

PERSONAL FINANCIAL STRATEGY

BUILDING A SOLID FINANCIAL FOUNDATION

Date _____

Client Name _____ DOB _____ Child Name _____ DOB _____
 Spouse Name _____ DOB _____ Child Name _____ DOB _____
 Address _____
 Phone _____
 Email _____

CONCERNS

- Too many bills/debts
- Lack of savings/investments
- Children's future (higher education, career)
- Healthcare (disability, long term illness)
- Wealth transfer (life insurance, funeral, documentation)
- Income stability (job, career, business)
- Lack of financial knowledge
- Other _____

GOALS (Emergency Fund, Proper Protection, Education, Retirement, Home, Parents, Vacation/Travel)

LESS THAN 1 YEAR	1 - 5 YEARS	5+ YEARS

MONTHLY INCOME

Client Occupation _____ Primary _____ Secondary _____ TOTAL INCOME _____
 Spouse Occupation _____ Primary _____ Secondary _____ TOTAL INCOME _____

ASSETS

Type/Company	Value	Contribution
Market Value of Home(s)	_____	_____
Mutual Funds/Stocks	_____	_____
Savings Account	_____	_____
Chequing Account	_____	_____
Retirement Account	_____	_____

MONTHLY EXPENSES

Mortgage/Rent	_____
Mortgage Insurance	_____
Property Insurance	_____
Property Taxes	_____
HOA	_____
Utilities (Elec./Gas/Water)	_____
Home Maintenance	_____
Internet	_____
Cable/Streaming	_____
Groceries/Dining/Delivery	_____
Pet Expenses	_____
Car Payment	_____
Car Insurance	_____
Car Maintenance/Gas	_____
Ride Sharing	_____
Cell Phone	_____
Recreation/Hobby	_____
Subscription Service(s)	_____
Membership(s)	_____
Medical	_____
Other Insurance	_____
Personal/Self-Care	_____
Clothing	_____
Child care/Babysitting	_____
School Tuition/Materials	_____

Does client have any existing insurance contracts? Yes No (If 'Yes', please provide the following information)

Type	Carrier	Death Benefit	Value	Premium
Client Life Ins. Policy	_____	_____	_____	_____
Spouse Life Ins. Policy	_____	_____	_____	_____

LIABILITIES

Type/Company	Value	Contribution
Mortgage	_____	_____
2nd Mortgage	_____	_____
Car Loan	_____	_____
Credit Cards	_____	_____
Personal Loans	_____	_____
Other Debt/Loans	_____	_____
ASSETS TOTAL	_____	_____
LIABILITIES TOTAL	_____	_____

MONTHLY CASH FLOW CALCULATION

_____ - _____ - _____ - _____ = _____

Total Income - Total Asset Contribution - Total Liability Contribution - Total Monthly Expenses = MONTHLY CASH FLOW

TOTAL EXPENSES _____

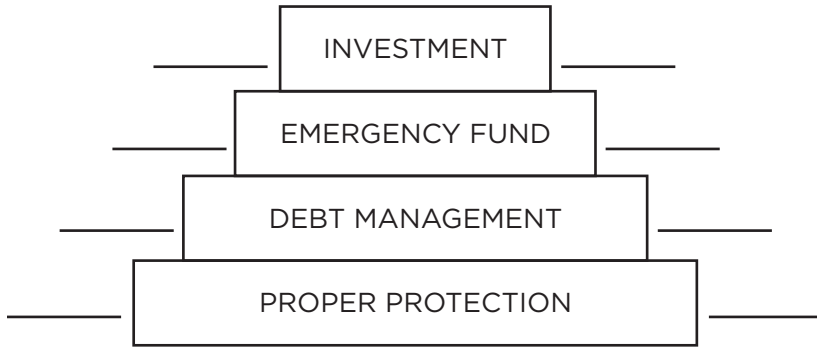
ESTATE PRESERVATION

Will Trust Personal Directives Power of Attorney Last Wishes Guardianship Secure Storage

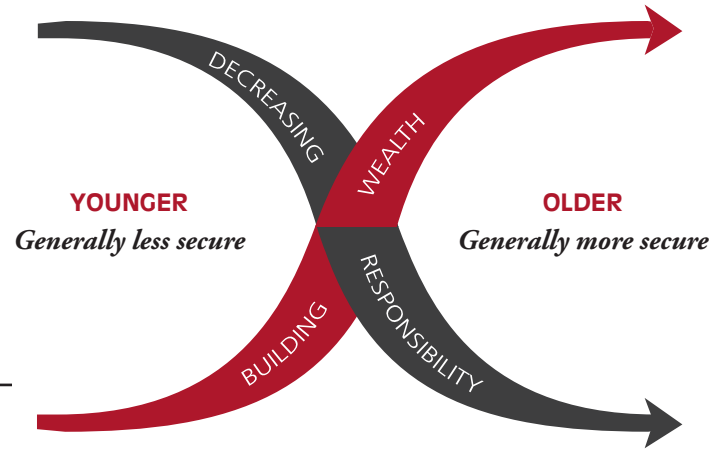
Date last reviewed: _____ Who is Informed? _____

Follow-up Appointment Date _____ Client Signature _____

FINANCIAL FOUNDATION



X-CURVE



D.I.M.E. METHOD

	CLIENT	SPOUSE
Debt	_____	_____
Income (x10)	_____	_____
Mortgage	_____	_____
Education	_____	_____
INSURABLE NEED	_____	_____

WEALTH FORMULA

$$\begin{aligned}
 & \text{Money} \\
 & + \text{Time} \\
 & +/\text{- Rate of Return} \\
 & - \text{Tax} \\
 & - \text{Inflation}
 \end{aligned}$$

WEALTH

NOTES
