Financial Workbook

Name: ______________________________

Date Completed: ______________________________

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Budget Organizer

Fixed Expenses - Personal	Monthly Amount	Annual Amount
Housing:		
Mortgage/Rent Payment	$	$
Property Taxes		
Homeowners/Renters Insurance		
Transportation:		
Car Payment		
Automobile Insurance		
Parking/Tolls/Bus/Train		
Loans:		
Credit Card Payments		
Personal Loan Payments		
Personal Insurance:		
Life Insurance Premiums		
Disability Income Insurance Premiums		
Health Insurance Premiums		
Dental/Vision Insurance Premiums		
Taxes:		
Federal Income Taxes		
State Income Taxes		
FICA/Self-Employment Taxes		
Personal/Family:		
Child Care Expenses		
Education/School Expenses (tuition/fees)		
Household Help		
Membership/Professional Dues		
Savings/Investments:		
Personal Savings/Investments		
Education Savings		
Retirement Savings		
Other Fixed Expenses:		
Total Fixed Expenses	$	$

Variable Expenses - Personal

Housing:	**Monthly Amount**	**Annual Amount**
Utilities (electricity, gas, water)	$	$
Telephone/Internet		
Home Repair/Maintenance		
Household Goods/Furnishings		
Transportation:		
Fuel		
Auto Repair/Maintenance		
Parking/Tolls/Bus/Train		
Personal/Family:		
Food/Personal Care Items		
Clothing		
Laundry/Dry Cleaning		
Doctor/Dental/Prescription Drug Expenses		
Gifts/Charitable Contributions		
Entertainment:		
Cable/Satellite TV		
Dining Out		
Movies/Sporting Events		
Babysitter		
Hobbies		
Vacation/Travel		
Other Variable Expenses:		
Total Variable Expenses	$	$

Total Personal Expenses

	Monthly Amount	**Annual Amount**
Total Fixed Expenses	$	$
Total Variable Expenses		
Total Personal Expenses	$	$

Fixed and Variable Expenses - Business		
	Monthly Amount	**Annual Amount**
Rent/Mortgage Payment	$	$
Salaries		
Employee Benefits		
Telephone/Internet		
Insurance		
Transportation/Fuel Expenses		
Travel		
Tax/Accounting/Banking Services		
Advertising/Promotions		
Printing/Stationary/Postage		
Business Entertainment		
Professional/Association Dues		
Other Business Expenses:		
Total Business Expenses	$	$

Total Expenses		
Personal:	**Monthly Amount**	**Annual Amount**
Total Fixed Expenses	$	$
Total Variable Expenses	$	$
Business:		
Total Expenses	$	$
Total Expenses	$	$

Balance Sheet

Assets	Market Value (Husband)	Market Value (Wife)
Checking Accounts	$________	$________
Savings Accounts		
CDs		
U.S. Savings Bonds		
Mutual Funds		
Stocks/Bonds		
Limited Partnerships		
Residence(s)		
Investment Real Estate		
Life Insurance Cash Values		
Annuities		
IRAs		
Qualified Retirement Plans (vested)		
Business Interests		
Collectibles		
Automobiles		
Personal Property		
Other: ________________		
TOTAL	$	$
TOTAL ASSETS	$	

Liabilities	Monthly Payment	Balance
Mortgage(s)	$	$
Other Real Estate Loans		
Home Equity Loans		
Auto Loans		
Education Loans		
Installment Loans		
Charge Accounts		
Credit Cards		
Personal Credit Line		
Business Debt		
Other: ________________		
TOTAL LIABILITIES	$	$

Balance Sheet		
	Total Assets	$
	Total Liabilities	-
NET WORTH		$

Bank and Brokerage Account Inventory

Bank Accounts		
	Bank 1	**Bank 2**
Name of Bank		
Address		
Telephone Number		
Account Number		
Bank Officer		
Average Balance	$	$
Type of Account (Checking, Money Market, Savings)		
Ownership of Account (Individual, Joint, Joint and Survivorship)		

Brokerage Accounts		
	Brokerage 1	**Brokerage 2**
Firm Name		
Address		
Telephone Number		
Account Number		
Broker		
Value as of ____________	$	$
Type of Account (Personal, Retirement, Trust)		
Ownership of Account (Individual, Joint, Trust)		

Retirement Plan Inventory

Employer-Sponsored Retirement Plans		
	Plan 1	**Plan 2**
Company		
Plan Type (Defined Benefit, Money Purchase, Profit Sharing, 401(k), SEPP, TDA, Deferred Compensation)		
Value as of ____________	$	$
Account Number		
Benefits Manager		
Telephone Number		
Payout Provisions	☐ Lump Sum or ☐ Annuity: ☐ Life Only ☐ Life _____ Years Certain ☐ Joint and _____% Survivor	☐ Lump Sum or ☐ Annuity: ☐ Life Only ☐ Life _____ Years Certain ☐ Joint and _____% Survivor

Personal Retirement Plans		
	Plan 1	**Plan 2**
Bank or Brokerage		
Plan Type (Regular IRA, Roth IRA, Keogh, Personal Non-Qualified Savings)		
Value as of ____________	$	$
Account Number		
Bank Officer or Broker		
Telephone Number		
Payout Provisions	☐ Lump Sum or ☐ Annuity: ☐ Life Only ☐ Life _____ Years Certain ☐ Joint and _____% Survivor	☐ Lump Sum or ☐ Annuity: ☐ Life Only ☐ Life _____ Years Certain ☐ Joint and _____% Survivor

Life Insurance Inventory

Permanent Insurance			
	Policy 1	**Policy 2**	**Policy 3**
Company			
Policy Number			
Agent/Broker			
Telephone Number			
Type (Whole Life, Variable Life, Universal Life, VUL)			
Death Benefit	$	$	$
Premium	$	$	$
Cash Value as of ______	$	$	$
Outstanding Loan	$	$	$
Policy Owner			
Beneficiary(ies)			
Location of Policy			

Term Insurance			
	Policy 1	**Policy 2**	**Policy 3**
Company			
Policy Number			
Agent/Broker			
Telephone Number			
Type (Level Term, Decreasing Term, Group Term)			
Death Benefit	$	$	$
Premium	$	$	$
Policy Owner			
Beneficiary(ies)			
Location of Policy			

Professional Advisors

Attorney:	______________________________
Firm Name:	________________ Phone: ________
Street Address:	______________________________
City, State, Zip:	______________________________
Accountant:	______________________________
Firm Name:	________________ Phone: ________
Street Address:	______________________________
City, State, Zip:	______________________________
Life Insurance Agent:	______________________________
Firm Name:	________________ Phone: ________
Street Address:	______________________________
City, State, Zip:	______________________________
P&C Insurance Agent:	______________________________
Firm Name:	________________ Phone: ________
Street Address:	______________________________
City, State, Zip:	______________________________
Stockbroker:	______________________________
Firm Name:	________________ Phone: ________
Street Address:	______________________________
City, State, Zip:	______________________________
Financial Planner:	______________________________
Firm Name:	________________ Phone: ________
Street Address:	______________________________
City, State, Zip:	______________________________
Trust Officer:	______________________________
Firm Name:	________________ Phone: ________
Street Address:	______________________________
City, State, Zip:	______________________________

Document Checklist

Document	Location
Personal:	
Birth Certificate	
Marriage License	
Pre- or Post-Nuptial Agreement	
Will	
Trust(s)	
Living Will(s)/Power(s) of Attorney	
Mortgage Papers	
Automobile Titles/Papers	
Income Tax Returns	
Gift Tax Returns	
Insurance Policies	
Employee Benefit Documents	
Passport	
Military Records	
Medical Records	
Citizenship Papers	
Warranties	
Current Bills	
Funeral/Burial Documents	
Other: ______________________________	
Business Ownership:	
Partnership/Incorporation Documents	
Buy-Sell Agreement	
Section 303 Stock Redemption Agreement	
Business Valuation/Appraisal	
Business Tax Returns	
Other: ______________________________	

It is recommended that you keep the following documents in a **secure location in your home**:

- Copies of wills and trusts
- Copies of living wills and powers of attorney
- Income tax returns

These documents are best kept in a **bank safety deposit box**:

- Original wills, trusts and powers of attorney
- Marriage certificates, birth certificates, divorce decrees, death certificates
- Deeds and car titles
- Military discharge papers
- Any stock or bond certificates
- Citizenship papers
- Insurance policies

Consider giving these items to your **attorney, executor and/or spouse**:

- Living will/medical power of attorney (original should be given to the agent named in the document)
- Copies of wills, trust agreements, powers of attorney
- Inventory of insurance and investments
- List of professional advisors (attorney, accountant, insurance agent, etc.)
- Safety deposit box access information
- Funeral instructions

Personal Property Disposition

Description of Personal Property	Recipient of Personal Property

Notes:

Business Disposition

In the event of your death, do you want your business interest:

☐ **A.** Retained for Family ☐ **B.** Sold ☐ **C.** Liquidated

A. Family Retention:

How is your business interest to be transferred?

☐ by will (at death)

☐ by gift (during life)

☐ by sale (during life or at death)

Who is to receive your business interest? ______________________

____

B. Sold:

To whom will your business interest be sold? ______________________

____

Do you have a written buy-sell agreement?

☐ Yes

☐ No

If yes, where is the agreement kept? ______________________

If yes, is the plan funded with life insurance?

☐ Yes

☐ No

If yes, where are the policies kept? ______________________

C. Liquidated:

Have you made provisions to avoid a forced liquidation?

☐ Yes

☐ No

If yes, what plans have been made? ______________________

____

Funeral Instructions

Funeral Home	
Telephone Number	
Pre-Planned Arrangement?	☐ Yes ☐ No
Burial or Cremation?	☐ Burial ☐ Cremation
Viewing?	☐ Yes ☐ No
Type of Casket/Urn	
Open or Closed Casket?	☐ Open ☐ Closed
Appearance (clothing, jewelry)	
Special Requests	
Funeral/Memorial Service?	☐ Funeral ☐ Memorial
Where?	
Who Should Preside at the Service?	
Pallbearers	________________ ________________ ________________ ________________ ________________ ________________
Requested Hymns/Scriptures	
Special Requests	
Place of Interment	
Location of Cemetery Deed or Contract	
Type of Headstone	
Epitaph	
Special Requests	
Obituary Notice?	☐ Yes ☐ No
Donations in Lieu of Flowers?	☐ Yes To:________________________ ☐ No
Special Requests	
Other Instructions	