

# 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

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

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

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:

- |  |  |
|--|--|
| <input type="checkbox"/> Social Security statement(s) ( <a href="http://www.ssa.gov">www.ssa.gov</a> ) | <input type="checkbox"/> Disability statement(s) |
| <input type="checkbox"/> Investment / Brokerage / Bank statement(s)                                    | <input type="checkbox"/> LTC statement(s)        |
| <input type="checkbox"/> Employer retirement plan statement(s)   | <input type="checkbox"/> Pension statement(s)    |
| <input type="checkbox"/> Insurance Policies  | <input type="checkbox"/> Annuity statement(s)    |

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