



This form is designed to help collect and organize the information needed to develop your Comprehensive Financial Plan. To ensure the accuracy of your responses, kindly have your bank and investment account statements readily available. We would like to assure you that all information provided in this form will be treated with the utmost confidentiality and is strictly intended for internal use only; it will not be disclosed to any external parties. If you have any additional questions, please feel free to reach out to us at (517) 858-0362 or visit our website at churchorganizers.org. Kindly be advised that completion of all fields is not mandatory, but providing information for as many fields as possible is recommended to ensure the most precise and comprehensive plan.

GENERAL INFORMATION		
YOUR First & Last Name:		Today's Date:
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Partner <input type="radio"/> Separated		
Street Address:		
City:	State:	Zip Code:
Phone: () -	Email:	
Your Date of Birth:	Are You a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	
SPOUSE'S/PARTNER'S (CO-CLIENT'S) First & Last Name:		
Spouse's/Partner's Date of Birth:	Is your Spouse/Partner a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	

EMPLOYMENT INFORMATION		
YOUR Employment: <input type="radio"/> Self-Employed <input type="radio"/> Company Owner <input type="radio"/> Employee <input type="radio"/> Retired		
Company Name:		
Occupation:		
Street Address:		
City:	State:	Zip Code:
SPOUSE'S/PARTNER'S Employment: <input type="radio"/> Self-Employed <input type="radio"/> Company Owner <input type="radio"/> Employee <input type="radio"/> Retired		
Company Name:		
Occupation		
Street Address:		
City:	State:	Zip Code:



Business Ownership
Include businesses in which you have direct ownership.

Name of Business	Owner	Business Type	Appraisal (your share)
<i>Example: Buddies Grill</i>	<i>Larry</i>	<i>S-Corp</i>	<i>\$300,000</i>
			\$
			\$
Do you plan to sell your business upon retirement?			<input type="radio"/> Yes <input type="radio"/> No
If yes, in what approximate year?			
Assumed annual growth rate of business: <i>(If left blank, we will grow your business by 10% until sold.)</i>			%

Personal Property
Include collectibles, boats, automobiles, and any other physical assets of note.

Property	Owner	Value
<i>Example: 2021 Chevrolet TrailBlazer</i>	<i>Jenn</i>	<i>\$25,000</i>
		\$
		\$
		\$
		\$
		\$

Real Estate
For additional properties, please attach a separate sheet.

Property	Investment or Personal	Owner	Value
<i>Example: 426 Fairview</i>	<i>Personal Residence</i>	<i>Joint</i>	<i>\$515,000</i>
	Personal Residence		\$
	Second Home		\$
	Investment Property (1)		\$
	Investment Property (2)		\$
	Other:		\$
How much pre-tax income do you receive each year from your investment properties?			\$
Which of these real estate properties is available to be sold with the proceeds used for retirement?			
In what year would you like to sell the property?			

Assets Held for Education
List separately for each child or grandchild and include 529 Plans, Coverdell IRAs, Custodial Accounts, Education Savings Bonds, Mutual Fund Accounts, etc.

Name of Account	Type	Owner	Beneficiary	Balance
<i>Example: CollegeBoundFund</i>	<i>529 Plan</i>	<i>Jenn</i>	<i>Maria</i>	<i>\$12,500</i>
				\$
				\$
				\$
				\$



LIABILITIES

Mortgages

Primary Residence

Start Date:	Original Amount: \$	Balance Remaining: \$
Term:	Interest Rate: %	Property Taxes: \$ Insurance: \$

Second Home

Start Date:	Original Amount: \$	Balance Remaining: \$
Term:	Interest Rate: %	Property Taxes: \$ Insurance: \$

Investment Property

Start Date:	Original Amount: \$	Balance Remaining: \$
Term:	Interest Rate: %	Property Taxes: \$ Insurance: \$

Other

Start Date:	Original Amount: \$	Balance Remaining: \$
Term:	Interest Rate: %	Property Taxes: \$ Insurance: \$

Other Debt

Debt	Balance	Interest Rate(s)
Vehicle 1	\$	%
Vehicle 2	\$	%
All Credit Cards	\$	%
Student Loans	\$	%
Other:	\$	%



INCOME AND RETIREMENT ANALYSIS	
Please list YOUR current annual income	\$
At what age do YOU expect to retire? (If you are already retired, put in your current age.) (We will use this age to run your retirement projections.)	
How much do you contribute to YOUR retirement plans each year?	\$
Is there an Employer match?	<input type="radio"/> Yes <input type="radio"/> No
Amount (\$ or %) matched by Employer?	\$ <input type="text"/> %
Please list your SPOUSE'S/PARTNER'S current annual income	\$
At what age does your SPOUSE/PARTNER expect to retire? (If she/he has already retired, put in her/his current age.)	
How much does your SPOUSE/PARTNER contribute to her/his retirement plans each year?	\$
Is there an Employer match?	<input type="radio"/> Yes <input type="radio"/> No
Amount (\$ or %) matched by Employer?	\$ <input type="text"/> %
How much will you need to spend each month in retirement? (Include taxes and think in terms of today's dollars.) (If you leave this question blank, we will assume you will need 85% of your current income.)	\$

Pensions			
Client Name	Monthly Amount at Start	Age at Start	Inflation COLA
Example: Jenn	\$1,000	65	<input checked="" type="radio"/> Yes <input type="radio"/> No
	\$		<input type="radio"/> Yes <input type="radio"/> No
	\$		<input type="radio"/> Yes <input type="radio"/> No
	\$		<input type="radio"/> Yes <input type="radio"/> No

What payout option does this pension represent? (We will assume joint and 50% survivor unless otherwise indicated.)		
<input type="radio"/> Single Life	Name Applicable Pension(s):	
<input type="radio"/> Joint and 50% Survivor	Name Applicable Pension(s):	
<input type="radio"/> Joint and 100% Survivor	Name Applicable Pension(s):	

Social Security				
Client Name	Current Payment Amount (if applicable)	Payment Amount at age 62	Payment Amount at Full Retirement Age	Payment Amount at age 70
Example: John		\$1,683	\$2,239	\$2,975
	\$	\$	\$	\$
	\$	\$	\$	\$



OTHER INCOME AND RETIREMENT INFORMATION

Do YOU expect to work part-time during retirement? Yes No

If yes, for how many years? At what salary (in current dollars)? \$

Does your SPOUSE/PARTNER expect to work part-time during retirement? Yes No

If yes, for how many years? At what salary (in current dollars)? \$

What is the value of any expected inheritance/gifts? \$

In what year would you estimate that you might receive this inheritance?

Is there anything else we should know about when we plan for your retirement?



EXPENSES

Major Planned Expenses

If you are anticipating a large expense or major purchase, what is the value of the expense?	\$
In what year should these expenses be applied?	\$
What is the nature of the expense? For example: <i>New Car</i> .	

Recurring and Lifestyle Expenses

Current Monthly Lifestyle Expenses (Excluding Debt & Liability Payments)	\$
Recurring Debt & Liability Expenses	
Monthly Primary Residence Mortgage Payment Amount	\$
Monthly Second Home Mortgage Payment Amount	\$
Monthly Investment Property Mortgage Payment Amount	\$
Other Monthly Mortgage Payment Amount	\$
Monthly Vehicle 1 Loan Payment Amount	\$
Monthly Vehicle 2 Loan Payment Amount	\$
Monthly Credit Card Payment Amount	\$
Monthly Student Loan Payment Amount	\$
Other Monthly Debt & Liability Payments (Please List):	\$

Charitable & Philanthropic Giving

Name of Charity/Organization	Annualized Gifting Amount	Is This a Deferred Gift?
<i>Example: Salvation Army</i>	<i>\$4,500</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
	\$	<input type="radio"/> Yes <input type="radio"/> No
	\$	<input type="radio"/> Yes <input type="radio"/> No
	\$	<input type="radio"/> Yes <input type="radio"/> No

Is there anything else we should know about your expenses?



INSURANCE ANALYSIS

For how many years will you need life insurance?

If you leave blank, we will assume until the first year of retirement.

Life Insurance: Term Policies

If you would like, please attach your latest statement.

Face Value	Insured	Group or Individual	Term Remaining	Premium per Year
<i>Example: \$500,000</i>	<i>Larry</i>	<i>Individual</i>	<i>10 years</i>	<i>\$700</i>
\$				\$
\$				\$
\$				\$
\$				\$

Life Insurance: Permanent Policies

If you would like, please attach your latest statement.

Face Value	Type	Year Purchased	Insured	Cash Value	Premium per Year
<i>Example: \$100,000</i>	<i>Whole Life</i>	<i>2006</i>	<i>Jenn</i>	<i>\$10,000</i>	<i>\$1,000</i>
\$				\$	\$
\$				\$	\$
\$				\$	\$
\$				\$	\$

Long Term Disability Insurance

If you would like, please attach your latest statement.

Name	Monthly Benefit	Group or Individual	Premium per Year
<i>Example: Larry</i>	<i>\$2,500</i>	<i>Individual</i>	<i>\$1,700</i>
	\$		\$
	\$		\$
	\$		\$
	\$		\$



Long Term Care Insurance

Please attach policies if available.

Name	Daily Benefit	Inflation Rider	Term	Premium per Year
Example: Larry	\$110	<input checked="" type="radio"/> Yes <input type="radio"/> No	3 years	\$1,000
	\$	<input type="radio"/> Yes <input type="radio"/> No	years	\$
	\$	<input type="radio"/> Yes <input type="radio"/> No	years	\$

Additional Information

Please feel free to share any additional information you would like us to know regarding your financial situation
(Expected change in income, upcoming increase in expenses, etc.).