

Personal Financial Inventory: Financial Planning



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information**

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In addition to this inventory, you will need:

- Last two paycheck statements
- Most recent investment account statements (retirement accounts, brokerage accounts, etc.)
- Insurance policies (life, disability, long term care, property-casualty)
- Mortgage statements
- Other debt statements
- Tax returns from the last two years
- Statement of Benefits from Social Security Administration
- Employer benefit statement or handbook (insurance, retirement matching, pension, and other group benefits information)
- Copies of estate planning documents (wills, trusts, powers of attorney)

General information

Client

Name (First/Last): _____

Date of birth: _____ Gender: Male: Female:

Marital status: _____

(Single, married, separated, divorced, domestic partnership, widow, widower)

Previous marriages?: Yes: No:

Citizenship: (U.S. citizen, resident alien, non-resident alien) _____

Spouse

Name (First/Last): _____

Date of birth: _____ Gender: Male: Female:

Previous marriages?: Yes: No:

Citizenship: (U.S. citizen, resident alien, non-resident alien) _____

Contact info

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Spouse cell phone: _____ Fax: _____

Email: _____ Spouse email: _____

Employment - client

Employer name: _____

Title/position: _____

Years employed: _____

Employment - spouse

Employer name: _____

Title/position: _____

Years employed: _____

Children/grandchildren/other dependents

First name	Last name	Date of birth	Special needs? (Yes/No)	Marital status (Single, married, separated, divorced, domestic partnership, widow, widower)	From previous marriage? (Yes/No)	Citizenship (U.S. citizen, resident alien, non-resident alien)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Advisors

	First name	Last name	Company	Address	Phone, fax, email
Attorney	_____	_____	_____	_____	_____
Accountant	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Real estate

	1 Primary residence	2 Secondary residence	3 Investment property	4 Other
Current value:	_____	_____	_____	_____
Current mortgage balance:	_____	_____	_____	_____
Institution name:	_____	_____	_____	_____

Investments

Taxable

	1	2	3	4	5
Institution name:	_____	_____	_____	_____	_____
Total value:	_____	_____	_____	_____	_____
Annual contributions:	_____	_____	_____	_____	_____

Cash

	1	2	3	4	5
Institution name:	_____	_____	_____	_____	_____
Total value:	_____	_____	_____	_____	_____
Annual contributions:	_____	_____	_____	_____	_____

Retirement plans

(401(k), IRA, money purchase, profit sharing, 403(b), pension, SEP, Roth IRA, other)

	1	2	3	4	5
Institution name:	_____	_____	_____	_____	_____
Type (Traditional 401(k), Roth 401(k), IRA, money purchase, profit sharing, Traditional 403(b), Roth 403(b), pension, SEP, other):	_____	_____	_____	_____	_____
Total value:	_____	_____	_____	_____	_____
Employee contributions:	_____	_____	_____	_____	_____
Employer contributions or match:	_____	_____	_____	_____	_____

529 plans

	1	2	3	4	5
Institution name:	_____	_____	_____	_____	_____
Total value:	_____	_____	_____	_____	_____
Beneficiary:	_____	_____	_____	_____	_____
Annual savings:	_____	_____	_____	_____	_____

Annuities

	1	2	3	4	5
Institution name:	_____	_____	_____	_____	_____
Total value:	_____	_____	_____	_____	_____

Business interests

	1	2	3
Business name:	_____	_____	_____
Value:	_____	_____	_____
Owner (Client, spouse, joint, etc.):	_____	_____	_____
Business type (Sole proprietorship, partnership, S-corp, C-corp, limited liability corp, professional corp):	_____	_____	_____

Insurance

Life insurance

	1	2	3	4
Policy name:	_____	_____	_____	_____
Institution name:	_____	_____	_____	_____
Insured (Client, spouse, survivorship, etc.):	_____	_____	_____	_____
Beneficiary (Client, spouse, survivorship, etc.):	_____	_____	_____	_____
Current death benefit:	_____	_____	_____	_____
Annual premium:	_____	_____	_____	_____

Long-Term Care

1

2

3

Policy name:	_____	_____	_____
Institution name:	_____	_____	_____
Insured (Client, spouse, joint):	_____	_____	_____
Benefit amount:	_____	_____	_____
Annual premium:	_____	_____	_____

Disability

1

2

3

Policy name:	_____	_____	_____
Institution name:	_____	_____	_____
Insured (Client, spouse):	_____	_____	_____
Benefit amount:	_____	_____	_____
Annual premium:	_____	_____	_____

Loans (Credit cards, car loans, etc.)

1

2

3

4

Institution name:	_____	_____	_____	_____
Loan type (Auto, personal, business, line of credit, student loan, credit card, debt consolidation, other):	_____	_____	_____	_____
Current balance:	_____	_____	_____	_____

Income (Annual)

Client

Spouse

Salary:	_____	_____
Commission/bonus:	_____	_____
Other income:	_____	_____
	_____	_____

Expenses

Living expenses

Expense description	Annual amount
Housing	
Appliance purchases	_____
Association dues	_____
Cable TV/digital/PPV	_____
Domestic help	_____
Furnishings	_____
Home improvements	_____
Maintenance and repairs	_____
Other	_____
Telephones/fax/internet	_____
Utilities (Garbage/water)	_____
Utilities (Electric/gas)	_____
Home insurance	_____
Liability insurance	_____
Total housing	_____
Mortgage/Rent	_____
Second mortgage	_____
Line of credit payments	_____
Property taxes	_____
Food	
Dining out	_____
Groceries	_____
Lunches and snacks	_____
Other food	_____
Total food	_____
Entertainment	
Books/papers/magazines	_____
Club dues/health club	_____
Other	_____
Personal media (Film, videos, etc.)	_____
Theatre/movies	_____
Other	_____
Total entertainment	_____
Vacation	_____

Expense description	Annual amount
Clothing	_____
Continuing education expenses	_____
Transportation	
Auto loan/lease payments	_____
Auto purchase	_____
Fares (Bus/train/taxi)	_____
Gas and oil	_____
Maintenance and repairs	_____
Other	_____
Parking	_____
Auto insurance	_____
Total transportation	_____
Alimony	_____
Child care/child support	_____
Medical and dental expenses	_____
Medicare/Medigap supplement	_____
Charitable gifts	_____
Gifts	_____
Personal care (Hair, nails, etc.)	_____
Unreimbursed business expenses	_____
Other lifestyle expenses	
Laundry/tailor	_____
Summer school/camp	_____
Allowance	_____
Sports/music/dance lesson	_____
Other misc. expenses	_____
Total other	_____
Insurance	
Dental insurance	_____
Medical insurance	_____
Other insurance	_____
Insurance total	_____
Other	_____
Total living expenses	_____

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