



Financial Plan Summary

Name Guiding Principals

Primary Client Name _____

Secondary Client Name _____

Mission Statement _____

Core Values _____

Cash Flow Income Streams Net Worth

Monthly Spending Plan

Net Income	\$	
Fixed Expenses	\$	
Variable Expenses	\$	
Financial Plan	\$	
Loan Payments	\$	
Unallocated	\$	

Monthly Income

W-2	\$	
1099	\$	
Investments	\$	
Real Estate	\$	
Other _____	\$	
Total	\$	

Assets

Savings	\$	
Investments	\$	
Real Estate	\$	
Other	\$	
Net Worth	\$	

Liabilities

Credit Cards	\$	
Loans	\$	
Mortgage	\$	
Other	\$	

Plan Funding Tax Allocation Retirement Bucket

Annual Savings Strategy

Savings	\$	
Retirement	\$	
Non-Retirement	\$	
Risk Management	\$	
Total	\$	

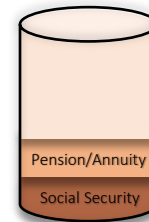
Investments

Taxable	\$	
Tax Deferred	\$	
Tax Free	\$	
Total	\$	

Asset Location

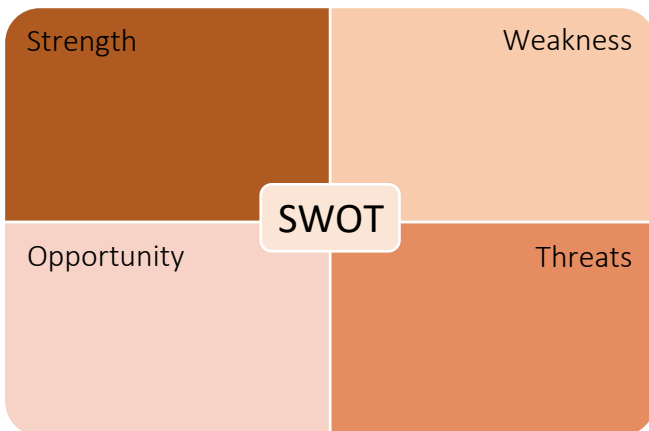
Taxable	%	
Tax-Deferred	%	
Tax-Free	%	

Desired Monthly Income \$ _____



Amount that needs to be filled

Analysis Checklist



Estate Planning

TRUST

Yes No

Date: _____

WILL

Yes No

Date: _____

CARE DIRECTIVE

Yes No

Date: _____

Risk Management

LIFE INSURANCE

Yes No

Date: _____

HEALTH INSURANCE

Yes No

Date: _____

DISABILITY INSURANCE

Yes No

Date: _____

Beneficiaries

PRIMARY

Name: _____

Share: _____%

Name: _____

Share: _____%

CONTINGENT

Name: _____

Share: _____%

Name: _____

Share: _____%

Goals

Priorities

Rank Your Priorities

Savings & Debt

Retirement

Risk

Income Planning

Investment

Education

Tax Planning

Estate Planning

General / Action List