



FiscalDynamics™

Personal Financial Organizer

Know Where You Stand

Name(s)

Date Completed: _____

Date Revised: _____

Confidential

1. Necessary Document Checklist

You may need the following documents to obtain detailed information for some sections of this organizer:

**Check box if these
documents are included**

Tax Returns and Information

Past year's income tax return(s). Latest pay stub

☐

Brokerage Account Statements

Statements of transactions since January this year
Mutual fund statements

☐

Mortgage Statements

You will need initial terms of any mortgages and information regarding any prepayments

☐

Other Loan Statements

You will need to know the initial terms of the loans and information regarding any prepayments

☐

Limited Partnership Statements

Prospectus, latest reports, K-1s, etc.

☐

Financial Records and tax returns for Business Interests

☐

Retirement Plan Information

☐

IRA and / or Keogh Statements

☐

Pension, 401-K and Profit Sharing Plan Statements

☐

Insurance Policies

Company group policy
Individual policies

☐

Employee Benefits

Company pension plan
Deferred compensation plan
Company stock option plan

☐

2. Personal and Family Information

Personal Information

Item	Yourself	Your Spouse
Last Name(s)		
First Name & Initial		
Street Address		
City, State, Zip		
Home Phone		
Social Security No.		
Date of Birth		
Date of Retirement		
Tax Filing Status	<input type="checkbox"/> Joint <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualified Widow(er) <input type="checkbox"/> Married Filing Separate	

Business Information

Item	Yourself	Your Spouse
Occupation		
Employer		
Business Phone		
Provides Pension Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Types of Plans		

Children and Other Dependents

Name	Depen- dent ²	Birth Date	Pre-College Support ¹			Special Needs	
			Annual Amount	Estimated Increase			
				Next Year	Later		
1.	<input type="checkbox"/>	/ /	\$	%	%		
2.	<input type="checkbox"/>	/ /	\$	%	%		
3.	<input type="checkbox"/>	/ /	\$	%	%		
4.	<input type="checkbox"/>	/ /	\$	%	%		
5.	<input type="checkbox"/>	/ /	\$	%	%		

Expected Changes in Your Current Situation:

3. Assets and Liabilities

Cash and Equivalents (Checking, Savings, Money Market Funds)

	Name or Identification of the Account	Owner (Circle)	Tax-Free		Balance	Annual Interest Rate
			Federal	State		
1		CL SP J C*	<input type="checkbox"/>	<input type="checkbox"/>	\$	%
2		CL SP J C	<input type="checkbox"/>	<input type="checkbox"/>	\$	%
3		CL SP J C	<input type="checkbox"/>	<input type="checkbox"/>	\$	%
4		CL SP J C	<input type="checkbox"/>	<input type="checkbox"/>	\$	%
5		CL SP J C	<input type="checkbox"/>	<input type="checkbox"/>	\$	%

* CL = Client SP=Spouse J=Joint C=Child

Currently Held Securities (stocks and mutual funds)

Security Name/Description	Current Total Value	Value at Inception	Price per Share	Number of shares	Expected Growth	Dividends	Owner (Circle)
1.	\$	\$	\$		%		CL SP J C
2.	\$	\$	\$		%		CL SP J C
3.	\$	\$	\$		%		CL SP J C
4.	\$	\$	\$		%		CL SP J C
5.	\$	\$	\$		%		CL SP J C
6.	\$	\$	\$		%		CL SP J C

Loans Made to Others: Notes Receivable

Loan Identification	Amount	Payment Date	Term Years	Interest Rate	Balloon Payment	Owner ¹ (Circle)
1.		/ /			/ /	CL SP J C
2.		/ /			/ /	CL SP J C

Other Assets and Liabilities

Assets

Personal Assets	(Circle)	Current value	Growth
	CL SP J C	\$	%
	CL SP J C	\$	%
	CL SP J C	\$	%
	CL SP J C	\$	%

Liabilities

Liabilities (Personal)	(Circle)	Current Balance	Payment Interest
	CL SP J C	\$	%
	CL SP J C	\$	%
	CL SP J C	\$	%
	CL SP J C	\$	%

Amortized Personal Loans Taken by You (excluding mortgages)

Loan Identification	Payment Amount	Payment (1st Date)	Term Years	Interest	Early Pmt Penalty	Balloon Date	Owner (Circle)
1.		/ /		%		/ /	CL SP J C
2.		/ /		%		/ /	CL SP J C
3.		/ /		%		/ /	CL SP J C
4.		/ /		%		/ /	CL SP J C

4. Personal Assets

Primary Residence

Description: _____

Owner: ☐ Self ☐ Spouse ☐ Joint ☐ Community Property

Cost: \$ _____

Item	Current Amount	Growth or Decline Next Year Later	
Present Asset Value	\$	%	%

Mortgage:

Original balance of \$ _____ borrowed in ____/____
amortized over ____ years at ____% interest
with a balloon payment in ____/____

Item	Current Amount	Growth or Decline Next Year Later	
Real Estate Taxes	\$	%	%
Repair / Maintenance	\$	%	%
Furnishings	\$	%	%
Insurance Premium ¹	\$	%	%
Insured For	\$	%	%

Second Mortgage (if any):

Original balance of \$ _____ borrowed in ____/____
amortized over ____ years at ____% interest
with a balloon payment in ____/____

Second/Vacation House

Description: _____

Owner: ☐ Self ☐ Spouse ☐ Joint ☐ Community Property

Cost: \$ _____

Item	Current Amount	Growth or Decline Next Year Later	
Present Asset Value	\$	%	%

Mortgage:

Original balance of \$ _____ borrowed in ____/____
amortized over ____ years at ____% interest
with a balloon payment in ____/____

Item	Current Amount	Growth or Decline Next Year Later	
Real Estate Taxes	\$	%	%
Repair / Maintenance	\$	%	%
Furnishings	\$	%	%
Insurance Premium ¹	\$	%	%
Insured For	\$	%	%

Second Mortgage (if any):

Original balance of \$ _____ borrowed in ____/____
amortized over ____ years at ____% interest
with a balloon payment in ____/____

Automobile 1

Description: _____

Owner: ☐ Self ☐ Spouse ☐ Joint ☐ Community Property

Item	Current Amount	Growth or Decline Next Year Later	
Asset Value / Unit	\$	%	%
Insurance Premium	\$	%	%
Other Expenses	\$	%	%

Loan Financing:

Original balance of \$ _____ borrowed in ____/____
amortized over ____ years at ____% interest
with a balloon payment in ____/____

Automobile 2

Description: _____

Owner: ☐ Self ☐ Spouse ☐ Joint ☐ Community Property

Item	Current Amount	Growth or Decline Next Year Later	
Asset Value / Unit	\$	%	%
Insurance Premium	\$	%	%
Other Expenses	\$	%	%

Loan Financing:

Original balance of \$ _____ borrowed in ____/____
amortized over ____ years at ____% interest
with a balloon payment in ____/____

5. Retirement Plans

Yourself

I plan to retire at the age of ____ years.

Your spouse

I plan to retire at the age of ____ years.

IRAs

Your IRAs	IRA #1	IRA #2
Description		
Type of IRA		
Beginning Balance	\$	\$
Annual Growth Rate	%	%
Contributions / year	\$	\$

Your spouse's IRAs	IRA #1	IRA #2
Description		
Type of IRA		
Beginning Balance	\$	\$
Annual Growth Rate	%	%
Contributions / year	\$	\$

Annuities

Yourself

Description	Plan 1	Plan 2
Title		
Prior Contributions	\$	\$
Prior Growth	\$	\$
Growth Rate	%	%

Your Spouse's

Description	Plan 1	Plan 2
Title		
Prior Contributions	\$	\$
Prior Growth	\$	\$
Growth Rate	%	%

Company

Yourself

Description	Plan 1	Plan 2
Plan Type (i.e. 401k)		
Beginning Balance	\$	\$
Portion of Balance not Tax-Deferred	\$	\$
Growth	%	%
Individual Contributions		
Deductible	\$	\$
Not Deductible	\$	\$
Company Contributions		
Not Taxed	\$	\$
Taxable	\$	\$

Your Spouse's

Description	Plan 1	Plan 2
Plan Type		
Beginning Balance	\$	\$
Taxed	\$	\$
Growth	%	%
Individual Contributions		
Deductible	\$	\$
Not Deductible	\$	\$
Company Contributions		
Not Taxed	\$	\$
Taxable	\$	\$

6. Insurance

Life Insurance

Each Policy	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Insurance Co.					
Policy Type ¹					
Insured (CL, SP, J, C)					
Owner (CL, SP, J, C)					
Beneficiary (CL, SP, J, C)					
Face Value					
Surrender Value					
Premium					

Disability Insurance

Description	Yourself	Your Spouse
Insurance Company		
Annual Benefit		
Annual Premium		
Waiting Period		
Max. Benefit Period		

Long Term Care Insurance

Description	Yourself	Your Spouse
Insurance Company		
Annual Benefit		
Annual Premium		
Annual Growth in Ben.		
Max. Benefit Period		

Property Insurance

Each Policy	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Item Insured					
Annual Premium					

1. Type Codes: W = Whole Life; T = Term; G = Group; U = Universal; X = None of these.

7. Income and Cash Received

Yourself

Income Item	Annual Amount	Growth or Decline Next Year Later	
Wages & Salary	\$	%	%
Self Employment Inc	\$	%	%
Other	\$	%	%

Your Spouse

Income Item	Annual Amount	Growth or Decline Next Year Later	
Wages & Salary	\$	%	%
Self Employment Inc	\$	%	%
Other	\$	%	%

Other Income Received in Cash

Taxable Income Item	Annual Amount	Estimated increase Next Year Later	
	\$	%	%
	\$	%	%

Tax free Income Item	Annual Amount	Estimated Increase Next Year Later	
	\$	%	%
	\$	%	%

8. Living Expenses and Tax Deductions

Period: Values entered are: **A** for annual **M** for monthly

Household

Expense Item	Amount	Period	Increase
Rent	\$	M / A	%
Food	\$	M / A	%
Clothing	\$	M / A	%
Utilities	\$	M / A	%
Telephone	\$	M / A	%
Household Furnishing	\$	M / A	%
Repair / Maintenance	\$	M / A	%
Household Supplies	\$	M / A	%
Other	\$	M / A	%

Deductibles

Expense Item	Amount	Period	Increase
Alimony Paid	\$	M / A	%
Interest Penalty	\$	M / A	%
Other AGI Deduction	\$	M / A	%
Employee Expense	\$	M / A	%
Moving Expenses	\$	M / A	%
Charity Contrib. Cash	\$	M / A	%
Charity Contrib. Prop	\$	M / A	%
Medical ins. premium	\$	M / A	%
Other	\$	M / A	%

Living

Expense Item	Amount	Period	Increase
Medical & Drugs	\$	M / A	%
Personal Care	\$	M / A	%
Support of Others	\$	M / A	%
Other Purchases	\$	M / A	%
Education Expenses	\$	M / A	%
Gifts/Celebrations	\$	M / A	%
Entertainment	\$	M / A	%
Transportation	\$	M / A	%
Medical ins. premium	\$	M / A	%
Other	\$	M / A	%

Taxes Paid

Expense Item	Amount	Period	Increase
Local Tax	\$	M / A	%
Property Tax	\$	M / A	%
Other Taxes	\$	M / A	%
Other Taxes	\$	M / A	%
Other Taxes	\$	M / A	%

Please explain any unusual item that may be a one expense

9. Estate Planning

The information you provide in this section will be used to prepare your estate planning profile. We will analyze this profile in the light of your objectives for maximum conservation of your family assets.

Your Will

Have a will: ☐ Yes ☐ No

Type of Will¹: _____

When was it last reviewed: ____/____/____

Have You established any trusts ☐ Yes ☐ No

If Yes please describe:

Your Spouse's Will

Have a will: ☐ Yes ☐ No

Type of Will¹: _____

When was it last reviewed: ____/____/____

Are there any established trusts ☐ Yes ☐ No

If yes, what type:

1. Type of Will: 1 = Simple Wills; 2 = Specific Bequest Will; 3 = Maximizing available Unified Tax Credit; 4 = A-B Trust Will executed before 1982

10. Financial Goals and Objectives

Financial Objective	Importance				
	Most	Very	Some	Little	None
Enhance Lifestyle	5	4	3	2	1
Purchase Major Asset	5	4	3	2	1
Accumulate Wealth Faster	5	4	3	2	1
Reduce Taxes	5	4	3	2	1
Family Protection Against Death/Disability	5	4	3	2	1
Provide for Comfortable Retirement	5	4	3	2	1
Estate Conservation	5	4	3	2	1
Children's Education	5	4	3	2	1

Please describe your financial goals and objectives in the following areas:

Children upbringing and education

Investments

Retirement

Insurance needs in the event of death and disability

Estate conservation, including specific bequests and charity concerns

11. Investment Profile

Investment Objective	Importance				
	Most	Very	Some	Little	None
Long Term Total Return	5	4	3	2	1
Capital Appreciation	5	4	3	2	1
Tax Advantage	5	4	3	2	1
High Current Income	5	4	3	2	1
Low Total Return Fluctuation	5	4	3	2	1
Low Single Period Loss Probability	5	4	3	2	1
High Degree of Liquidity	5	4	3	2	1

What do you expect the average inflation rate to be _____%

What is your expected rate of return from investing discretionary cash? _____%

Do you expect the top tax rate in 10 years to remain at the current level? ☐ Yes ☐ No

Please use this section to express your investment strategies and concerns.

Financial Advisors

Accountant

Name _____ Telephone _____

Company _____

Address _____

Attorney

Name _____ Telephone _____

Company _____

Address _____

Insurance Agent

Name _____ Telephone _____

Company _____

Address _____

Investment Advisor

Name _____ Telephone _____

Company _____

Address _____

Other Advisors

Name _____ Telephone _____

Company _____

Address _____