

Personal Financial Strategy

Date _____
 Client Name _____
 Spouse Name _____
 Address _____
 Home Phone _____
 Work _____
 Cell _____
 Email _____

DOB _____ Smoker Non-Smoker
 DOB _____ Smoker Non-Smoker
 Child Name _____ DOB _____
 Child Name _____ DOB _____
 Child Name _____ DOB _____
 Child Name _____ DOB _____
 Child Name _____ DOB _____

GOALS

Retirement _____ Home _____ LTC _____ Retire Parents _____
 Education _____ Vacation _____ Travel _____

MONTHLY INCOME

Combined Gross _____ Combined Net _____ Discretionary _____

MONTHLY EXPENSES

Mortgage/Rent _____ Car Insurance _____
 Car Payment _____ Life/Health Ins _____
 Utilities _____ Other Loans _____
 Credit Cards _____ Car Maintenance/Gas _____
 Food/Clothing _____ Personal Expenses _____
 Property Insurance _____ Miscellaneous _____
 Total Expenses _____ \$ 0.00

ASSETS

Market Value of Home _____
 Mutual Funds/Stock _____
 Life Ins/Cash Value _____
 Savings Account _____
 Checking Account _____
 Retirement Plans _____
 Previous Year Tax Refund _____

LIABILITIES

Mortgage _____
 2nd Mortgage _____
 Car Loan _____
 Credit Cards _____
 Personal Loans _____
 Other Loans _____

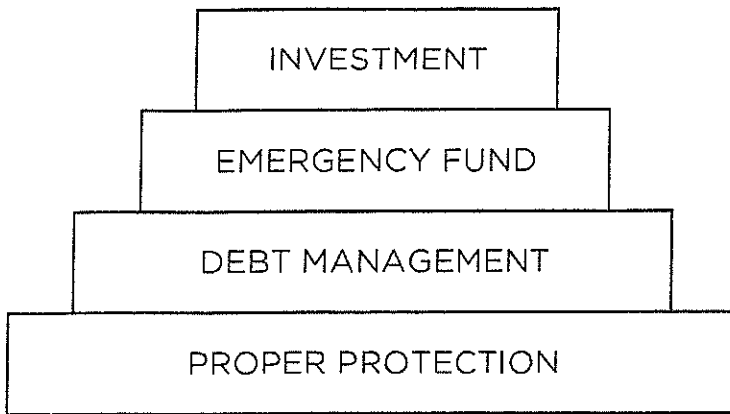
OTHER MORTGAGE INFORMATION

Purchase Price _____ Outstanding Loan Balances _____ Loan Rate _____
 Year Due _____ Fixed _____ Variable _____ Term _____ Estimated FICO _____
 Monthly Payment _____ Monthly Property Taxes _____ Monthly Hazard Insurance _____
 How much could you comfortably afford to set aside each month to reach your goals?
 \$200 \$300 \$400 Other: \$ _____

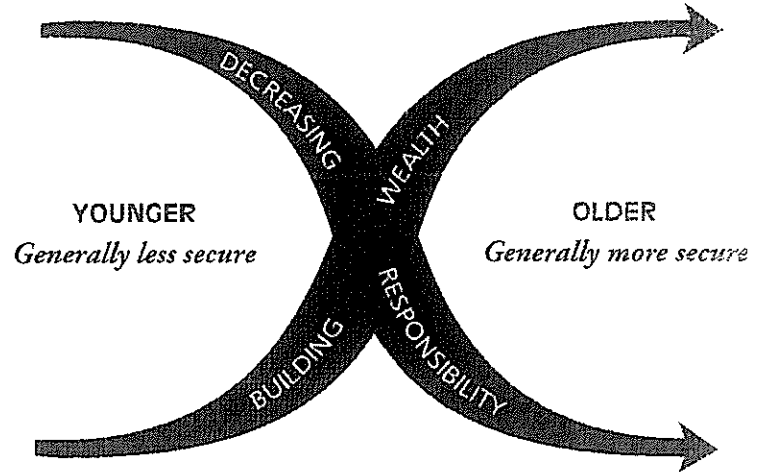
	CLIENT	SPOUSE
Debt	_____	_____
Income	_____	_____
Mortgage	_____	_____
Education	_____	_____
INSURABLE NEED	\$ 0.00	\$ 0.00

Follow-up Appointment Date _____ Client Signature _____

FINANCIAL FOUNDATION



X-CURVE



D.I.M.E. METHOD

	CLIENT	SPOUSE
Debt	_____	_____
Income (x10)	_____	_____
Mortgage	_____	_____
Education	_____	_____
INSURABLE NEED	_____ 0	_____ 0

MANAGED GROWTH

GROWTH	SAFETY
TAX ADVANTAGE	PROTECTION

NOTES