

CHRISTIAN FINANCIAL INSTITUTE
FAMILY FINANCIAL SNAPSHOT



Carlson Financial Services, LLC



CHRISTIAN FINANCIAL INSTITUTE

FAMILY FINANCIAL SNAPSHOT

www.carlsonfinancialservices.com

C O N F I D E N T I A L

To more accurately complete your Financial Plan, please enclose the following:

- A copy of a recent paycheck stub
- All life insurance policies
- 2 years of tax returns
- Recent copies of all investment statements
- Recent copies of all IRAs and company retirement statements

FAMILY DATA ::

PERSONAL DATA	FIRST NAME	LAST NAME	AGE	SEX	DATE OF BIRTH
CLIENT 1					
Occupation					
Employer		Years	<input type="checkbox"/> Check if retired		
CLIENT 2					
Occupation					
Employer		Years	<input type="checkbox"/> Check if retired		
HOME ADDRESS					
Street					
City		State	Zip		
TELEPHONE / FAX					
Home Phone #1: ()		Phone #2: ()			
Client 1 Business Phone: ()		Other Phone: ()			
Client 2 Business Phone: ()		Other Phone: ()			
Fax: ()		E-mail:			

CHILDREN * **	FIRST NAME	AGE	SEX	COLLEGE FUNDING
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER DEPENDENT				<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER DEPENDENT				<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you plan to have children, or additional children, please write "Future" in the above section, along with the planned years of birth.

** If you anticipate paying for your children's college education, please choose "Yes" in the college funding column.

PROFESSIONAL DATA::

	NAME / FIRM	TELEPHONE
ATTORNEY		()
ACCOUTANT		()
FINANCIAL ADVISOR		()

INVESTMENT OBJECTIVES::

INVESTMENT RISK TOLERANCE: GENERAL RISK VS. REWARD											AVERAGE INFLATION RATE	
Circle the number that best describes your attitude toward investment risk:											Average Annual Inflation Rate	
	CONSERVATIVE					AGGRESSIVE					_____ %	
CLIENT 1	1	2	3	4	5	6	7	8	9	10	(4% will be used for projection unless a different amount is chosen)	
CLIENT 2	1	2	3	4	5	6	7	8	9	10		

At what age would you like to retire? Client 1 _____ Client 2 _____

How much monthly income (before taxes) would you like at retirement? (Use today's dollars) \$ _____

Should we include Social Security in the monthly income figure above? Yes No

Do you have any other income such as pension plans, annuities, trusts, etc.? Yes No

If yes, please describe the source and amount of that additional income:

INVESTMENT DETAIL::

	INSTITUTION*	OWNER	T.O.A.	C.V.	5-Y.R.	M.I.	M.D.
1.				\$	\$	\$	/ /
2.				\$	\$	\$	/ /
3.				\$	\$	\$	/ /
4.				\$	\$	\$	/ /
5.				\$	\$	\$	/ /
6.				\$	\$	\$	/ /
7.				\$	\$	\$	/ /
8.				\$	\$	\$	/ /
9.				\$	\$	\$	/ /

T.O.A. - Type of Account 5-Y.R. - 5-Year Return (if known) M.D. - Maturity Date
 C.V. - Current Value M.I. - Monthly Investment Added

*List all investment accounts such as Annuities, Mutual Funds, Brokerage Accounts, IRAs, Bonds, Online Trading Accounts, Partnerships, Tax Shelters, etc. (enclosing a copy of a record statement will help with accuracy).

CASH RESERVES::

NAME OF INSTITUTION	C.B.	T.O.A.*	M.D.	I.R.
1.	\$		/ /	%
2.	\$		/ /	%
3.	\$		/ /	%
4.	\$		/ /	%
5.	\$		/ /	%

C.B. - Current Balance

T.O.A. - Type of Account

M.D. - Maturity Date

I.R. - Interest Rate

* Types of accounts include checking, savings, money market, CDs, etc.

COMPANY RETIREMENT DETAIL::

COMPANY NAME	OWNER	T.O.A.*	C.V.	5-Y.R.	E.M.I.**	E.M.M.I.**
1.			\$	\$	\$	\$
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$
5.			\$	\$	\$	\$
6.			\$	\$	\$	\$

T.O.A. - Type of Account

5-Y.R. - 5-Year Return (if known)

E.M.M.I. - Employer Monthly Matching

C.V. - Current Value

E.M.I. - Employee Monthly Investment

Investments

*Type of company-sponsored retirement plans, such as 401k, 403b, company pension plan, profit sharing, SEP, etc.

**Use the percentage of salary withheld or dollar amount.

REAL ESTATE:: Please list all property owned.

	FAIR VALUE	P.O.	M.B.	P&I	T&I	I.R.
PRIMARY RESIDENCE	\$	%	\$	\$	\$	%
1ST MORTGAGE	\$	%	\$	\$	\$	%
2ND MORTGAGE	\$	%	\$	\$	\$	%
2ND HOME	\$	%	\$	\$	\$	%
INVESTMENT PROPERTY	\$	%	\$	\$	\$	%
OTHER:	\$	%	\$	\$	\$	%
OTHER:	\$	%	\$	\$	\$	%
OTHER:	\$	%	\$	\$	\$	%
OTHER:	\$	%	\$	\$	\$	%

P.O. - Percentage of Ownership

P&I - Monthly Payment P&I

I.R.-Interest Rate (indicate fixed with

M.B. - Mortgage Balance

T&I - Monthly Payment T&I

an 'F' and variable with a 'V')

LIFE INSURANCE DETAIL::

NAME OF INSURER	A.O.C.	M.P.	C.V	L.O.P.	Y.E.	T.O.P.*
1.	\$	\$	\$	\$		
2.	\$	\$	\$	\$		
3.	\$	\$	\$	\$		
4.	\$	\$	\$	\$		
5.	\$	\$	\$	\$		
6.	\$	\$	\$	\$		
7.	\$	\$	\$	\$		
8.	\$	\$	\$	\$		
9.	\$	\$	\$	\$		

A.O.C. - Amount of Coverage

C.V. - Cash Value

Y.E. - Year Established

M.P. - Monthly Premium

L.O.P. - Loan on Policy (if any)

T.O.P. - Type of Policy

**Type of Policy: Whole Life, Universal Life, Variable Universal Life, Term 5/10/20 year, etc. If a company or employer pays for the policy, leave the company's (or employer's) name in the "Name of Insurer" category blank.*

DEBTS::

CURRENT DEBTS (EXCLUDING MORTGAGES)		M.P.	I.R.
AUTO 1:	\$	\$	%
AUTO 2:	\$	\$	%
CREDIT CARD 1:	\$	\$	%
CREDIT CARD 2:	\$	\$	%
CREDIT CARD 3:	\$	\$	%
STUDENT LOAN:	\$	\$	%
BANK LOAN:	\$	\$	%
OTHER:	\$	\$	%
OTHER:	\$	\$	%
OTHER:	\$	\$	%
OTHER:	\$	\$	%

INCOME SOURCES::*

	CLIENT 1	C.O.L.A.**	CLIENT 2	C.O.L.A.
SALARY, BONUS, ETC.	\$		\$	
INTEREST & DIVIDENDS INCOME	\$		\$	
CAPITAL GAINS	\$		\$	
RENTAL INCOME (NET)	\$		\$	
SOCIAL SECURITY	\$		\$	
RETIREMENT INCOME	\$		\$	
OTHER	\$		\$	

* Including Trusts, Pensions, etc.

**C.O.L.A. - Cost of Living Adjustment (if any)

INCOME DETAILS::

Do you expect any of your income to change in the next 1-2 years by more than 3% annually? Yes No

Explain.
.....
.....

How much can you invest monthly to accomplish your financial goals without lowering your taxes, paying off debts, lowering insurance payments, or changing your current lifestyle?

Do you expect to receive or spend any lump sums of money (\$5,000 or more) within the next 2 years? Yes No

If so, how much and from where?

Do you have a current will, trust, and/or gifting program set up? Yes No

If so, what kind?

Do you have a desire to give to the Lord's work? Yes No

During your lifetime? Yes No

At your death? Yes No

Explain:

What other financial goals or needs do you have that may not have been covered in this information form?

.....
.....
.....
.....
.....

Seek His will in all you do, and He will
direct your Paths
Proverbs 3:6 (NLT)



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