

Personal Financial Inventory

(Please complete the following and/or attach copies of statements i.e. brokerage, insurance, bank)

Individual 1:		
Individual 2:		
Income, Savings & Expenses		
Current Annual Income:	Individual 1	Individual 2
Salary	\$	\$
Bonus, Commissions	\$	\$
Pension	\$	\$
Social Security	\$	\$
Other:	\$	\$
Investment Income:		
From Taxable	\$	\$
Nontaxable/ Tax-Free	\$	\$
Total Annual Income =	\$	\$
Current Annual Savings:		
Personal Savings	\$	\$
IRA Contributions	\$	\$
Company Retirement Plan	\$	\$
Company Contributions	\$	\$
Total Annual Savings =	\$	\$
Current Annual Expenses:	Combined for Client 1&2	
Taxes	\$	
Housing	\$	
Food/Clothing	\$	
Insurance	\$	
Education	\$	
Charity	\$	
Other:	\$	
Total Annual Expenses =	\$	

Liabilities			
	Liability		
	Client 1	Client 2	Joint
Mortgage	\$	\$	\$
Credit cards	\$	\$	\$
Lines of Credit	\$	\$	\$
Car Loans	\$	\$	\$
Business Loans	\$	\$	\$
Other Liabilities:			
1	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$
4	\$	\$	\$
Total Liabilities =	\$	\$	\$
Total Assets - Total Liabilities =	\$	\$	\$

Insurance					
Life Insurance					
Company Name	Type	Face Value	Premium	Beneficiary	
1					
2					
3					
4					
Disability Insurance					
Company Name	Insured	Monthly Benefit	Benefit Period	Elimination Period	Annual Premium
1		\$			\$
2		\$			\$
Long-Term Care Insurance					
Company Name	Insured	Monthly Benefit	Benefit Period	Elimination Period	Annual Premium
1		\$	\$	\$	\$
2		\$	\$	\$	\$

Other:
