

# FINANCIAL OVERVIEW

Please invest some time in completing this Financial Overview. It may be helpful to gather all of your financial records before beginning. If you are unable to find exact figures, make your best guess - a close estimate is better than nothing at all. Send the completed form to info@lfa-inc.com or 760.943.0950 (fax).

Date: \_\_\_\_\_

*We look forward to working with you!*

| Client Information |              |              |                                    |
|--------------------|--------------|--------------|------------------------------------|
| Client Name:       |              | DOB:         |                                    |
| Spouse Name:       |              | DOB:         |                                    |
| Address:           |              |              |                                    |
| City, State, Zip:  |              |              |                                    |
| Home Phone:        | Client Cell: | Spouse Cell: |                                    |
| Client Email:      |              |              | <input type="checkbox"/> Preferred |
| Spouse Email:      |              |              | <input type="checkbox"/> Preferred |

| Family Information |     |  |
|--------------------|-----|--|
| Children Name      | DOB | Marital Status   |
|                    |     | <input type="checkbox"/> Single <input type="checkbox"/> Married |
|                    |     | <input type="checkbox"/> Single <input type="checkbox"/> Married |
|                    |     | <input type="checkbox"/> Single <input type="checkbox"/> Married |
|                    |     | <input type="checkbox"/> Single <input type="checkbox"/> Married |
|                    |     | <input type="checkbox"/> Single <input type="checkbox"/> Married |

## General

Are you comfortable with your current cash flow?  Yes  No  Unsure

What do you think is your largest obstacle in achieving your financial goals?

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Do you expect any significant changes in cash flow?  Yes  No  Unsure

Do you expect any major expenditures in the near future?  Yes  No  Unsure

Do you have an ownership interest in any business?  Yes  No  Unsure

If Yes, please explain:

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## Investment Objectives (choose only one)

- Maximum growth of assets, substantial risk (Aggressive Growth)
- Preserving existing assets along with growth for inflation hedge (Growth)
- Conservative growth of assets, income secondary, some risk (Growth with Income)
- Maximum income with some risk (Income with Moderate Growth)
- Conservative income with absolute minimum risk (Income with Capital Preservation)

## Tax Planning

Do you have CPA?  Yes  No

If yes, CPA's name: \_\_\_\_\_

What is your federal tax bracket? \_\_\_\_\_ %

What is your filing status?  Single  Married filing jointly  Married filing separately  
 Head of Household

## Retirement Planning

Client / Spouse

At what age would you *like* to retire? \_\_\_\_\_ / \_\_\_\_\_

At what age do you *expect* to retire? \_\_\_\_\_ / \_\_\_\_\_

What is the minimum income you will need to retire (in today's dollars)? \$ \_\_\_\_\_

Do you have an IRA and/or Roth IRA?  Yes  No  Unsure

Are you included in any company retirement plans (401k, 403b, etc.)?  Yes  No  Unsure

Are you expecting a distribution from your retirement plan soon?  Yes  No  Unsure

## Estate Planning

Do you have a Will or Trust?  Will  Trust  None

Are you the beneficiary of any trusts?  Yes  No  Unsure

Will you be receiving a significant inheritance?  Yes  No  Unsure

Do you have an Estate Planning Attorney?  Yes  No

If yes, Attorney's name: \_\_\_\_\_

Concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# INCOME AND EXPENSES

| Income            |        |                |   |
|-------------------|--------|----------------|---|
| Type              | Source | Monthly Amount | Owner   |
| Salary / Bonus    |        | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |        | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
| Business Income   |        | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |        | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
| Social Security   |        | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |        | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
| Investment Income |        | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |        | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
| Rents Received    |        | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |        | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
| Other             |        | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |        | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

| Expenses          |          |                |   |
|-------------------|----------|----------------|---|
| Type              | Payee(s) | Monthly Amount | Owner   |
| Mortgage / Rent   |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
| Car Loans         |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
| Life Insurance    |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
| Medical Insurance |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
| Credit Cards      |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
| Other             |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
|                   |          | \$             | <input type="checkbox"/> Client <input type="checkbox"/> Spouse |

**TOTAL MONTHLY EXPENSES:** \$ \_\_\_\_\_

**MONTHLY NET INCOME/(LOSS):** \$ \_\_\_\_\_

## ASSETS AND LIABILITIES

### Property

| Real Estate / Personal | Current Value | Purchase Cost | Date Acquired | Owner(s) |
|------------------------|---------------|---------------|---------------|----------|
|                        | \$            | \$            |               |          |
|                        | \$            | \$            |               |          |
|                        | \$            | \$            |               |          |
|                        | \$            | \$            |               |          |

### Liability

| Mortgage / Loans | Current Balance | Monthly Payment | Interest Rate | Loan Term |
|------------------|-----------------|-----------------|---------------|-----------|
|                  | \$              | \$              | %             |           |
|                  | \$              | \$              | %             |           |
|                  | \$              | \$              | %             |           |
|                  | \$              | \$              | %             |           |

### Assets / Investments: Non-Retirement

| Type | Name of Institution | Current Value | Purchase Cost | Owner(s) |
|------|---------------------|---------------|---------------|----------|
|      |                     | \$            | \$            |          |
|      |                     | \$            | \$            |          |
|      |                     | \$            | \$            |          |
|      |                     | \$            | \$            |          |
|      |                     | \$            | \$            |          |
|      |                     | \$            | \$            |          |
|      |                     | \$            | \$            |          |

### Assets / Investments: Retirement

| Type | Name of Institution / Employer | Current Value | Monthly Contribution | Owner(s) |
|------|--------------------------------|---------------|----------------------|----------|
|      |                                | \$            | \$                   |          |
|      |                                | \$            | \$                   |          |
|      |                                | \$            | \$                   |          |
|      |                                | \$            | \$                   |          |
|      |                                | \$            | \$                   |          |
|      |                                | \$            | \$                   |          |
|      |                                | \$            | \$                   |          |
|      |                                | \$            | \$                   |          |

### Other Assets

| Type | Name of Institution | Current Value | Owner(s) / Misc. |
|------|---------------------|---------------|------------------|
|      |                     | \$            |                  |
|      |                     | \$            |                  |
|      |                     | \$            |                  |

# INSURANCE

- I/we do not have any insurance policies.
- I/we are interested in obtaining insurance quotes for (check all that apply):
  - Life Insurance
  - Health Insurance
  - LTC
  - Disability

| Insurance          |  |  |
|--------------------|--|--|
|                    | Policy #1 <input type="checkbox"/> Client <input type="checkbox"/> Spouse            | Policy #2 <input type="checkbox"/> Client <input type="checkbox"/> Spouse  |
| Institution Name   |  |  |
| Policy Type        |  |  |
| Policy Number      |  |  |
| Purchase Date      |  |  |
| Person Insured     |  |  |
| Owner              |  |  |
| Beneficiary        |  |  |
| Death Benefit      |  |  |
| Cash Value         |  |  |
| Annual Premium     |  |  |
| Premium Term       |  |  |
|                    | Policy #3 <input type="checkbox"/> Client <input type="checkbox"/> Spouse            | Policy #4 <input type="checkbox"/> Client <input type="checkbox"/> Spouse  |
| Institution Name   |  |  |
| Policy Type        |  |  |
| Policy Number      |  |  |
| Purchase Date      |  |  |
| Person Insured     |  |  |
| Owner              |  |  |
| Beneficiary        |  |  |
| Death Benefit      |  |  |
| Cash Value         |  |  |
| Annual Premium     |  |  |
| Premium Term       |  |  |
|                    | Long Term Care (LTC) <input type="checkbox"/> Client <input type="checkbox"/> Spouse | Disability <input type="checkbox"/> Client <input type="checkbox"/> Spouse |
| Institution Name   |  |  |
| Policy Number      |  |  |
| Purchase Date      |  |  |
| Insured            |  |  |
| Benefit Amount     |  |  |
| Owner              |  |  |
| Annual Premium     |  |  |
| Premium Term       |  |  |
| Elimination Period |  |  |
| Benefit Period     |  |  |
| COLA               |  |  |

