

Raymond James Goal Planning & Monitoring Fact-Finder

IT'S TIME TO DESIGN YOUR
PERSONALIZED FINANCIAL PLAN



PERSONAL INFORMATION

Description	Client (C)		Co-Client (Co.)	
Name				
Date of Birth	/	/	/	/
Employment Status	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired
Income	\$ _____		\$ _____	
Desired Retirement Age				
Essential Living Expenses in Retirement	\$ _____/month		or	\$ _____/year

DESIRED GOALS

Name & Description of Goal	Start Year	Dollar Amount	How Often (Yearly, monthly, etc.)
New Car		\$	
College/University		\$	
Major Purchase		\$	
New Home / Home Improvement		\$	
Travel		\$	
Family Care		\$	
Wedding		\$	
Other		\$	

INVESTMENT ASSETS & SAVINGS – **Bring last statement**

Account Description	Client	Co-Client
	Current Value	Current Value
Bank Account	\$	\$
Individual Brokerage Account	\$	\$
Joint Brokerage Account	\$	\$
Traditional IRA	\$	\$
Roth IRA	\$	\$
SEP IRA	\$	\$
529 Account	\$	\$
401(k) or other retirement savings plan	\$	\$

RETIREMENT INCOME SOURCES – **Bring Social Security Statement**

Description	Recipient		Amount	Starts	Ends	Inflation Adjustment	Survivor Pension %
	C	Co					
Pension	<input type="checkbox"/>	<input type="checkbox"/>	\$			%	%
Royalties	<input type="checkbox"/>	<input type="checkbox"/>	\$			%	%
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	\$			%	%
Other	<input type="checkbox"/>	<input type="checkbox"/>	\$			%	%

OTHER ASSETS

Asset Description	Owner	Current Value
Home		\$
Rental Home/Investment Properties		\$
Business		\$
Other		\$

LIABILITIES

Description	Original Balance	Interest Rate	Current Balance	Monthly Payment
Mortgage	\$	%	\$	\$
Line of Credit	\$	%	\$	\$
Credit Cards	\$	%	\$	\$
Other	\$	%	\$	\$

INSURANCE – **Bring policy and last statement**

Description	Client Premium	Client Coverage	Co-Client Premium	Co-Client Coverage
Health	\$	\$	\$	\$
Life	\$	\$	\$	\$
Long Term Care	\$	\$	\$	\$
Other	\$	\$	\$	\$

OTHER CONTACTS

Name	Company	Contact Information
CPA		
Estate Planning Attorney		
Other		

RISK TOLERANCE

On a scale of 1 to 100 (1=lowest, 100=highest), how would you rate your willingness to take risk with your investments?

Client _____

Co-Client _____

IMPORTANT DOCUMENTS TO BRING:

- Social Security statement(s) (www.ssa.gov)
- Disability statement(s)
- Investment / Brokerage / Bank statement(s)
- LTC statement(s)
- Employer retirement plan statement(s)
- Pension statement(s)
- Insurance Policies
- Annuity statement(s)

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