

How much more could you save on a regular basis? _____

Are you expecting a change in your current financial situation? _____ If yes, amount: _____

Financial Data:

Auto Insurance: Comprehensive? Yes _____ No _____ Deductible: _____

Liability Amount: _____ Uninsured Motorist Amount: _____

Homeowners Insurance: _____ Full Replacement Value? Yes _____ No _____

Do you carry an umbrella liability policy? _____ If yes, Amount: _____

Long Term Care Insurance: Yes _____ No _____ Amount: _____

Disability Income Insurance: Yes _____ No _____ Amount: _____

Family Members Insured	Company	Amount Premium	Coverage Amount
_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance:

Insured	Type	Company	Amount Premium	Coverage Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pre-Tax Financial Products & Qualified Plans

	Current Value	Current Interest Rate	Deposit	Comments
401(k) or 403(b):	_____	_____	_____	_____
Company Retirement Plan:	_____	_____	_____	_____
Deferred Compensation Plans:	_____	_____	_____	_____
IRA's (except ROTH):	_____	_____	_____	_____

After-Tax Financial Products:

	Current Value	Current Interest Rate	Deposit	Comments
ESPP/ESIP:	_____	_____	_____	_____
Stock Accounts:	_____	_____	_____	_____
Stock Options:	_____	_____	_____	_____
Real Estate (except residence):	_____	_____	_____	_____
Mutual Funds:	_____	_____	_____	_____
ROTH IRA's:	_____	_____	_____	_____
Life Insurance Cash Values:	_____	_____	_____	_____
Municipal Bonds:	_____	_____	_____	_____
Bonds:	_____	_____	_____	_____
Annuities:	_____	_____	_____	_____
Certificates of Deposit:	_____	_____	_____	_____
Money Market Funds:	_____	_____	_____	_____
Savings Accounts:	_____	_____	_____	_____