



# Granite Financial Group

*successful planning today for a better tomorrow*

## Your Confidential Financial Profile

By sharing the following information, a plan can be put in place to help avoid the big tax and money mistakes many people make, and also be a guide to obtain your goals. Most people don't plan to fail, they simply fail to plan. Let's get started on a plan. INVEST IN YOURSELF . . . you and your family are worth it! The time you spend in completing this information will actually be time "invested" in your own security and happiness. All information herein will be held in the strictest of confidence.

### ***Instructions***

- *Please print all information*
- *You may round dollar figures*
- *If you are unsure about something, leave it blank for now*

### **In addition to this information it would be helpful to bring the following items to your consultation:**

- Last year's tax return
- Latest statements from your investments and accounts
- Latest life insurance and annuity statements, or the actual contract if readily available

### **General Information:**

Your Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employed by: \_\_\_\_\_

Employed by: \_\_\_\_\_

Retired? Y N Date: \_\_\_\_\_

Retired? Y N Date: \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### **List your top three financial or retirement concerns:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**SOME FOUNDATIONAL PLANNING QUESTIONS** (Please circle the best answer)

Do you have a will or trust?	Yes	No	Last Updated ___/___
Do you have "Powers of Attorney" to protect you if you become ill?	Yes	No	Don't Know
Are you concerned about your estate going through the probate process?	Yes	No	Don't Know
Do you know which of your assets will pass to your heirs probate free?	Yes	No	Don't Know
Have you made arrangements to minimize any future estate tax?	Yes	No	Don't Know
Do you desire to leave funds to charities or other worthy causes?	Yes	No	Don't Know
Do you have concerns about running out of retirement funds?	Yes	No	Don't Know
Do you need more income than you currently receive?	Yes	No	Don't Know
Have you consulted a CPA in the last year to design a tax strategy?	Yes	No	Don't Know
Have you planned for the costs associated with a future change in health?	Yes	No	Don't Know
Do you have a Long Term Care (Nursing Home/Home Care) policy?	Yes	No	Don't Know
Is anyone in your immediate family in a nursing home, or will be soon?	Yes	No	Don't Know

***Confidential Personal Cash Flow Analysis***

The basic purpose of a personal cash flow analysis is to determine your monthly needs to support your lifestyle. This analysis is a method of managing personal cash flow to both meet current obligations as well as provide for your future desired lifestyle. The creation and use of a personal cash flow analysis serves as a planning tool. This analysis can ensure that income and expenditures match, both in amount and timing. It can spotlight potential cash flow problems, identify opportunities to make better use of current income, and prepare for tomorrow in the most tax efficient way.

<b>Your Income:</b>	<b>Current</b>	<b>Projected</b>	<b>Mthly or Ann?</b>
Your Salary	\$	\$	
Spouse's Salary	\$	\$	
Your Social Security	\$	\$	
Spouse's Social Security	\$	\$	
Self-Employment	\$	\$	
Pension	\$	\$	
Spouse Pension	\$	\$	
Interest/Dividends	\$	\$	
Rental Income	\$	\$	
Other:	\$	\$	
Other:	\$	\$	
<b>Total Income:</b>	<b>\$</b>	<b>\$</b>	

# Personal Assets

Real Estate/Address	Original Cost	Current Value	Amt. Owed	Owned by	Equity
Residence					
Rental					
Other:					
Other:					
<b>Total Equity</b>					<input type="text"/>

Cash and Equivalents	Owned by (Mr., Mrs., Joint)	Interest Rate	Balance
Checking			
Checking 2			
Savings			
Money Market			
Other:			
Other:			
<b>Total Cash</b>			<input type="text"/>

Retirement Plans	Owned by (Mr., Mrs., Joint)	Held at...	Balance
IRA, Roth IRA, 401(k), 403-B, 457, SEP, etc.			
<b>Total Value</b>			<input type="text"/>

Investments	Owned by (Mr., Mrs., Joint)	Held at...	Balance
Mutual Funds, CDs, Stocks, Bonds, T-Bills, Brokerage Accounts, Annuities, etc.			
<b>Total Investments</b>			<input type="text"/>

# Personal Assets

Business Interests	Owned by (Mr., Mrs., Joint)	Percentage of Ownership	Value
Sole Prop., C-Corp, S-Corp, LLC, Ltd. Partnerships			
<b>Total Bsns. Value</b>			

Life Insurance	Owned by	Beneficiary	Death Benefit	Cash Value
			<b>Total</b>	<b>Total</b>

Personal Items/Tangible Assets	Owned by	Amount Owed	Current Value
Auto 1			
Auto 2			
Auto 3			
Household furnishings			
Art/Jewelry/Valuables			
		<b>Total</b>	<b>Total</b>

**TAXES:**  
 Paid Last Year: \$ \_\_\_\_\_  
 Current Qtrly Pay: \$ \_\_\_\_\_



<b>Total Assets:</b>	
<b>Total Liabilities:</b>	
<b>NET WORTH:</b>	

*Please make any comments or questions that you would like to discuss at your consultation.*

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# Personal Expenses

Knowing your expenses and putting them down on paper is one of the most important financial exercises one can do. You have to know where your money is going in order to make it work for you. Do not skip this step. It is one of the foundational steps in planning.

**Instructions:** Please use monthly figures for each expense. For those expenses you pay annually, just divide by 12 and use that number. Please note, if you pay some monthly expenditures using a credit card, but pay that card off each month, be sure not to put figures in both the expense category and the credit card payment category. Please complete both sides of this form.

## 1. Housing:

Rent or Mortgage: \$ \_\_\_\_\_  
Real Estate Taxes: \$ \_\_\_\_\_  
Homeowners Insurance: \$ \_\_\_\_\_  
Furniture & Furnishings: \$ \_\_\_\_\_  
Appliances: \$ \_\_\_\_\_  
Cleaning, repairs, maintenance, etc: \$ \_\_\_\_\_  
Electricity, gas, heating: \$ \_\_\_\_\_  
Water & Sewer: \$ \_\_\_\_\_  
Telephone/Long Distance: \$ \_\_\_\_\_  
Cell phone: \$ \_\_\_\_\_  
Cable TV/Satellite: \$ \_\_\_\_\_  
Internet/Online services: \$ \_\_\_\_\_  
Other Housing: \$ \_\_\_\_\_  
**Total Housing:** \$ \_\_\_\_\_

## 2. Debt:

Rental Property: \$ \_\_\_\_\_  
Other Real Estate: \$ \_\_\_\_\_  
Home Improvement Loan \$ \_\_\_\_\_  
Home Equity Loan: \$ \_\_\_\_\_  
Personal Loan: \$ \_\_\_\_\_  
Boat/ATV/RV Loan: \$ \_\_\_\_\_  
Credit Card 1: \$ \_\_\_\_\_  
Credit Card 2: \$ \_\_\_\_\_  
Credit Card 3: \$ \_\_\_\_\_  
Auto Payment 1: \$ \_\_\_\_\_  
Auto Payment 2: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
**Total Debt:** \$ \_\_\_\_\_

## 3. Food, Clothing, Personal:

Groceries: \$ \_\_\_\_\_  
Dining out: \$ \_\_\_\_\_  
Clothing & Shoes: \$ \_\_\_\_\_  
Cleaning, Laundry: \$ \_\_\_\_\_  
Jewelry, accessories, etc.: \$ \_\_\_\_\_  
Personal Care (Beautician/Barber): \$ \_\_\_\_\_  
Child Care: \$ \_\_\_\_\_  
Child Support: \$ \_\_\_\_\_  
Other Personal: \$ \_\_\_\_\_  
Books/Magazines/Papers: \$ \_\_\_\_\_  
Vacations: \$ \_\_\_\_\_  
Pet Care/Vet: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
**Total Food, Clothing, Personal:** \$ \_\_\_\_\_

## 4. Regular Savings and Investments:

Education: \$ \_\_\_\_\_  
IRAs: \$ \_\_\_\_\_  
Savings Account: \$ \_\_\_\_\_  
Brokerage Account: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
**Total Savings:** \$ \_\_\_\_\_

## 5. Hobbies:

Gardening: \$ \_\_\_\_\_  
Hunting/Fishing: \$ \_\_\_\_\_  
Sports (golf, bowling, etc.): \$ \_\_\_\_\_  
Crafts: \$ \_\_\_\_\_  
Other Hobbies: \$ \_\_\_\_\_  
**Total Hobbies:** \$ \_\_\_\_\_

**Personal expenses continued...**

**6. Medical:**

Medicines (Prescriptions & OTC): \$ \_\_\_\_\_  
 Vitamins/Supplements: \$ \_\_\_\_\_  
 Health Insurance Premiums: \$ \_\_\_\_\_  
 Doctor, Dental, Co-payments: \$ \_\_\_\_\_  
 Eye Glasses/Contact lenses: \$ \_\_\_\_\_  
 Other Medical: \$ \_\_\_\_\_  
**Total Medical:** \$ \_\_\_\_\_

**7. Gifts:**

Charitable: \$ \_\_\_\_\_  
 Family (B-day, anniv., etc): \$ \_\_\_\_\_  
 Est. holiday expenditures (1/12th): \$ \_\_\_\_\_  
 Church/Religious: \$ \_\_\_\_\_  
**Total Gifts:** \$ \_\_\_\_\_

**8. Legal & Accounting:**

Legal Costs/Fees: \$ \_\_\_\_\_  
 Accounting Costs/Fees: \$ \_\_\_\_\_  
**Total Legal & Accounting:** \$ \_\_\_\_\_

**9. Entertainment:**

Club Membership (health club, spa): \$ \_\_\_\_\_  
 Movies/Rentals/Theatre: \$ \_\_\_\_\_  
 Gambling: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
**Total Entertainment:** \$ \_\_\_\_\_

**10. Other Insurance:**

Life Insurance: \$ \_\_\_\_\_  
 Disability Insurance: \$ \_\_\_\_\_  
 Long Term Care Insurance: \$ \_\_\_\_\_  
 Auto Insurance: \$ \_\_\_\_\_  
 Home Owners (if not in mortgage): \$ \_\_\_\_\_  
 Umbrella (liability ins.): \$ \_\_\_\_\_  
**Total Insurance:** \$ \_\_\_\_\_

**11. Automobile Expenses:**

Repairs and Maintenance: \$ \_\_\_\_\_  
 Gasoline: \$ \_\_\_\_\_  
**Total Auto Expenses:** \$ \_\_\_\_\_

List the total from each corresponding section below, then total your monthly expenses.

**1. Housing** \$ \_\_\_\_\_  
**2. Debt** \$ \_\_\_\_\_  
**3. Food, Clothing, Personal** \$ \_\_\_\_\_  
**4. Regular Savings/Investments** \$ \_\_\_\_\_  
**5. Hobbies** \$ \_\_\_\_\_  
**6. Medical** \$ \_\_\_\_\_  
**7. Gifts** \$ \_\_\_\_\_  
**8. Legal/Accounting** \$ \_\_\_\_\_  
**9. Entertainment** \$ \_\_\_\_\_  
**10. Other Insurance** \$ \_\_\_\_\_  
**11. Auto Expenses** \$ \_\_\_\_\_  
**Total Monthly Expenses** \$ \_\_\_\_\_

Office use:

\$ \_\_\_\_\_ Stage 1 in \_\_\_ Years  
 \$ \_\_\_\_\_ Stage 2 in \_\_\_ Years  
 \$ \_\_\_\_\_ Stage 3 in \_\_\_ Years