



## Confidential Personal Financial Profile

### Introduction

We recognize this form may be intimidating for some, and encourage you to use it as a tool to collect information you believe relevant to your financial situation. The information provided will enable us to provide recommendations and tailor solutions to address your concerns and objectives. The more complete the information you can provide, the better we will be able to serve you.

*Please feel free to use the entire form, front & back, to convey any information, goals, and feelings which you believe will assist us in our analysis.* At the end of the form, a blank page has been provided for your convenience so that you may expand on any topic or matter of importance that you feel is worthy of special attention.

### Privacy Notice

At Capital Financial Planners, LLC, we respect the privacy of our clients and are committed to treating client information responsibly.

All personal information collected by Capital Financial Planners, LLC is considered strictly confidential and is used solely for the purpose of formulating planning and investment recommendations. We do not disclose any information about prospective, current, or former clients to any party, except as required by law or to those firms who in the normal course of business assist us with providing service to a client account, such as a custodian. We do not provide account or personal information to companies for the purpose of independent telemarketing or direct mail marketing.

We never discuss client matters with any other person not in this office with whom we may have a personal or social relationship. Any information sharing with other non-affiliated professionals (*such as an accountant or attorney*) who are engaged on your behalf will be done so only with your express permission.

If you have questions concerning this privacy notice or this form please call or email.

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*Securities & Advisory Services through KMS Financial Services, Inc.*

## Document Request List

To enable us to provide the best possible service, please provide copies of the following, as applicable. If it is more convenient, you may bring original documents and we will take scanned images:

- Last year's tax returns and any attendant documents
  - Personal
  - Other (Business, Trust, Estate, Conservatorship)
- Current investment account statements and performance reports
- Cost Basis information for taxable investment assets
- Current pay stub(s)
- Current pension statements
- Employee Benefits statements
- Social Security Estimated Benefits Statements
- Insurance policy or contract statements
  - Life
  - Homeowners
  - Automobile
  - Disability
  - Long Term Care
  - Umbrella
  - Annuities
  - Other
- Real Estate & Loan statements
  - Mortgage
  - Personal
  - Business
  - Time Share Documents
  - Other
- Current Estate Planning Documents
  - Wills
  - Trusts
  - Powers of Attorney
  - Beneficiary designations for retirement plans, annuities, and life insurance
- Business Documents
  - Buy-sell agreement
  - Contracts to which you are a party
- Any other document or information you would like us to review or take into consideration.

**Please Note:** Throughout the Personal Financial Profile form, space is provided to collect information for one to three items of a subject at a time. For example, space is allocated to ask about only two life insurance policies under the Insurance heading. *We recognize clients may own more than one of that particular type of asset. If this is the case in your situation, please utilize the final page to supply that extra information.*

Date: \_\_\_\_\_

**Personal Information**

Household of: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
(if different) \_\_\_\_\_  
Home Phone: \_\_\_\_\_

**Children**

Name	DOB
_____	_____
_____	_____
_____	_____
_____	_____

Client 1

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Driver's License/ State ID No. \_\_\_\_\_  
State Issued \_\_\_\_\_  
Issue & Exp. Date \_\_\_\_\_  
Employer \_\_\_\_\_  
Position / Occupation \_\_\_\_\_  
Date of Hire (approx) \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work Address Line 2 \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Client 2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cell  Home  Work  Email

Preferred Contact

Cell  Home  Work  Email

Please answer for Client 1 and, if applicable, Client 2:

1. Marital Status \_\_\_\_\_
2. How long? \_\_\_\_\_
3. Current annual employment income \_\_\_\_\_
4. Anticipated post-retirement income \_\_\_\_\_
5. Spouse/partner annual salary/income \_\_\_\_\_
6. Spouse/partner post-retirement income \_\_\_\_\_
7. Does anyone in household have health problems? \_\_\_\_\_
8. If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Are your parents still living? \_\_\_\_\_
10. If not, at what age did they die? \_\_\_\_\_

11. Please use the space below to discuss any aspects of your personal life or background information which might be relevant to your current or future financial situation (e.g. change in marital status, needs of dependents, anticipated inheritance, change in career or professional status, etc.).

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**Current Advisors**

Accountant/CPA \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Contact Info \_\_\_\_\_  
 \_\_\_\_\_

Attorney \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Contact Info \_\_\_\_\_  
 \_\_\_\_\_

Investment Professional \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Contact Info \_\_\_\_\_  
 \_\_\_\_\_

Insurance Agent \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Contact Info \_\_\_\_\_  
 \_\_\_\_\_

Banker/Trustee \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Contact Info \_\_\_\_\_  
 \_\_\_\_\_

Other \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Contact Info \_\_\_\_\_  
 \_\_\_\_\_

**Children & Dependents**

<b>Name:</b> _____	<b>Date of Birth:</b> _____
<b>Relationship:</b> _____	<b>Social Security Number:</b> _____
Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____

<b>Name:</b> _____	<b>Date of Birth:</b> _____
<b>Relationship:</b> _____	<b>Social Security Number:</b> _____
Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____

<b>Name:</b> _____	<b>Date of Birth:</b> _____
<b>Relationship:</b> _____	<b>Social Security Number:</b> _____
Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with you: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____

## Financial Concerns & Planning Objectives

Please rank in order your primary financial concerns:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please list two primary financial objectives for the following time-frames:

### 1-2 years

1. \_\_\_\_\_
2. \_\_\_\_\_

### 3-5 years

1. \_\_\_\_\_
2. \_\_\_\_\_

### 10 + years

1. \_\_\_\_\_
2. \_\_\_\_\_

## Financial Planning questions

1. What goals have you set for yourself?

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2. How do you feel about your progress toward them?

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3. What are your thoughts concerning your current financial situation?

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4. If you are not on course to meet your financial goals, what are you willing to change to get back on course?

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5. Please share your thoughts and practices pertaining to charitable giving.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If money were no object, how would you invest the greatest amount of your time?

\_\_\_\_\_  
\_\_\_\_\_

**Retirement Planning**

1. At what age would you like to retire? Client 1: \_\_\_\_\_ Client 2: \_\_\_\_\_

2. If you plan on working or having earned income after retirement, how much do you expect to earn?

\_\_\_\_\_

3. If you plan on working after retirement, when do you expect to fully retire?

\_\_\_\_\_

4. What is your best guess as to your annual expenses in retirement?

\_\_\_\_\_

5. What do you look forward to most in retirement?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What concerns you most about retirement and/or your financial future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Anticipated Retirement Income**

Will you or your partner receive a pension at retirement?  No  Yes

**Pension #1**

Expected monthly benefit: \_\_\_\_\_ COLA\* in retirement  No  Yes

Recipient: \_\_\_\_\_ Survivorship benefit? \_\_\_\_\_

\_\_\_\_\_

**Pension #2**

Expected monthly benefit: \_\_\_\_\_ COLA\* in retirement  No  Yes

Recipient: \_\_\_\_\_ Survivorship benefit? \_\_\_\_\_

*\*Cost of Living Adjustment*

## Anticipated Retirement Expenses

Do you plan on making significant lifestyle or budgetary changes in retirement? No Yes

If yes, please explain:

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Is medical insurance, or supplemental medical insurance, a concern? No Yes

If yes, please explain:

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## Estate Planning

1. Do you have a current plan? No Yes, dated \_\_\_\_\_
2. May we review? No Yes, attached.
3. Please identify any wills, trusts, or other estate planning arrangements which you have made:  
\_\_\_\_\_
4. Is proper titling of assets, or the funding of the trusts, a concern? No Yes
5. Do you have an updated Power of Attorney? No Yes, dated \_\_\_\_\_
6. Do you have an updated Advance Directive? No Yes, dated \_\_\_\_\_
7. Are you the beneficiary of any trusts established by someone else? If so, please provide the particulars.  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you expect to receive an inheritance? If so, please provide the particulars.  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you established, or do you plan on establishing, a gifting program? If so, please provide the particulars.  
\_\_\_\_\_  
\_\_\_\_\_
10. What concerns, if any, do you have regarding the designation of beneficiaries of your estate or the individuals or organizations you have named as your Trustee or Personal Representative?

## Investment Philosophy and Risk Tolerance

Time horizon: It is important to understand how long the portfolio will be required to provide for you and those whom you care for. While it may be appropriate to treat portions of your total portfolio differently for short and long term goals, we would like to know your total time horizon. **Total time horizon is defined by the total amount of time the funds will be invested before liquidation.** What is your total time horizon?

- 25 years or more
- 10 to 25 years
- 5 to 10 years
- Less than 5 years

1. On a scale of 1 to 10, please rate your **risk tolerance** (*circle one*):

**1=Highly Risk Averse**

**10=Highly Risk Tolerant**

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

2. Please check the box below which you think would best represent your investment objectives:

- Growth**
- Growth with some Income**
- Income with some Growth**
- Income only**
- Capital Preservation**

3. If you intend to make regular contributions to your account(s), please state the amount and frequency.

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4. If you intend to make regular withdrawals from your account(s), please state the amount and frequency.

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5. What significant expenditures (*major purchase, education, debt payments, second home purchase, etc.*) do you anticipate making during the following timeframes:

Within two years: \_\_\_\_\_

Two to five years: \_\_\_\_\_

Five to ten years: \_\_\_\_\_



6. Please rate the following statements on a scale of **1-5** (1=strongly agree -- 5=strongly disagree):

- Earning a long-term total return greater than the inflation rate is paramount. \_\_\_\_\_
- I wish to defer taxation of capital gains and/or interest to future years. \_\_\_\_\_
- I require a high level of current income from my investments. \_\_\_\_\_
- I am able to tolerate sharp up and down swings in my investments in order to seek a higher return than would be expected from more stable investments. \_\_\_\_\_
- I do not require high levels of liquidity in my investment portfolio. \_\_\_\_\_
- I wish to delegate daily management of my investments to a professional. \_\_\_\_\_
- Downside protection is more important than upside opportunity. \_\_\_\_\_
- I consider myself an experienced and sophisticated investor. \_\_\_\_\_

7. Which of the following best describes your requirements regarding the generation and distribution of investment **income** (check one):

- Not a significant factor \_\_\_\_\_
- Important but not primary \_\_\_\_\_
- Income is the primary objective \_\_\_\_\_
- Mandated by document \_\_\_\_\_ (please provide copy)

8. Which best describes your attitude regarding income tax sensitivity (check one):

- Not important \_\_\_\_\_
- Important but not the driving consideration \_\_\_\_\_
- Taxes should be avoided as much as possible \_\_\_\_\_

9. Please describe any preferences, objections, or other parameters you wish to be considered in your investments (e.g. preference for socially responsible investing, special sector interest, specific assets to be retained, cost basis concerns, gifting plans, etc.):

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10. Please share your thoughts concerning your current **total** investment portfolio:

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**Personal Assets & Liabilities**

**Primary Residence**

Current value:	Purchase Price:	Owner(s):
Date purchased:	Do you plan to sell this home?	
Term of loan:	Monthly payment:	Int. Rate:
Original loan amount:	Mortgage balance:	
Property Taxes:		

**2<sup>nd</sup> Home / Vacation Property**

Address / Location:

Current value:	Purchase Price:	Owner(s):
Date purchased:	Do you plan to sell this home?	
Term of loan:	Monthly payment:	Int. Rate:
Original loan amount:	Mortgage balance:	
Property Taxes:	Rental Income details (if applicable):	

**Please list the value of your cash reserve including the following accounts:**

Savings Account Balance _____	Where _____	Ownership _____
Checking Account Balance _____	Where _____	Ownership _____
Checking Account Balance _____	Where _____	Ownership _____
Money Market Balance(s) _____	Where _____	Ownership _____
CD Balance(s) _____	Where _____	Ownership _____
Other _____	Where _____	Ownership _____

**Please list the estimated value of your personal assets including:**

Automobiles:	Owner(s):
Boats:	Owner(s):
RV's:	Owner(s):
Jewelry:	Owner(s):
Artwork:	Owner(s):
Furniture/Antiques:	Owner(s):
Other:	Owner(s):

Do you have any plans to sell any significant personal assets in the future? If so, please provide details: \_\_\_\_\_

Do you possess any significant electronic or digital property of which we should be aware? If yes, please describe:

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How would you rate the security of your digital information (passwords, data back-ups, emergency plans, etc):

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**Please provide details on any of the following debts you have (if debt is not paid off monthly):**

Credit card balance: \_\_\_\_\_ Rate: \_\_\_\_\_ Mo. Pmt: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Credit card balance: \_\_\_\_\_ Rate: \_\_\_\_\_ Mo. Pmt: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Auto loan balance: \_\_\_\_\_ Rate: \_\_\_\_\_ Mo. Pmt: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Auto loan balance: \_\_\_\_\_ Rate: \_\_\_\_\_ Mo. Pmt: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Student loan balance: \_\_\_\_\_ Rate: \_\_\_\_\_ Mo. Pmt: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Student loan balance: \_\_\_\_\_ Rate: \_\_\_\_\_ Mo. Pmt: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Other: \_\_\_\_\_ Rate: \_\_\_\_\_ Mo. Pmt: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Other: \_\_\_\_\_ Rate: \_\_\_\_\_ Mo. Pmt: \_\_\_\_\_ Owner(s): \_\_\_\_\_

**Investment Assets & Liabilities:**

<b>Investment Real Estate</b>	Address / Location: _____	
Current value: _____	Purchase Price: _____	
Date purchased: _____		
Term of loan: _____	Monthly payment: _____	Int. Rate: _____
Original Loan Amount: _____	Mortgage balance: _____	
Rental Income: _____	Property taxes: _____	
Insurance: _____	Other expenses: _____	
Do you plan to sell this property:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, when: _____

**Brokerage Account(s)** Type (personal, joint, trust, etc):  
\_\_\_\_\_  
Current Value: \_\_\_\_\_  
Owner / Details: \_\_\_\_\_  
Contributions and frequency: \_\_\_\_\_  
\_\_\_\_\_

**Brokerage Account** Type (personal, joint, trust, etc):  
\_\_\_\_\_  
Current Value: \_\_\_\_\_  
Owner / Details: \_\_\_\_\_  
Contributions and frequency: \_\_\_\_\_  
\_\_\_\_\_

**Business Interest** Type (S-Corp, LLC, Partnership, etc):  
\_\_\_\_\_  
Current Value: \_\_\_\_\_ Cost basis: \_\_\_\_\_  
Owner / Details: \_\_\_\_\_  
\_\_\_\_\_

**Retirement Assets**

**Type of account:**  401(k)  403(b)  IRA  Profit Sharing Plan  Other \_\_\_\_\_  
Owner: \_\_\_\_\_ Current Balance: \_\_\_\_\_  
Annual Contributions: \_\_\_\_\_ Annual Employer Contributions: \_\_\_\_\_  
\_\_\_\_\_

**Type of account:**  401(k)  403(b)  IRA  Profit Sharing Plan  Other \_\_\_\_\_  
Owner: \_\_\_\_\_ Current Value: \_\_\_\_\_  
Annual Contributions: \_\_\_\_\_ Annual Employer Contributions: \_\_\_\_\_  
\_\_\_\_\_

**Type of account:**  401(k)  403(b)  IRA  Profit Sharing Plan  Other \_\_\_\_\_  
Owner: \_\_\_\_\_ Current Value: \_\_\_\_\_  
Annual Contributions: \_\_\_\_\_ Annual Employer Contributions: \_\_\_\_\_  
\_\_\_\_\_

**Stock Options:**  Yes  No Company: \_\_\_\_\_  
# of shares: \_\_\_\_\_ Type: \_\_\_\_\_ Owner: \_\_\_\_\_  
Vesting / Other Details: \_\_\_\_\_

**Insurance**

**Life Insurance for:** \_\_\_\_\_  Term  Whole  Other \_\_\_\_\_  
Policy Amount: \_\_\_\_\_ Annual Premium: \_\_\_\_\_  
Net Cash Value: \_\_\_\_\_ Owner: \_\_\_\_\_  
Cost Basis: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Briefly state the reason this was policy was purchased:

\_\_\_\_\_  
\_\_\_\_\_

**Life Insurance for:** \_\_\_\_\_  Term  Whole  Other \_\_\_\_\_  
Policy Amount: \_\_\_\_\_ Annual Premium: \_\_\_\_\_  
Net Cash Value: \_\_\_\_\_ Owner: \_\_\_\_\_  
Cost Basis: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Briefly state the reason this was policy was purchased:

\_\_\_\_\_  
\_\_\_\_\_

**Disability Insurance for:** \_\_\_\_\_  
Monthly Disability Benefit: \_\_\_\_\_ Annual Premium: \_\_\_\_\_  
Briefly state the reason this was policy was purchased:

\_\_\_\_\_  
\_\_\_\_\_

**Disability Insurance for:** \_\_\_\_\_  
Monthly Disability Benefit: \_\_\_\_\_ Annual Premium: \_\_\_\_\_  
Briefly state the reason this was policy was purchased:

\_\_\_\_\_  
\_\_\_\_\_

**Umbrella Liability coverage limit:** \_\_\_\_\_  
Briefly state the reason this was policy was purchased:

\_\_\_\_\_  
\_\_\_\_\_

**Long Term Care Insurance:** \_\_\_\_\_ Annual Premium: \_\_\_\_\_  
Person Insured: \_\_\_\_\_  
Daily Benefit: \_\_\_\_\_ Number of years: \_\_\_\_\_  
Briefly state the reason this policy was purchased: \_\_\_\_\_

**Long Term Care Insurance:** \_\_\_\_\_ Annual Premium: \_\_\_\_\_  
Person Insured: \_\_\_\_\_  
Daily Benefit: \_\_\_\_\_ Number of years: \_\_\_\_\_  
Briefly state the reason this policy was purchased: \_\_\_\_\_

Are there types of your insurance coverage you feel should be increased or decreased or cancelled? Do you have any other concerns or questions pertaining to insurance? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

**MONTHLY HOUSEHOLD BUDGET**

**GROSS INCOME PER MONTH**

Earned Income/Salary 1 \_\_\_\_\_

Earned Income/Salary 2 \_\_\_\_\_

Investment Income \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**LESS PAYCHECK DEDUCTIONS**

Pre-Tax Savings/Retirement \_\_\_\_\_

Fed/State Income Taxes \_\_\_\_\_

FICA/Medicare \_\_\_\_\_

Other Pre-Tax Deductions \_\_\_\_\_

Other After-Tax Deductions \_\_\_\_\_

**NET MONTHLY INCOME** .....

**RENT & HOUSE PAYMENT**

Mortgage / Rent \_\_\_\_\_

Property Taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Assessments \_\_\_\_\_

Maintenance & Improvements \_\_\_\_\_

Help (cleaning, yard, etc.) \_\_\_\_\_

Other \_\_\_\_\_

**UTILITIES**

Electricity \_\_\_\_\_

Gas / Other \_\_\_\_\_

Water \_\_\_\_\_

Cable/Dish/TV service \_\_\_\_\_

Internet \_\_\_\_\_

Garbage/Recycling \_\_\_\_\_

Telephone/Mobile \_\_\_\_\_

Household supplies \_\_\_\_\_

Other \_\_\_\_\_

**FOOD**

Groceries for \_\_\_ people \_\_\_\_\_

Meals Out \_\_\_\_\_

Other \_\_\_\_\_

**CHILDREN / GRANDCHILDREN**

Daycare/Babysitting \_\_\_\_\_

School Expenses / Tuition \_\_\_\_\_

Child Support Payments \_\_\_\_\_

Medical / Dental \_\_\_\_\_

Clothing / Grooming \_\_\_\_\_

Special Events / Camps \_\_\_\_\_

Sports \_\_\_\_\_

Recreation \_\_\_\_\_

Allowance / Gifts \_\_\_\_\_

Other \_\_\_\_\_

**PERSONAL EXPENSES**

Medical/Dental \_\_\_\_\_

Hair/Misc \_\_\_\_\_

Clothing/Grooming \_\_\_\_\_

Travel/Vacation \_\_\_\_\_

Club Membership Dues \_\_\_\_\_

Professional Fees \_\_\_\_\_

Recreational \_\_\_\_\_

Other \_\_\_\_\_

**TRANSPORTATION**

Monthly Loan/Lease Pmts \_\_\_\_\_

Fuel \_\_\_\_\_

Repair & Maintenance \_\_\_\_\_

Insurance \_\_\_\_\_

Parking \_\_\_\_\_

Other \_\_\_\_\_

**PERSONAL INSURANCE**

Life Insurance \_\_\_\_\_

Health Insurance \_\_\_\_\_

Dental/Vision \_\_\_\_\_

Disability \_\_\_\_\_

Long Term Care \_\_\_\_\_

**DEBT / MISCELLANEOUS**

Personal Loans \_\_\_\_\_

Credit Cards \_\_\_\_\_

Gifts \_\_\_\_\_

Subscriptions \_\_\_\_\_

Pet Expenses \_\_\_\_\_

Hobbies / Projects \_\_\_\_\_

Other \_\_\_\_\_

Cash \_\_\_\_\_

**SAVINGS**

Education \_\_\_\_\_

Cash Reserves \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** .....

INCOME VS. EXPENSES	
<b>NET SPENDEABLE INCOME</b>	\$ _____
<b>LESS TOTAL EXPENSES</b>	\$ _____
<b>DISCRETIONARY INCOME</b>	\$ _____

Please use the space below to share or discuss any other matter that you wish.

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