

# Personal Financial Strategy Worksheet



**General Information:** Date: \_\_\_\_\_ WFG Rep: \_\_\_\_\_

Client Name #1: \_\_\_\_\_ M / F Age: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Client Name #2: \_\_\_\_\_ M / F Age: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Goals:

How confident are you with your current financial strategy? (Low) 0 1 2 3 4 5 (High)

Check off the most important financial goals in your current situation:

- Payoff credit cards/other debts
- Accelerate mortgage payoff
- Ensure adequate life insurance coverage
- Build a proper emergency fund
- Plan for retirement
- Growth & Protection strategies
- Learn about tax free products
- Other goals: \_\_\_\_\_
- Other goals: \_\_\_\_\_

**If we could help you with 1-3 things financially, what would they be?** 1. \_\_\_\_\_  
 2. \_\_\_\_\_ 3. \_\_\_\_\_

## Employment & Income:

Client Employer: \_\_\_\_\_ Yrs \_\_\_\_\_  
 Do you see yourself retiring there? Y / N  
 Client Employer: \_\_\_\_\_ Yrs \_\_\_\_\_  
 Do you see yourself retiring there? Y / N  
 Was there a tax refund within the last three years? Y / N  
 1) \$ \_\_\_\_\_ 2) \$ \_\_\_\_\_ 3) \$ \_\_\_\_\_  
 How many exemptions do you currently claim on your W-4? \_\_\_\_\_  
 What are your monthly core expenses in a dollar amount? \_\_\_\_\_

<u>After-Tax Monthly Income</u>	<u>Client</u>	<u>Spouse</u>
First Income:	_____	_____
Second Income:	_____	_____
Dividends, Interest & Capital Gains:	_____	_____
Annuities, pensions & Social Security:	_____	_____
Income on real property:	_____	_____
Other:	_____	_____
<b>TOTAL:</b>	_____	_____

## Life Insurance:

How comfortable are you with your current life insurance coverage? (Low) 0 1 2 3 4 5 (High)

In the event of an unexpected death, what areas would you like to see your life insurance protect your loved ones against?

- Cover final expenses
- Pay off mortgage balance
- Pay off remaining debts
- Replace Income of Breadwinner
- Years: breadwinner: \_\_\_\_\_ spouse \_\_\_\_\_
- Create an emergency fund for survivor
- Create an education fund for children
- Cover Business Debt / Obligations
- Other: \_\_\_\_\_

How would you rate your health? **Client #1:** (Low) 0 1 2 3 4 5 (High) **Client #2:** (Low) 0 1 2 3 4 5 (High) Do

you currently smoke? Y / N Have you smoked in the past? Y / N If so, how long ago? \_\_\_\_\_

Person Insured	Insurance Type	Death Benefit	Premium	Company	Term Length	Cash Value

**Debt:**

What is your approximate credit score? Client #1 \_\_\_\_\_ Client #2 \_\_\_\_\_

Debt Type	Balance	Interest Rate	Minimum Monthly Payment	Extra Monthly Payment	Time Remaining	Market Value

**Investor Profile:**

How risky are you as an investor? (Low) 0 1 2 3 4 5 (High)  
 What rate of return would you expect to earn on your investments over time? 2% 4% 6% 8% 10+  
 How actively engaged would you like to be with your investment allocations/options? (Low) 0 1 2 3 4 5 (High)  
 At what age would you realistically like the option to retire? \_\_\_\_\_ In today's dollars, how much would you need per month? \_\_\_\_\_  
 Will you have any other anticipated monthly income coming in at retirement? (e.g. social security, pension income, rental income, etc.) Y / N  
 • Source/Anticipated Amount per month: \_\_\_\_\_  
 Above what you are already saving and investing, how much could you comfortably save each month? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

**Savings & Investments:**

Taxable / Liquid Assets						
Savings, Checking, Money Market, CD, Mutual Fund, Stocks, Bonds, etc.						
Account Type	Balance	Mo. Contribution	Interest Rate	Time Horizon for Money (Years) – Circle Option Below		
				Short (0-2)	Mid (3-7)	Long (8+)

Tax Deferred Assets									
401(k), 403(b), 457, Profit Sharing, IRA, Annuity, etc.									
Account Type	Account Owner	Balance	Interest Rate	Monthly Contribution	Co. Match	Accumulation Phase (Choose One)		Distribution Phase (Choose One)	
						Grow	Protect	Income	Other

Tax Advantaged Assets									
Municipal Bond, 529 Plan, HSA, Roth IRA, Whole Life, IUL, VUL, etc.									
Account Type	Account Owner	Balance	Interest Rate	Monthly Contribution	Accumulation Phase (Choose One)		Distribution Phase (Choose One)		
					Grow	Protect	Income	Other	

**Expectations:**

What would you expect from a Financial Professional? \_\_\_\_\_  
 If you were to set up your finances through our company, how often would you like to review? Annually / Bi-annually  
 If you are impressed with what we do, would you be willing to refer us to 5 people who may appreciate the same information? Y / N

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