

Center for Wealth Preservation

Terence L. Reed

Confidential Personal Financial Planning Guide

This comprehensive, personal financial planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It's the essential first step in organizing a sensible financial plan for your future.

Please bring the following documents

1. Last year's tax return
2. All brokerage firm statements
3. All life insurance & annuity policies
4. All IRA & retirement statements
5. Existing estate documents such as wills and trusts
6. Copies of deeds for real estate if doing estate planning

FAMILY INFORMATION:

Complete Legal Name _____ Age _____ yrs
Nickname _____ Date of Birth _____
Spouse's Complete Legal Name _____ Age _____ yrs
Nickname _____ Date of Birth _____
Address _____ City _____
Home Phone _____ Business Phone _____

Children	Age	Address & Phone Number (if doing estate planning)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grandchildren	Age	Address & Phone Number (if doing estate planning)
_____	_____	_____
_____	_____	_____
_____	_____	_____

** This information is deemed confidential and will not be disclosed to a third party unless authorized by client or unless required by law. Sharing of information may be done with qualified professionals, such as attorneys and CPAs, if client is considering their services.*

1. Personal Questions

- | | Yes | No |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Do you have a Financial Advisor?
(No stockbrokers, please)
If yes, who? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a living trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a will? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have income from real estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have an attorney? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have an accountant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you expect to care for a child or parent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you expect an inheritance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any problems with previous stockbrokers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have long term care protection? | <input type="checkbox"/> | <input type="checkbox"/> |

2. Financial Planning Objectives

Rank the following according to your level of concern.
(Please circle the most appropriate number)

	Not concerned					Very concerned				
	1	2	3	4	5	6	7	8	9	10
Planning for children or grandchildren										
Reducing current income taxes										
Increasing current income										
Estate planning										
Desire for professional management										
Maximum growth										
Combined growth & income										

3. Collectables/Collections (coins, stamps, etc.)

	Estimated Value
_____	_____
_____	_____
_____	_____
_____	_____

4. Real Estate

Estimated value of home	\$ _____
Remaining mortgage	\$ _____
Home equity loan	\$ _____
Equity in home (market value less mortgage)	\$ _____
Other real estate	\$ _____
Remaining mortgage	\$ _____
Total value of real estate	\$ _____

5. Sources of monthly income

SOCIAL SECURITY	
You	\$ _____
Spouse	\$ _____
PENSION	
You	\$ _____
	\$ _____
Spouse	\$ _____
	\$ _____

6. Bank and Credit Union Inventory

(Checking, savings, money market accounts, CDs)

Name of Institution	Average Balance
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Attach statements if necessary.

7. Current Stockbrokers

(Please note any brokerage firms you have an account with)

Are you satisfied with your current advisors?
 Yes No Indifferent

Changes you would like to see

8. Individual Stocks & Bonds - Please include EE bonds (do not include mutual funds or IRAs here)
 (Please bring all statements)

Number of Shares	Name of Company	Original Investment	Market Value	Ownership	Date Acquired
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

Attach list or photocopies if need be. Would you like us to prepare a current value of your bonds? Yes No

9. Mutual Funds/Limited Partnerships (Please bring latest reports/statements)

Number of Shares	Name of Company	Original Investment	Market Value	Ownership	Date Acquired
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

10. IRA & Other Retirement Account Information (Please bring latest reports/statements)

Name Where Account is (Bank, Brokers, Employer)	Type (401k, IRA, 403b, TSA)	Approx. Value	Who is Beneficiary
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

11. Annuities (Please bring latest reports/statements)

Company	Original Investment	Date Purchased (if known)	Who is Beneficiary
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

12. Present Life Insurance, Disability Insurance, & Long Term Care (Please bring latest statements)

Company	Type	Face Amount	Cash Value	Annual Premium	Who is Insured	Who is Beneficiary
_____	_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____	_____

13. Home/Property

How is each of your properties titled?

The Federal Estate Tax Exemption is \$5 Million per person for 2011 and 2012. This may revert to \$1 Million per person for 2013. If your estate exceeds this amount, you may want to consider a Bypass Trust.

14. Estate Planning

Client

Spouse

Names of people that will handle your affairs if you cannot:

First Choice: _____ First Choice: _____

Second Choice: _____ Second Choice: _____

Third Choice: _____ Third Choice: _____

Trustee -- The person who will administer your trust in the event you and, if appropriate, your spouse have died. Can be one or more people, professional advisors, an institution such as a bank, or some combination of all.

First Choice: _____ First Choice: _____

Second Choice: _____ Second Choice: _____

Third Choice: _____ Third Choice: _____

Guardians and conservators for your minor children (if you have children under the age of 18, these are the person(s) that will be responsible for the care and custody of your children in the event that you and/or your spouse cannot)

First Choice: _____ First Choice: _____

Second Choice: _____ Second Choice: _____

Third Choice: _____ Third Choice: _____

How would you like your trust to be distributed in the event of your death? As an example, a married couple with children could consider distributing 1/3 of a child's trust when they reach age 25; 1/2 at age 30 and the balance at age 35. The trustee may also be able to use the trust assets to provide an income to the child, pay for education or other worthwhile purpose for the duration of the trust. (Attach an extra sheet if necessary)

Congratulations, you have taken the first step towards peace of mind and organization of your financial and estate planning matters. We thank you for your confidence in allowing us to assist you.

All estate documents will be prepared by a licensed Michigan attorney.

For questions, please contact:

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