR
Other Investment Assets		<input type="checkbox"/> JT <input type="checkbox"/> CLNT 1, <input type="checkbox"/> CLNT 2, <input type="checkbox"/> OTHR

PERMANENT LIFE INSURANCE (I.E., WHOLE, UNIVERSAL, VARIABLE LIFE ANNUITY)

A=Annual, Q=Quarterly, M=Monthly	Client 1	Client 2
Face value of coverage on the life of:		
Cash surrender value		
Current Premiums (A, Q, M)		
Owner of the Policy is:		

TERM LIFE INSURANCE

A=Annual, Q=Quarterly, M=Monthly	Client 1	Client 2
Face value of coverage on the life of:		
Current Premiums (A, Q, M)		
Years left on term		

PREMIUMS YOU PAY FOR OTHER TYPES OF INSURANCE

A=Annual, Q=Quarterly, M=Monthly	Client 1	Client 2
Health, Dental, Vision Insurance (include MediGap or Medicare Supplemental Insurance)		
Automobile Insurance		
Disability Insurance		
An Umbrella Liability Policy		
Other:		
Long-Term Care Insurance (LTCI)		

IF YOU HAVE LONG-TERM CARE INSURANCE

Alternatively provide us with a copy of the policy.	Client 1	Client 2
What is the daily benefit?		
What is the waiting or elimination period?		
What is the duration of coverage?		
Does the daily benefit automatically increase over time? If yes, by how much?		

INSURANCE CONCERNS

<p>Is there anything we failed to discuss that concerns you about your insurance coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

REAL ESTATE

Tell us about your current property	Primary Residence	Second Home
For how much do you think it might sell today?		
Approximate cost basis		
Property location (state)		
Annual property tax		
Annual homeowners insurance premiums		
Annual homeowners or condominium fees		
Do you plan to someday sell this home?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
If <u>yes</u> , anticipated year or age of Client 1, and the value of the replacement residence, if any (In today's dollars)		
Future property location (state)		

Primary Residence Mortgage Liabilities	1st Mortgage	2nd Mortgage
Current mortgage balance		
Interest rate and loan term (years)		
Monthly payment (P& I only)		
Monthly payment into escrow		
Loan origination date		

Second Home -Mortgage Liabilities	1st Mortgage	2nd Mortgage
Current mortgage balance		
Interest rate and loan term (years)		
Monthly payment (P& I only)		
Monthly payment into escrow		
Loan origination date		

Rental Properties	Property A	Property B
Estimated market value		
Approximate cost basis		
Property location (state)		
Annual property tax		
Current mortgage balance		
Interest rate and loan term (years)		
Monthly payment (P& I only)		
Monthly payment into escrow		
Loan origination date		
Annual expenses (other than mortgage)		
Annual rental income		
Is the property now rented?	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No

AUTOMOBILES

Tell us about your cars	Automobile 1	Automobile 2
Outstanding loan amount		
Interest rate		
Monthly payments		
In how many years do you anticipate replacing?		
How much will your next car cost? (current dollars)		
Are there more vehicles, boats, or an airplane that is currently being financed? <input type="checkbox"/> YES <input type="checkbox"/> NO		

REGULAR RECURRING EXPENSES

We recognize that you might not maintain a budget or keep track of expenses. Just provide your best guess. Feel Free to re-label our categories, or give us a spreadsheet or report using your own format.

Use any time period you want. Use (A) for Annual, (M) for monthly, (B) for bi-annual, and (Q) for quarterly. For example, \$5,000^(A), \$1,250^(Q), or \$2,500^(B).	Approximate Amount and Frequency
Groceries and household goods	
School tuition and/or summer camp	
Childcare expenses	
Utilities: Electricity	
Utilities: Gas and oil	
Utilities: Telephones (land and mobile)	
Utilities: Television and/or Internet	
Utilities: Water, sewer, trash removal	
Transportation (gasoline, parking, metro)	
Car maintenance and repairs (oil changes, tire rotations, etc)	
Home repairs & yard maintenance	
Personal maintenance	
Dining out	
Clothing: purchased and maintained	
Health care expenses	
Charitable contributions	
Alimony or child support paid	
Pet care	
Vacations and travel	
Entertainment, subscriptions, clubs, hobbies	
Rent or other	
Other	

