



Confidential Personal Financial Planning Guide

This comprehensive, personal financial planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing a sensible financial plan for your future.

FAMILY INFORMATION:

Name _____ Cell # _____

Date of Birth _____ Social Security Number _____

Email Address _____

Occupation _____ Employer _____

Spouse's Name _____ Cell # _____

Date of Birth _____ Social Security Number _____

Email Address _____

Occupation _____ Employer _____

Home Address _____

Mailing Address _____

Home Phone # _____

Children's Names & Dates of Birth

Personal Financial Planning Guide

1. Personal Questions

	Yes	No
Do you have a Financial Advisor?	<input type="checkbox"/>	<input type="checkbox"/>
If so, who? _____		
Do you have a living trust?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have income from real estate?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an attorney?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an accountant?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to care for a child or parent?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect an inheritance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have long term care protection?	<input type="checkbox"/>	<input type="checkbox"/>

2. Collectables/Collections (coins, stamps, etc.)

Estimated value

_____	_____
_____	_____
_____	_____
_____	_____

3. Real Estate

Estimated value of home \$ _____

Other real estate:

Estimated value

_____	_____
_____	_____
_____	_____

MONTHLY CASH FLOW ANALYSIS

Fixed Expenses

Home mortgage/rent	\$ _____
Other mortgage/real estate taxes	\$ _____
Maintenance fees	\$ _____
Auto insurance	\$ _____
Homeowners insurance	\$ _____
Life insurance	\$ _____
Disability insurance	\$ _____
Health insurance	\$ _____
Other insurance	\$ _____
Newspaper/publications	\$ _____
Dues, licenses, fees, etc.	\$ _____
Bank loans	\$ _____
Other loans	\$ _____
Credit cards	\$ _____
Support/dependents	\$ _____
Auto payments/lease	\$ _____
Other	\$ _____
Total fixed expenses	\$ _____

Variable Expenses

Food	\$ _____
Heat	\$ _____
Gas/electricity	\$ _____
Telephone	\$ _____
Water/sewer/garbage collection	\$ _____
Laundry	\$ _____
Household maintenance/cleaning	\$ _____
Child care	\$ _____

Total variable expenses

Discretionary expenses

Entertainment	
(dinners, movies)	\$ _____
Vacations	
(week long/weekends)	\$ _____
Education	\$ _____
Discretionary clothing	\$ _____
Contributions	\$ _____
Recreation	\$ _____
Health/beauty care	\$ _____
Incidentals	\$ _____
Cable	\$ _____
Gifts (B'day, Christmas, etc.)	\$ _____

Total

discretionary expenses	\$ _____
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Clothing	\$ _____
Medical/doctors/Rx	\$ _____
Car gasoline/oil/tolls	\$ _____
Repairs	\$ _____
Other	\$ _____
Other	\$ _____

\$ _____

TOTAL INCOME/EXPENSES

Total Fixed Expenses \$ _____

Total Variable Expenses \$ _____

Total Discretionary
Expenses \$ _____

Total Expenses \$ _____

Total Income
(includes SS, pensions, etc.) \$ _____

(Less): Total Expenses \$ _____

**Difference:
Total Available for Goals**

\$ _____

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