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# Financial Workbook

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**Presented to:**

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Phase Financial, LLC

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## Budget Organizer

Fixed Expenses - Personal		
	<b>Monthly Amount</b>	<b>Annual Amount</b>
<b>Housing:</b>		
Mortgage/Rent Payment	\$ _____	\$ _____
Property Taxes	_____	_____
Homeowners/Renters Insurance	_____	_____
<b>Transportation:</b>		
Car Payment	_____	_____
Automobile Insurance	_____	_____
Parking/Tolls/Bus/Train	_____	_____
<b>Loans:</b>		
Credit Card Payments	_____	_____
Personal Loan Payments	_____	_____
<b>Personal Insurance:</b>		
Life Insurance Premiums	_____	_____
Disability Income Insurance Premiums	_____	_____
Health Insurance Premiums	_____	_____
Dental/Vision Insurance Premiums	_____	_____
<b>Taxes:</b>		
Federal Income Taxes	_____	_____
State Income Taxes	_____	_____
FICA/Self-Employment Taxes	_____	_____
<b>Personal/Family:</b>		
Child Care Expenses	_____	_____
Education/School Expenses (tuition/fees)	_____	_____
Household Help	_____	_____
Membership/Professional Dues	_____	_____
<b>Savings/Investments:</b>		
Personal Savings/Investments	_____	_____
Education Savings	_____	_____
Retirement Savings	_____	_____
<b>Other Fixed Expenses:</b>		
_____	_____	_____
_____	_____	_____
<b>Total Fixed Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>Variable Expenses - Personal</b>		
	<b>Monthly Amount</b>	<b>Annual Amount</b>
<b>Housing:</b>		
Utilities (electricity, gas, water)	\$ _____	\$ _____
Telephone/Internet	_____	_____
Home Repair/Maintenance	_____	_____
Household Goods/Furnishings	_____	_____
<b>Transportation:</b>		
Fuel	_____	_____
Auto Repair/Maintenance	_____	_____
Parking/Tolls/Bus/Train	_____	_____
<b>Personal/Family:</b>		
Food/Personal Care Items	_____	_____
Clothing	_____	_____
Laundry/Dry Cleaning	_____	_____
Doctor/Dental/Prescription Drug Expenses	_____	_____
Gifts/Charitable Contributions	_____	_____
<b>Entertainment:</b>		
Cable/Satellite TV	_____	_____
Dining Out	_____	_____
Movies/Sporting Events	_____	_____
Babysitter	_____	_____
Hobbies	_____	_____
Vacation/Travel	_____	_____
<b>Other Variable Expenses:</b>		
_____	_____	_____
_____	_____	_____
<b>Total Variable Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>Total Personal Expenses</b>		
	<b>Monthly Amount</b>	<b>Annual Amount</b>
Total Fixed Expenses	\$ _____	\$ _____
Total Variable Expenses	_____	_____
<b>Total Personal Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>Fixed and Variable Expenses - Business</b>		
	<b>Monthly Amount</b>	<b>Annual Amount</b>
Rent/Mortgage Payment	\$ _____	\$ _____
Salaries	_____	_____
Employee Benefits	_____	_____
Telephone/Internet	_____	_____
Insurance	_____	_____
Transportation/Fuel Expenses	_____	_____
Travel	_____	_____
Tax/Accounting/Banking Services	_____	_____
Advertising/Promotions	_____	_____
Printing/Stationary/Postage	_____	_____
Business Entertainment	_____	_____
Professional/Association Dues	_____	_____
<b>Other Business Expenses:</b>	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Business Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>Total Expenses</b>		
	<b>Monthly Amount</b>	<b>Annual Amount</b>
<b>Personal:</b>		
Total Fixed Expenses	\$ _____	\$ _____
Total Variable Expenses	\$ _____	\$ _____
<b>Business:</b>		
Total Expenses	\$ _____	\$ _____
<b>Total Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>

## Balance Sheet

<b>Assets</b>		
	<b>Market Value (Husband)</b>	<b>Market Value (Wife)</b>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	_____	_____
CDs	_____	_____
U.S. Savings Bonds	_____	_____
Mutual Funds	_____	_____
Stocks/Bonds	_____	_____
Limited Partnerships	_____	_____
Residence(s)	_____	_____
Investment Real Estate	_____	_____
Life Insurance Cash Values	_____	_____
Annuities	_____	_____
IRAs	_____	_____
Qualified Retirement Plans (vested)	_____	_____
Business Interests	_____	_____
Collectibles	_____	_____
Automobiles	_____	_____
Personal Property	_____	_____
Other: _____	_____	_____
<b>TOTAL</b>	\$ _____	\$ _____
<b>TOTAL ASSETS</b>	\$ _____	

<b>Liabilities</b>		
	<b>Monthly Payment</b>	<b>Balance</b>
Mortgage(s)	\$ _____	\$ _____
Other Real Estate Loans	_____	_____
Home Equity Loans	_____	_____
Auto Loans	_____	_____
Education Loans	_____	_____
Installment Loans	_____	_____
Charge Accounts	_____	_____
Credit Cards	_____	_____
Personal Credit Line	_____	_____
Business Debt	_____	_____
Other: _____	_____	_____
<b>TOTAL LIABILITIES</b>	\$ _____	\$ _____

<b>Balance Sheet</b>	
Total Assets	\$ _____
Total Liabilities	- _____
<b>NET WORTH</b>	\$ _____

## Bank and Brokerage Account Inventory

Bank Accounts		
	Bank 1	Bank 2
Name of Bank		
Address		
Telephone Number		
Account Number		
Bank Officer		
Average Balance	\$	\$
Type of Account (Checking, Money Market, Savings)		
Ownership of Account (Individual, Joint, Joint and Survivorship)		

Brokerage Accounts		
	Brokerage 1	Brokerage 2
Firm Name		
Address		
Telephone Number		
Account Number		
Broker		
Value as of _____	\$	\$
Type of Account (Personal, Retirement, Trust)		
Ownership of Account (Individual, Joint, Trust)		

## Retirement Plan Inventory

<b>Employer-Sponsored Retirement Plans</b>		
	<b>Plan 1</b>	<b>Plan 2</b>
Company		
Plan Type (Defined Benefit, Money Purchase, Profit Sharing, 401(k), SEPP, TDA, Deferred Compensation)		
Value as of _____	\$	\$
Account Number		
Benefits Manager		
Telephone Number		
Payout Provisions	<input type="radio"/> Lump Sum or <input type="radio"/> Annuity: <input type="radio"/> Life Only <input type="radio"/> Life ____ Years Certain <input type="radio"/> Joint and ____% Survivor	<input type="radio"/> Lump Sum or <input type="radio"/> Annuity: <input type="radio"/> Life Only <input type="radio"/> Life ____ Years Certain <input type="radio"/> Joint and ____% Survivor

<b>Personal Retirement Plans</b>		
	<b>Plan 1</b>	<b>Plan 2</b>
Bank or Brokerage		
Plan Type (Regular IRA, Roth IRA, Keogh, Personal Non-Qualified Savings)		
Value as of _____	\$	\$
Account Number		
Bank Officer or Broker		
Telephone Number		
Payout Provisions	<input type="radio"/> Lump Sum or <input type="radio"/> Annuity: <input type="radio"/> Life Only <input type="radio"/> Life ____ Years Certain <input type="radio"/> Joint and ____% Survivor	<input type="radio"/> Lump Sum or <input type="radio"/> Annuity: <input type="radio"/> Life Only <input type="radio"/> Life ____ Years Certain <input type="radio"/> Joint and ____% Survivor

## Life Insurance Inventory

<b>Permanent Insurance</b>			
	<b>Policy 1</b>	<b>Policy 2</b>	<b>Policy 3</b>
Company			
Policy Number			
Agent/Broker			
Telephone Number			
Type (Whole Life, Variable Life, Universal Life, VUL)			
Death Benefit	\$	\$	\$
Premium	\$	\$	\$
Cash Value as of _____	\$	\$	\$
Outstanding Loan	\$	\$	\$
Policy Owner			
Beneficiary(ies)			
Location of Policy			

<b>Term Insurance</b>			
	<b>Policy 1</b>	<b>Policy 2</b>	<b>Policy 3</b>
Company			
Policy Number			
Agent/Broker			
Telephone Number			
Type (Term, Group Term)			
Death Benefit	\$	\$	\$
Premium	\$	\$	\$
Policy Owner			
Beneficiary(ies)			
Location of Policy			

## Professional Advisors

<p><b>Attorney:</b> _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____</p>
<p><b>Accountant:</b> _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____</p>
<p><b>Life Insurance Agent:</b> _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____</p>
<p><b>P&amp;C Insurance Agent:</b> _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____</p>
<p><b>Stockbroker:</b> _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____</p>
<p><b>Financial Planner:</b> _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____</p>
<p><b>Trust Officer:</b> _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____</p>

## Document Checklist

Document	Location
<b>Personal:</b>	
Birth Certificate	
Marriage License	
Pre- or Post-Nuptial Agreement	
Will	
Trust(s)	
Living Will(s)/Power(s) of Attorney	
Mortgage Papers	
Automobile Titles/Papers	
Income Tax Returns	
Gift Tax Returns	
Insurance Policies	
Employee Benefit Documents	
Passport	
Military Records	
Medical Records	
Citizenship Papers	
Warranties	
Current Bills	
Funeral/Burial Documents	
Other: _____	
<b>Business Ownership:</b>	
Partnership/Incorporation Documents	
Buy-Sell Agreement	
Section 303 Stock Redemption Agreement	
Business Valuation/Appraisal	
Business Tax Returns	
Other: _____	

It is recommended that you keep the following documents in a **secure location in your home**:

- ◆ Copies of wills and trusts
- ◆ Copies of living wills and powers of attorney
- ◆ Income tax returns

These documents are best kept in a **bank safety deposit box**:

- ◆ Original wills, trusts and powers of attorney
- ◆ Marriage certificates, birth certificates, divorce decrees, death certificates
- ◆ Deeds and car titles
- ◆ Military discharge papers
- ◆ Any stock or bond certificates
- ◆ Citizenship papers
- ◆ Insurance policies

Consider giving these items to your **attorney, executor and/or spouse**:

- ◆ Living will/medical power of attorney (original should be given to the agent named in the document)
- ◆ Copies of wills, trust agreements, powers of attorney
- ◆ Inventory of insurance and investments
- ◆ List of professional advisors (attorney, accountant, insurance agent, etc.)
- ◆ Safety deposit box access information
- ◆ Funeral instructions



## Business Disposition

In the event of your death, do you want your business interest:	<b>A.</b> <input type="radio"/> Retained for Family <b>B.</b> <input type="radio"/> Sold <b>C.</b> <input type="radio"/> Liquidated
<b>A. Family Retention:</b>	
How is your business interest to be transferred?	<input type="radio"/> by will (at death) <input type="radio"/> by gift (during life) <input type="radio"/> by sale (during life or at death)
Who is to receive your business interest?	_____
_____	
<b>B. Sold:</b>	
To whom will your business interest be sold?	_____
_____	
Do you have a written buy-sell agreement?	<input type="radio"/> Yes <input type="radio"/> No
If yes, where is the agreement kept?	_____
If yes, is the plan funded with life insurance?	<input type="radio"/> Yes <input type="radio"/> No
If yes, where are the policies kept?	_____
_____	
<b>C. Liquidated:</b>	
Have you made provisions to avoid a forced liquidation?	<input type="radio"/> Yes <input type="radio"/> No
If yes, what plans have been made?	_____
_____	

## Funeral Instructions

Funeral Home	
Telephone Number	
Pre-Planned Arrangement?	<input type="radio"/> Yes <input type="radio"/> No
Burial or Cremation?	<input type="radio"/> Burial <input type="radio"/> Cremation
Viewing?	<input type="radio"/> Yes <input type="radio"/> No
Type of Casket/Urn	
Open or Closed Casket?	<input type="radio"/> Open <input type="radio"/> Closed
Appearance (clothing, jewelry)	
Special Requests	
Funeral/Memorial Service?	<input type="radio"/> Funeral <input type="radio"/> Memorial
Where?	
Who Should Preside at the Service?	
Pallbearers	_____ _____ _____
Requested Hymns/Scriptures	
Special Requests	
Place of Interment	
Location of Cemetery Deed or Contract	
Type of Headstone	
Epitaph	
Special Requests	
Obituary Notice?	<input type="radio"/> Yes <input type="radio"/> No
Donations in Lieu of Flowers?	<input type="radio"/> Yes   To: _____ <input type="radio"/> No
Special Requests	
Other Instructions	