

CASH FLOW WORKSHEET

Client:				
Spouse:				
Date:				
Income	Monthly Salary	Monthly Commission/ Bonus	Self-Employment Income	Notes
Client				
Spouse				
Real Estate	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Address 1:				
Address 2:				
City:				
State:				
Zip:				
Property Type: (Residence, Non-Residence)				
Current Value:				
Cash	(1)	(2)	(3)	(4)
Asset Type: (Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account)				
Holdings Value:				
Employee Contributions (For 4	401(k) or 403(b))			
Type: (None, Percent of Salary, Match Percent, Fixed	Amount, Maximum)			
Percent:				
Dollar Amount:				

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Employer Contributions (For 4	ior(k), wroney Purc	nase, 405(b), SEP, or	Profit Snaring)		
Type: (None, Percent of Salary, Match Percent, Fixed	Amount, Maximum)				
Employer Percent Match of Employee Contribution:					
Maximum Employer Contribution Percent of Employee Salary:					
Amount:					
529 Plans	(1)	(2)	(3)	(4)	
Holdings Value:					
Grantor:					
Beneficiary:					
Savings	Amount	Frequency	No	ites	
Savings:					
IRA Contributions - Client:					
IRA Contributions - Spouse:					
Health Savings Account:					
Other:					
T '0 T	(4)				
Life Insurance	(1)	(2)	(3)	(4)	
Policy Name:	(1)	(2)	(3)	(4)	
	(1)	(2)	(3)	(4)	
Policy Name:	(1)	(2)	(3)	(4)	
Policy Name: Policy Number: Institution Name: Purchase Date:	(1)	(2)	(3)	(4)	
Policy Name: Policy Number: Institution Name:	(1)	(2)	(3)	(4)	
Policy Name: Policy Number: Institution Name: Purchase Date:	(1)	(2)	(3)	(4)	
Policy Name: Policy Number: Institution Name: Purchase Date: Policy Type: (Whole Life, VWL, Term, UL, VUL, Group, Other)	(1)	(2)	(3)	(4)	
Policy Name: Policy Number: Institution Name: Purchase Date: Policy Type: (Whole Life, VWL, Term, UL, VUL, Group, Other) Term (years): (Term Life Only) Insured: (Client, Spouse, Survivorship, etc.) Owner: (Client, Spouse, Joint, etc.)		(2)	(3)	(4)	
Policy Name: Policy Number: Institution Name: Purchase Date: Policy Type: (Whole Life, VWL, Term, UL, VUL, Group, Other) Term (years): (Term Life Only) Insured: (Client, Spouse, Survivorship, etc.)		(2)	(3)	(4)	
Policy Name: Policy Number: Institution Name: Purchase Date: Policy Type: (Whole Life, VWL, Term, UL, VUL, Group, Other) Term (years): (Term Life Only) Insured: (Client, Spouse, Survivorship, etc.) Owner: (Client, Spouse, Joint, etc.) Beneficiary: (Client, Spouse, Survivorship,		(2)	(3)	(4)	
Policy Name: Policy Number: Institution Name: Purchase Date: Policy Type: (Whole Life, VWL, Term, UL, VUL, Group, Other) Term (years): (Term Life Only) Insured: (Client, Spouse, Survivorship, etc.) Owner: (Client, Spouse, Joint, etc.) Beneficiary: (Client, Spouse, Survivorship, etc.)		(2)	(3)	(4)	
Policy Name: Policy Number: Institution Name: Purchase Date: Policy Type: (Whole Life, VWL, Term, UL, VUL, Group, Other) Term (years): (Term Life Only) Insured: (Client, Spouse, Survivorship, etc.) Owner: (Client, Spouse, Joint, etc.) Beneficiary: (Client, Spouse, Survivorship, etc.) Current Death Benefit:			(3)	(4)	
Policy Name: Policy Number: Institution Name: Purchase Date: Policy Type: (Whole Life, VWL, Term, UL, VUL, Group, Other) Term (years): (Term Life Only) Insured: (Client, Spouse, Survivorship, etc.) Owner: (Client, Spouse, Joint, etc.) Beneficiary: (Client, Spouse, Survivorship, etc.) Current Death Benefit: Current Cash Value:			(3)		
Policy Name: Policy Number: Institution Name: Purchase Date: Policy Type: (Whole Life, VWL, Term, UL, VUL, Group, Other) Term (years): (Term Life Only) Insured: (Client, Spouse, Survivorship, etc.) Owner: (Client, Spouse, Joint, etc.) Beneficiary: (Client, Spouse, Survivorship, etc.) Current Death Benefit: Current Cash Value: Basis:			(3)		
Policy Name: Policy Number: Institution Name: Purchase Date: Policy Type: (Whole Life, VWL, Term, UL, VUL, Group, Other) Term (years): (Term Life Only) Insured: (Client, Spouse, Survivorship, etc.) Owner: (Client, Spouse, Joint, etc.) Beneficiary: (Client, Spouse, Survivorship, etc.) Current Death Benefit: Current Cash Value: Basis: Annual Premium:			(3)		
Policy Name: Policy Number: Institution Name: Purchase Date: Policy Type: (Whole Life, VWL, Term, UL, VUL, Group, Other) Term (years): (Term Life Only) Insured: (Client, Spouse, Survivorship, etc.) Owner: (Client, Spouse, Joint, etc.) Beneficiary: (Client, Spouse, Survivorship, etc.) Current Death Benefit: Current Cash Value: Basis: Annual Premium:	(1)	(2)	(3)	(4)	

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Policy Number:				
Institution Name:				
Purchase Date:				
Insured: (Client, Spouse, Joint)				
Benefit Amount:				
Period for Benefit Amount: (Annually, Quarterly, Monthly, Weekly, Daily)				
Owner: (Client, Spouse, Joint)				
Annual Premium:				
Premium Term (Years):				
Elimination Period: (0,20, 30, 45, 50, 60, 90, 100, 120, 180 Days, 1 Year)				
Benefit Period: (2, 3, 4, 5, 6, 7, 10 Years, Lifetime)				
COLA %: (No Growth, Inflation, Custom)				
Disability	(1)	(2)	(3)	(4)
Policy Name:		, ,	, ,	
Policy Number:				
Institution Name:				
Purchase Date:				
Policy Type: (Group Short Term, Group Long Term Personal Short Term, Personal Long Term, Other)				
Insured: (Client, Spouse)				
Benefit Type: (Fixed Amount, Percent Of Salary)				
Benefit Amount:				
Period for Benefit Amount: (Annually, Quarterly, Monthly, Weekly, Daily:				
Benefit Percent:				
Annual Premium:				
Premium Term: (Years)				
Elimination Period: (0, 7, 14, 30, 60, 90, 180 Days, 1 Year, 2 Years)				
Benefit Period: (90, 180 Days, # Years, Age, Life)				
COLA: (No Growth, Inflation, Custom)				
Loans	(1)	(2)	(3)	(4)
Loan Type: (Auto, Personal, Business, LOC, Student Loan, Credit Card, Debt Consolidation, Other)				
Original Loan Amount:				
Date of Loan:				

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Current Balance:		
Balance as of date:		
Owner: (Client, Spouse, Joint, etc.)		
Interest Rate:		
Number of Payments:		
Payment Frequency: (Monthly, Quarterly, Semi-Annually, Annually)		
Payment:		

Social Security (a statement can be substituted for the below questions)	Client	Spouse
Benefit Is: (Not Included (No benefits), Estimated from Income, Manually Specified)		
Benefit Begins at Age:		
Indexed at: (No Growth, Inflation, etc.)		
Start Indexing: (Immediately, At Start Year)		
Annual Retirement Benefit:		
Annual Disability Benefit:		
Annual Surviving Child Benefit:		
Years Employed:		
Last Year Employed:		
Highest Salary Earned:		

Gifting	Amount	Frequency	Notes
Birthdays:			
Anniversaries:			
Christmas & Holidays:			
Charity/Non-profit:			
Other:			

Trusts/Partnerships:	(1)	(2)	(3)	(4)
Type of Trust/Partnership:				
Trust/Partnership Name:				
Date Established:				
Current Value:				
Owner: (if applicable)				
Grantor: (Client, Spouse - if applicable)				
Income Beneficiary: (if applicable)				
Remainder Beneficiary: (Children, Grandchildren, Charity, etc if applicable)				
Term (Years): (if applicable)				

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Payout Type (None, Fixed		
Amount, Percentage, Income):		
Additional Information:		

Living Expenses (a list of living expense examples can be found on Attachment A)	Type (Basic, Medical, Property Taxes, Discretionary, etc.)	Current Monthly Amount	Notes

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ATTACHMENT A

Housing Expenses	Toiletries & Cosmetics	Doctor/Dentist
Cell/Home Phone	Transportation	Prescriptions
Electricity	Car Payments, Lease	Counseling/Therapy
Exterminators	Gas	Flexible Spending Account
Homeowners Association	Insurance	Business & Professional
Homeowners Insurance	Ad Valorem	Financial Planning
Internet/Email	Maintenance/Repair	Tax Preparation ●
Lawn Care	Entertainments & Recreation	Legal
Maid Service	Dining Out	Banking & Checking Fees
Maintenance	Babysitting	Safe Deposit Box
Natural Gas	Activities & Trips	Professional Associations
Pool Care	Books/CDs/DVDs/Toys	Union Dues ●
Real Estate Tax •	Subscriptions	Liability Insurance
Supplies	Hobbies & Club Dues	Non-reimbursed Business Expenses •
Telephone	Sporting Events	Other
TV	Vacation	Major Purchases
Water/Sewer/Sanitation	Allowances	
Food	Pet Care	
Groceries	Recreational Vehicle	
Meals at Work	Recreational Vehicle Insurance	
School Lunches	Education & Child Care	
Clothing	Tuition	
Clothes	Materials	
Dry Cleaning/Alternations	Child Care/Day Care ■	
Other:	Child Support/Alimony ●	
Personal Care	Flexible Spending Account ■	
Hair & Nail Salon	Medical	

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