

**Personal Financial Check Up....** The first step in financial planning is to analyze your present financial situation (assets and liabilities) and to determine what you can expect your financial worth to be in the future. When you retire, your main assets will be your home and other real estate; cash value of your life insurance; social security and pension plan benefits; cash in the bank and investments. These assets will have to offset your main liability, your living expenses. Our goal is to help you to not outlive your Retirement Assets and provide for the people you care about the most.

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Smoker: Y\_\_\_ / N\_\_\_

Spouse / Partner: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Smoker: Y\_\_\_ / N\_\_\_

Children / Dependents: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ Rent/Mortgage Payment: \$\_\_\_\_\_ Mortgage Balance: \$\_\_\_\_\_

Interest Rate: \_\_\_\_\_% Years Left: \_\_\_\_\_ 2<sup>nd</sup> Mortgage / Home Equity Loan: \$\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I am an: Employee: \_\_\_\_\_ Owner: \_\_\_\_\_ Spouse / Partner E-Mail \_\_\_\_\_

Spouse/ Partner Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

<b><u>Feelings / Concerns / Goals</u></b> - Please check applicable space	<b><u>Type of Concern</u></b>		
	<u>High</u>	<u>Moderate</u>	<u>No</u>
Providing education funds for children, grandchildren, family member	_____	_____	_____
Retirement Planning / Lifetime income is of .....	_____	_____	_____
Providing funds for Long Term Care in the future is of .....	_____	_____	_____
Insurance for my Spouse / Partner / Children / Grandchildren is of ....	_____	_____	_____
Assuring income when I or my Spouse / Partner cannot go to work ...	_____	_____	_____
Mortgage payoff, in the event of my, Spouse/Partner's death is of ....	_____	_____	_____
Consumer debt payoff in the event of my, Spouse/Partner's death is	_____	_____	_____
Appointing a Guardian for my children is of .....	_____	_____	_____
Are you or will you be caring for a Child, Parent or Relative	Yes _____	No _____	
Have you agreed to be a guardian for anyone's children?	Yes _____	No _____	
I would like to save more money and pay less tax:	Yes _____	No _____	

**Financial Information**

Gross Annual Income from all sources: \$ \_\_\_\_\_

My Gross Income: \$ \_\_\_\_\_ Spouse / Partner Income: \$ \_\_\_\_\_

Social Security Income: \$ \_\_\_\_\_ Spouse / Partner: \$ \_\_\_\_\_

Income Property Rental Income: \$ \_\_\_\_\_

Total Liabilities: (Credit Cards / Auto Payment / Lease / Personal Debt / Loans) \$ \_\_\_\_\_

Total Monthly Expenses: \$ \_\_\_\_\_

Total Life Insurance: You \$ \_\_\_\_\_ Spouse / Partner: \$ \_\_\_\_\_ Children: \$ \_\_\_\_\_

Saving Account: \$ \_\_\_\_\_ Checking: \$ \_\_\_\_\_ CD's \$ \_\_\_\_\_

Money Market Account: \$ \_\_\_\_\_ Stocks / Bonds / Mutual Funds: \$ \_\_\_\_\_

Annuities: \$ \_\_\_\_\_ Educational Plans: 529 / UGMA / Trust: \$ \_\_\_\_\_

Rental Property: \$ \_\_\_\_\_ Second Home: \$ \_\_\_\_\_ Business: \$ \_\_\_\_\_

Are you planning additions to your family? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are any major debts, loans, or purchases planned in the next 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

Are job changes planned for the future? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you planning to start or purchase or expand a business? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you planning to inherit assets? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in refinancing an existing mortgage for a better rate and lower payments? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in obtaining a new mortgage? Yes \_\_\_\_\_ No \_\_\_\_\_

**Retirement Information:**

Do you / spouse have or participate in an: IRA / Roth IRA? Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\$ 401(k) \$ \_\_\_\_\_ 403(b) \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

What age do you plan to retire? \_\_\_\_\_ Spouse / Partner \_\_\_\_\_ Do you plan to relocate? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you checked your Social Security Account for accuracy & estimated payment amount? Yes \_\_\_\_\_ No \_\_\_\_\_

Which statement(s) most effectively sums up your view on Certainty of Retirement Income? You Spouse/Partner

I want **all or most** of my retirement income to be certain (guaranteed) \_\_\_\_\_

I would like to leave whatever I don't use to spouse, heirs or charity \_\_\_\_\_

I **am** concerned about market volatility and its detrimental effect on my retirement assets \_\_\_\_\_

I **am not** concerned about the growth of my savings; I want more safety of principal \_\_\_\_\_

I am **somewhat** concerned about growth but I'm more concerned about safety of principal \_\_\_\_\_

I **am okay with a portion of my retirement assets at risk** but want consistent income \_\_\_\_\_

**Estate Planning**

Do you, spouse/ partner have a: Will, Durable Power of Attorney, Living Will and a Medical Power of Attorney?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, date of last update: \_\_\_\_\_

Have you completed a "Letter of Instruction" in the event of your death to family or friend? Yes \_\_\_\_\_ No \_\_\_\_\_

Things you may want to include in your Letter of Instruction: List of Documents & locations of:

- Home title / Vehicle titles      Will / Insurance Policies      Burial Plot Deed      Professional Contact Information
- Bills / Creditors with due dates      Passwords & Logins      Safe Deposit Box      Savings & Checking Accounts
- Preference of burial /cremation, location, funeral / memorial service, organ donation, charitable contributions in your memory.

Are you a U.S. Citizen: Y \_\_\_\_\_ / N \_\_\_\_\_ Spouse: Y \_\_\_\_\_ / N \_\_\_\_\_

If no, please indicate Residency Status: Resident Alien: \_\_\_\_\_ Non-Resident Alien: \_\_\_\_\_

**Medical Information**

Do You Have Medical Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own Disability Income Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Spouse/Partner? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Company: \_\_\_\_\_ Monthly Benefit: \$ \_\_\_\_\_

Do You Have Long Term Disability at Work? Yes \_\_\_\_\_ No \_\_\_\_\_ Spouse/Partner? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or your Spouse / Partner currently taking medication(s)?

Which Person & Medication Name	Dosage / Times per Day	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you or your Spouse / Partner had any sickness or accident issues in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Which Person & Condition	Date
_____	_____
_____	_____
_____	_____

Have you ever been rated or declined for Life / Disability or Long Term Care Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

**I am interested in discussing:**

- \_\_\_\_\_ Tax favored financial products
- \_\_\_\_\_ How to accumulate more money for Emergency Funds, Retirement and Income Planning
- \_\_\_\_\_ How and where to rollover an existing a 401(k), 403(b) plan, IRA, Roth IRA for safer returns
- \_\_\_\_\_ How to provide supplemental lifetime income for my retirement
- \_\_\_\_\_ How to establish a budget
- \_\_\_\_\_ A Special Needs Trust
- \_\_\_\_\_ How to establish an IRA, Roth IRA, 401(k), 457, SEP or Personal Pension Plan
- \_\_\_\_\_ My current life insurance to be certain all beneficiary designations and provisions are up to date
- \_\_\_\_\_ Increase my life insurance coverage
- \_\_\_\_\_ Social Security Planning
- \_\_\_\_\_ Provide legacy funds for family, charity or organization
- \_\_\_\_\_ Adding Mutual Funds to my portfolio
- \_\_\_\_\_ Other Specify: \_\_\_\_\_

**Personal Advisors:**

Accountant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_

Attorney: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City State: \_\_\_\_\_

**Please complete and return via E-Mail to:**

**Isobin@sobinfinancial.com**

**Or**

**Fax: 973-359-1252**

Thank you,

**Laurence M. Sobin, CLU®, ChFC®**

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**[www.sobinfinancial.com](http://www.sobinfinancial.com)**