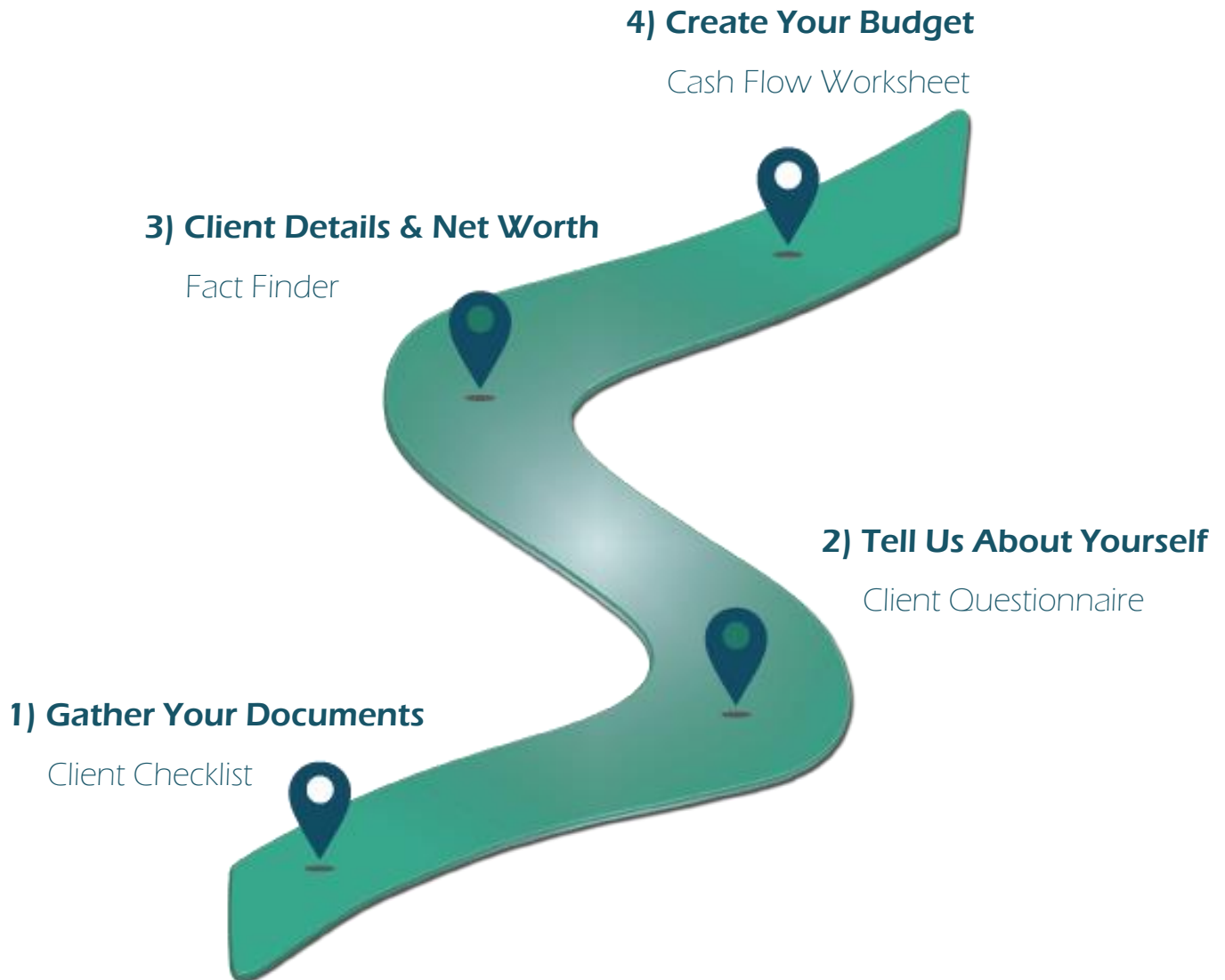


## Our Guided Journey to Your Financial Plan



The Atriums at Greentree 701 Route 73 North Suite 6 Marlton, NJ 08053

800.604.2473 **local** 856.216.0390 **fax** 856.216.0397 [www.schwartz-financial.com](http://www.schwartz-financial.com)

Registered Representative offering securities through Cetera Advisor Networks LLC, member FINRA/SIPC. Advisory Services and Financial Planning offered through Vicus Capital, Inc., a federally Registered Investment Advisor. Cetera is under separate ownership from any other named entity.



**Client Checklist**

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

Appointment Date:	
Time:	
	Recent Paystub(s)
	Latest Income Tax Return
	Recent Statements from: Bank Accounts Mutual Funds/Brokerage Accounts Retirement Plans (e.g. 401(k) plans, etc.) Any Other Assets
	Outstanding Liabilities Recent Mortgage Statement Auto, Personal, or Student Loan Information
	Employer Policy Information Life Insurance – Death Benefit, Premium, etc. Disability Income Insurance Long Term Care Insurance Auto and Homeowners Insurance Medical/Health Insurance
	List of Personal Expenses Household Expenses Other Regular Expenses (either recurring or non-recurring)
Social Security Administration Statement of Benefits	
Copies of Wills/Trusts or Other Pertinent Documents	
Dates of Birth and Social Security Numbers for All Family Members	
	Prioritized List of Financial Goals Short Term Medium Term Long Term

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**Financial Planning Questionnaire**

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

**Personal Questions:**

What keeps you up at night?

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What are the most important things we should know about you?

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What are your professional goals?

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What are your personal goals?

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What are some of your hobbies and interests?

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Are you active in any Civic/Charitable/Professional Organizations?

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**Financial Questions:**

Have you ever worked with a Financial Advisor? What was your experience like?

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Do you have a budget?

---

How do you track your spending?

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Do you currently provide financial support for your children?

---

Do you currently provide financial support for your parents?

---

What Risk Tolerance best fits your personality?

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Does your current portfolio reflect your Risk Tolerance?

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Financial Goals:

Goal 1: \_\_\_\_\_  
Goal 2: \_\_\_\_\_  
Goal 3: \_\_\_\_\_  
Goal 4: \_\_\_\_\_  
Goal 5: \_\_\_\_\_

Financial Planning Objectives: (1= Not Concerned to 5= Very Concerned)

Planning for Children and Grand Children: \_\_\_\_\_  
Reducing Current Income Taxes: \_\_\_\_\_  
Increasing Current Income: \_\_\_\_\_  
Protecting your Assets & Income from Unexpected Life Events: \_\_\_\_\_  
Rate of Return that Exceeds the Expected rate of Inflation: \_\_\_\_\_  
Achieving Financial Independence: \_\_\_\_\_

Attorney/CPA Questions:

Do you have an Attorney?  Yes  No Name \_\_\_\_\_  
Do you have an Accountant/CPA?  Yes  No Name \_\_\_\_\_  
Do you have any other Professional Contacts?  Yes  No Name \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Client Fact Finder**

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

**Family Information**

Client Name:	Date of Birth:	Marital Status:
Spouse Name:	Date of Birth:	
Client SS#:	Client DL# & State:	Client DL Issue/Exp. Date:
Spouse SS#:	Spouse DL# & State:	Spouse DL Issue/Exp. Date:
Address:		
City:	State:	Zip Code:
Home Phone:	Client Cell Phone:	Client Work Phone:
Fax:	Spouse Cell Phone:	Spouse Work Phone:
Client Email:		Spouse Email:

**Age Assumptions**

Client/Spouse Name	Semi Retirement Age	Retirement Age	Assumed Life Expectancy

**Children**

Name	DOB	Phone Number	Social Security#	Address

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**Non-Qualified Assets (Taxable and Cash)**

Account Name	Type (Checking, Savings, CDs, Brokerage, etc.)	Current Value	Current Monthly Contributions or Withdrawals	Owner

**Retirement Assets**

Account Name	Type (401k, 403b, IRA, Pension, Annuities etc.)	Current Value	Current Monthly Contributions or Withdrawals	Owner

**Real Estate & Personal Property**

Name (House, Car, etc.)	Current Value	Purchase Date	Remaining Loan Amount	Original Loan Amount	Original Term	Interest Rate	Monthly Payment



**Debt/Liabilities**

Account Name	Type of Loan (Credit Card, HELOC, etc.)	Unpaid Balance	Remaining Amount of Payments	Interest Rate	Owner

**Occupation/Income**

Client Position:	Employer:	Address:
Current Base Salary:	Annual Salary Increase:	Bonus:
Spouse Position:	Employer:	Address:
Current Base Salary:	Annual Salary Increase:	Bonus:
Client Expected SS Income:	Expected Year to Take SS:	Expected Pension & Age:
Spouse Expected SS Income:	Expected Year to Take SS:	Expected Pension & Age:

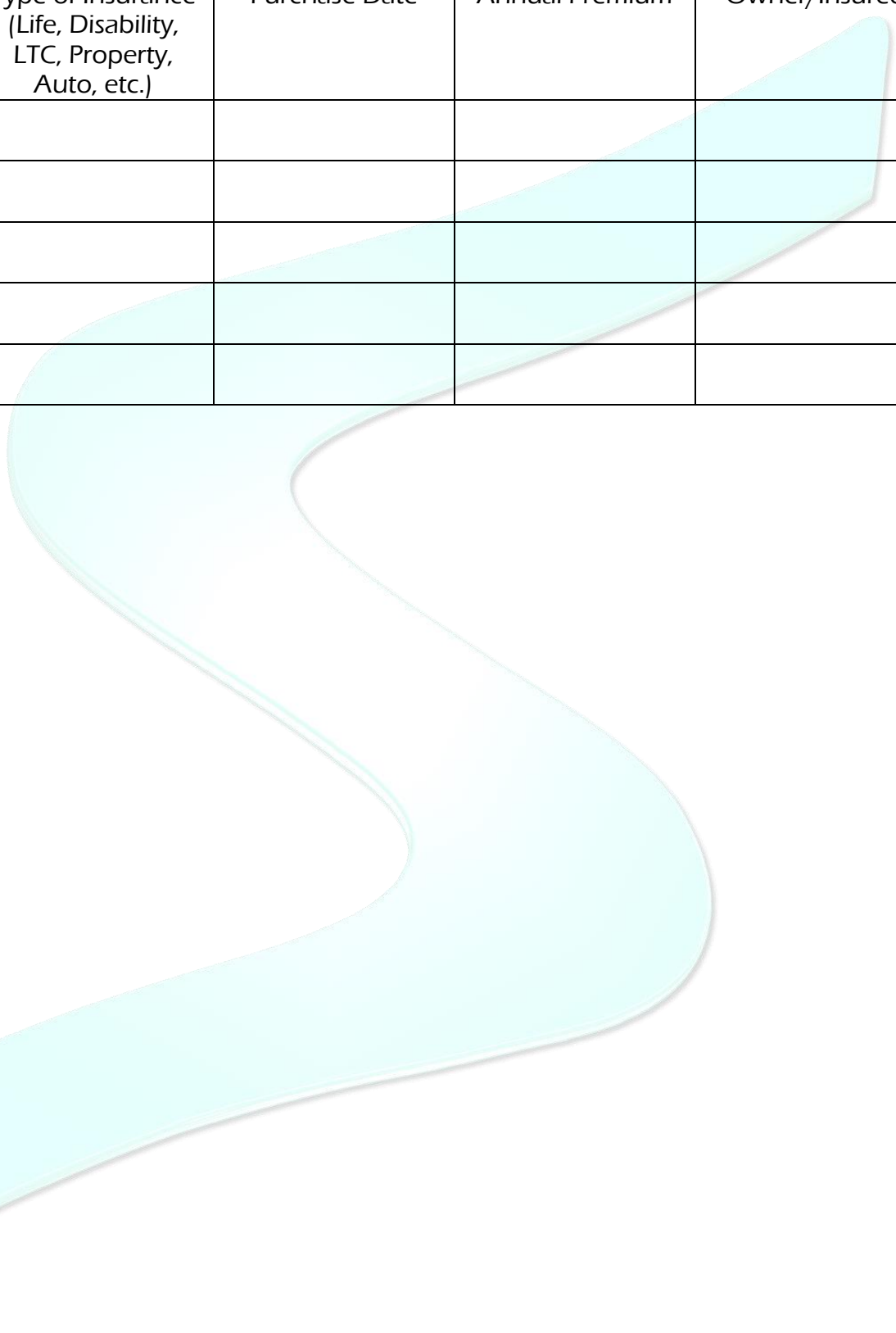
**Savings & Contributions**

Account Name	Account Type (401k, 403b, etc.)	Employee Contribution	Employer Contribution	Owner



**Protection**

Name of Company	Type of Insurance (Life, Disability, LTC, Property, Auto, etc.)	Purchase Date	Annual Premium	Owner/Insured







NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Cash Flow Worksheet

Gross Monthly Income

*Current*

Wages, Salary, Tips  
Social Security Income  
Pension Income  
Rents, Royalties  
Other Income


<i>Total Monthly Income</i>	\$	-
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Net Cash Flow

*Current*

Total Monthly Income  
Total Fixed Expenses  
Total Variable Expenses


<i>Discretionary Income</i>	\$	-
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### Cash Flow Worksheet

#### Fixed Monthly Expenses

#### *Current*

- Mortgage Payment/Rent (Principal + Interest)
- Auto Loan
- Personal Loans
- Credit Card Debt Payment
- Life Insurance
- Disability Insurance
- Medical Insurance
- Long Term Care Insurance
- Homeowner's Insurance
- Auto Insurance
- Umbrella Liability Insurance
- Property Taxes
- Other Taxes
- Savings
- Investments
- Retirement Plan Contributions


<i>Total Fixed Expenses</i>	\$ -
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Cash Flow Worksheet

Variable Monthly Expenses

*Current*

Electricity  
 Gas  
 Telephone/Cell Phone  
 Water/Sewer  
 Cable TV/Internet  
 Home Repairs/Maintenance  
 Food/Grocery Store  
 Clothing  
 Laundry/Dry Cleaning  
 Child Care  
 Personal Care  
 Automobile Gas/Oil  
 Auto Repairs  
 Other Transportation  
 Education Expenses  
 Entertainment/Dining Out  
 Recreation/Travel  
 Club/Association Dues  
 Hobbies/Subscription Services  
 Gifts  
 Charitable Donations  
 Unreimbursed Medical/Dental  
 Miscellaneous


*Total Variable Expenses* \$ -