

FINANCIAL PLANNING WORKFORM

Principal _____ **Age** _____

Address _____

Telephone _____

Spouse _____ **Age** _____

Address _____

Family (include children and grandchildren)

Name _____ **Age** _____

Address _____

Name _____ **Age** _____

Address _____

Name _____ **Age** _____

Address _____

Name _____ **Age** _____

Address _____

Name _____ **Age** _____

Address _____

Name _____ **Age** _____

Address _____

Parents

Name _____ **Age** _____

Address _____

Name _____ **Age** _____

Address _____

Brothers, Sisters and other Dependents

Name _____ Age _____

Address _____

Name _____ Age _____

Address _____

Insurance Counsellor

Name _____

Address _____

Tax Advisor

Name _____

Address _____

ADDITIONAL PERSONAL INFORMATION FORM

1. Your Citizenship.
2. List your valuable items that you will want to gift, and the gift's value (use separate sheet if necessary).

Gift: _____ Value: _____ Recipient: _____

3. Specific gifts (money or valuables) to relatives, friends, charities.

Gift: _____ Value: _____ Recipient: _____

4. Executor of Will (who will see your will taken care of).

Name _____
Address _____
Relation* _____

Contingent (in case first is unable)

Name _____
Address _____
Relation _____

5. Trustee (who will take care of the trusts created in the will).

Name _____
Address _____
Relation _____

Financial Institution to place trust in _____

Contingent (in case first is unable)

Name _____
Address _____
Relation _____

* Relation is to the creator of the will.

6. Guardian for children.

Name _____
Address _____
Relation _____

Contingent (in case first is unable)

Name _____
Address _____
Relation _____

7. Rabbi (to make Halachic medical decisions on your behalf)

Name _____
Address _____

Contingent (in case first is unable)

Name _____
Address _____

8. Medical Guardian (who will make medical decisions for you)

Name _____
Address _____
Relation _____

Contingent (in case first is unable)

Name _____
Address _____
Relation _____

RETIREMENT INFORMATION FORM

1. List your retirement plans: (use separate sheet if necessary).

	Market Value	Interest	Beneficiary
Pension plan	_____	_____	_____
IRA	_____	_____	_____
Roth IRA	_____	_____	_____
Other IRA (please specify)	_____	_____	_____
Retirement Account	_____	_____	_____
401(k) Plan	_____	_____	_____
Fixed Annuities	_____	_____	_____
Variable Annuities	_____	_____	_____
Retirement Income Annuities	_____	_____	_____
Term Life Insurance	_____	_____	_____
	Year vesting _____		
Other: (please specify)	_____	_____	_____

PROPERTY LIST

Real Estate

	Residence	Business Property	Summer	Rental
Market Value	\$ _____	\$ _____	\$ _____	\$ _____
Mortgage	\$ _____	\$ _____	\$ _____	\$ _____
Equity	\$ _____	\$ _____	\$ _____	\$ _____
Owner (Indiv. or Joint)	\$ _____	\$ _____	\$ _____	\$ _____
Total Equity	\$ _____			

Investments

	Stocks	Mutual Funds	Bonds	Loans
Market Value	\$ _____	\$ _____	\$ _____	\$ _____
Mortgage	\$ _____	\$ _____	\$ _____	\$ _____
Equity	\$ _____	\$ _____	\$ _____	\$ _____
Owner (Indiv. or Joint)	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____			

Business Interests

	Close Corporation	Partnership	Proprietorship
Total Market Value	\$ _____	\$ _____	\$ _____
Percentage of Interest	_____	_____	_____
Value of Interest	\$ _____	\$ _____	\$ _____
Total	\$ _____		

Life Insurance and Employee Benefits

	Face Value	Beneficiary	Owner (Indiv. or Joint)
Group Insurance	\$ _____	_____	_____
Personal Insurance	\$ _____	_____	_____
Fraternal Assoc. Ins.	\$ _____	_____	_____
Profit Sharing	\$ _____	_____	_____
Pension Benefits	\$ _____	_____	_____
Stock Options	\$ _____	_____	_____
Total	\$ _____		

Miscellaneous

	Market Value	Owner (Indiv. or Joint)
Savings Accounts	\$ _____	_____
	\$ _____	_____
Cash (checking acct., etc)	\$ _____	_____
Works of Art/Jewelry	\$ _____	_____
Furniture	\$ _____	_____
Automobiles	\$ _____	_____
Personal Effects	\$ _____	_____
Total	\$ _____	
GRAND TOTAL	\$ _____	

STOCKS

Name	No. of Shares	Approximate Market Value	Cost Basis
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MUTUAL FUNDS

Name	No. of Shares	Approximate Market Value	Cost Basis
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BONDS

Name	No. of Units	Approximate Market Value	Cost Basis
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE

Name of Company

Face Value

Cash
Surrender Value
