

CONFIDENTIAL INFORMATION



Personal Financial Inventory:  
**FINANCIAL PLANNING**

Financial security  
*for the long run*®



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)

The information provided in this factfinder may be used by your advisor to help develop a recommendation for you, the client. The values contained in this document are provided and confirmed by you, the client. This document is not a statement or a guarantee of account values. Any inaccuracies within this document may impact the recommendation provided to you.

## 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
<b>Housing</b>	
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	_____
<b>Total housing</b>	_____
<b>Mortgage/Rent</b>	_____
<b>Second mortgage</b>	_____
<b>Line of credit payments</b>	_____
<b>Property taxes</b>	_____
<b>Food</b>	
Dining out	_____
Groceries	_____
Lunches and snacks	_____
Other food	_____
<b>Total food</b>	_____
<b>Entertainment</b>	
Books/papers/magazines	_____
Club dues/health club	_____
Other	_____
Personal media (Film, videos, etc.)	_____
Theatre/movies	_____
Other	_____
<b>Total entertainment</b>	_____
<b>Vacation</b>	_____
<b>Clothing</b>	_____

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

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**Securian Financial Services, Inc.**

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F57672 Rev 2-2016 DOFU 2-2016  
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