

CONFIDENTIAL
Financial Coach Questionnaire

page 1

Name _____
Address _____
City _____
Place of Birth _____
Social Security _____

Date _____
wk phone () _____
hm phone () _____

Significant other _____
Place of Birth _____
Social Security _____
Children _____ age _____ spouse _____ age _____

wk phone () _____
birth date _____
wedding date _____

Client Company _____
Position _____
Address _____

Other Co. _____
Position _____
Address _____

Income \$ _____

Income \$ _____

COMPANY BENEFITS PROVIDED

Group Life _____
Disability _____
Health _____
Retirement _____
Other _____

Accountant _____
Firm _____
Address _____
Phone () _____

Attorney _____
Firm _____
Address _____
Phone () _____

TAX ADVICE / COMPILATION

Insurance Agent _____
Co./ Firm _____
Address _____
City, zip code _____
Phone () _____

Stock broker _____
Firm _____
Address _____
City, zip code _____
Phone () _____

PERTINENT INFORMATION

Current Will? _____ Date _____
Living Trust? _____ Date _____
Your health - smoker? _____
Sig. Other health - smoker? _____
Drug use? _____
Alimony obligations?, describe _____
Parents living? (ages) Mom _____ Dad _____
Their health _____
Financial status _____

Trusts? _____
Prenuptial? _____
Medical situations _____
Safe deposit box _____ Location _____
Spouse's Mom _____ Dad _____

PERTINENT INFORMATION CONTINUED

Inheritance someday _____
 Number of: brothers _____ sisters _____ spouse's brothers _____ sisters _____

Personally Owned Life Insurance Information

Insured _____
 Death Benefit _____
 Insurance Co. _____
 Type (WL, term) _____
 Date issued _____
 Prem/ mode _____
 Loans _____

Use reverse side for additional policies

Disability Income

Insured _____
 Mo. Bene. _____
 Company _____
 Non. Can. _____
 Date _____
 Prem/ mode _____
 Elim. Per. _____
 Restrictions _____

BALANCE SHEET Tool #2

ASSETS

Home (FMV)* _____
 Other Real Estate _____
 (or use page 7) _____
 Personal property _____
 Vested retirement _____
 IRA's _____
 Listed Securities _____
 Stock options _____
 Life Ins. (Cash value) _____
 Business interest -
 Accts. receivable _____
 Inventory / equip. _____
 Cash / retain. Earn. _____
 Goodwill _____
 Personal Savings _____
 Money market _____
 CD's -
 next maturity date _____
 Checking account _____
 Autos _____
 Other _____

TOTAL ASSETS \$ _____

LIABILITIES

Mortgages _____
 (or see page 7) _____
 Credit card debts from tool #1 _____
 Other debts: (Auto, boat, notes, pool, taxes, etc.)

TOTAL LIAB. \$ _____

NET WORTH \$ _____

*** HOME DETAILS**

Purchase price _____ Date _____
 Interest rate _____% Fixed _____ Variable _____
 Remaining payments _____ Desire to accelerate payoff? _____

Tool #1 – Debt Elimination Form

EXAMPLE: Adding \$100 extra to pay off credit card debt.

| CREDITOR | BALANCE OWED | APR% | MIN. PAYMENT | PAYMENT MADE |
|-----------------|---------------------|-------------|---------------------|---------------------|
| Sears | \$461 | 19.2 | \$20.00 | |
| Master Card | 1800 | 19.8 | \$80.00 | |
| Visa | 1800 | 19.8 | \$80.00 | |

When Sears is paid off in 4 months, add \$120 to the minimum payment amount of the next creditor. In this example, you would send \$200 to Master Card (\$80 + 120). In about 8 more months this debt will be paid off, instead of an additional 16 months. Then send \$280 per month to Visa. Total balances will be paid off in 17 months (vs. 29) saving about \$440 of interest.

| CREDITOR | BALANCE OWED | APR% | MIN. PAYMENT | PAYMENT MADE |
|-----------------|---------------------|-------------|---------------------|---------------------|
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TOTAL BALANCE \$ _____ \$ _____
 Transfer this total to **Tool #2** under current debts. Transfer this total to **Tool #3**, item #16

Tool # 3 Let's create a Spending Plan:

INCOME AND EXPENSE -CASH FLOW ANALYSIS (monthly)

Please prepare based on monthly figures, and guess work is okay for the first attempt.

| INCOME | | EXPENSE | |
|--------------------------|------------------|--|-----------------|
| net or gross: | Client _____ | 1. House pmt. /rent | _____ |
| | Sig. Other _____ | (Other house exp., maid, gardener) | _____ |
| Bonus | _____ | 18. Property taxes | _____* |
| Commission | _____ | 13. Other RE loans | _____ |
| Rents | _____ | 18. Other RE taxes | _____* |
| Interest | _____ | Other RE expense | _____ |
| Dividends | _____ | 2. Auto: loans/ lease | _____ |
| Notes rcvd. | _____ | parking / gas | _____ |
| Royalties | _____ | maint./ repairs | _____* |
| Side Business | _____ | regist. Fees | _____* |
| Trust distribution | _____ | 3. Food: groceries | _____ |
| Social Security | _____ | meals out | _____ |
| Retirement plan | _____ | 4. Clothing | _____* |
| Other | _____ | 5. Personal care | _____ |
| | | 6. Health care | _____ |
| | | 7. Entertainment | _____ |
| figures above are: | | 8. Gifts | _____* |
| Monthly | _____ | 9. Education | _____ |
| Annual | _____ | 10. Vacations | _____* |
| | | 11. Business Expense | _____** |
| | | 12. Dependant care | _____ |
| pay periods: | | 13. Invest. Syst: Save | _____ |
| 1 time mo. | _____ | Qual. Retire plan | _____ |
| 2 times mo. | _____ | 14. Insurance: Life | _____* |
| every 2 wks. | _____ | Auto | _____* |
| | | Disability | _____* |
| | | Health | _____ |
| | | Home/ Apt. | _____* |
| | | 15. Charitable | _____ |
| | | Total payments from Tool #1: 16. Debt pmt/ Chrg. Acts. | _____ |
| | | 17. Utilities: Gas | _____ |
| | | Water/ pwr. | _____ |
| | | Telephone | _____ |
| | | Trash/ other | _____ |
| | | 18. Income taxes: Federal | _____ |
| | | State | _____ |
| TOTAL | \$ _____ | TOTAL | \$ _____ |
| SURPLUS / DEFICIT | | \$ _____ | |

*These may be expenses that do not show up each month, but need to be set aside monthly.

** From the Business Income & Expense Statement

Tool #4 - CASH FLOW MEMORY JOGGER

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You can tear this page out or copy it to carry with you. It will remind you of the categories the different expenses fall into. When you sit down and fill in the Cash Flow Form and can't remember all the places you could be spending your money, it will remind you. As an example someone might say, "I don't buy clothes. I don't have any expense there." But they do if they go to the dry cleaners or laundry. Those are clothing expenses. There should be no "miscellaneous" items. If it's not on the list, and it's legal, call me and let me know what it is.

1. Home/Shelter

- A. Mortgage or Rent
- B. Miscellaneous:
 - 1. Maintenance
 - 2. Gardener, Maid...
 - 3. Purchases
 - 4. Home Assoc Dues
 - 5. Alarm service

2. Auto/Transportation

- A. Car payment/lease
- B. Gasoline/fuel
- C. Parking
- D. Registration
- E. Oil/lube
- F. Maintenance
- G. Repair
- H. Accessories
- I. Bus/Taxi
- J. Air fare
- K. Other

3. Food

- A. Groceries
- B. Meals Out
- C. Snacks

4. Clothing

- A. Apparel
- B. Shoes
- C. Accessories
- D. Jewelry
- E. Tailor
- F. Cleaners
- G. Laundry
- H. Shoe repair
- I. Jewelry repair

5. Personal Care

- A. Toiletries
- B. Cosmetics
- C. Manicures
- D. Pedicures
- E. Haircuts/Color
- F. Massage
- G. Spa/Gym

6. Health Care

- A. Doctor

B. Dentist

- C. Chiropractor
- D. Eye wear
- E. Ophthalmologist
- F. Optometrist
- G. Podiatrist
- H. Prescriptions/
Vitamins
- I. Psychologist/
Therapist

7. Entertainment/ Recreation

- A. Books
- B. Cable TV
- C. Cassette tapes
- D. Clubs, Dancing,
Athletics
- E. Concerts, Sporting
Events
- F. Hobbies
- G. Houseguest
- H. Liquor, Smoking
- I. Magazines
- J. Movies
- K. Records, CDS
- L. Sightseeing
- M. Theater
- N. Video Purchase/
Rental

8. Gifts

- A. Anniversaries
- B. Birthdays
- C. Cards
- D. Chanukah
- E. Christmas
- F. Easter
- G. Flowers
- H. Love gifts
- I. Weddings

9. Education

- A. Books
- B. Classes
- C. Fees, supplies
- D. Seminars

F. Tapes

- G. Tuition
- I. Workshops

10. Vacations

- A. Special interest
- B. Summer
- C. Winter
- D. Weekends
- E. Travel fund

11. Business Expenses

see business form

12. Dependent care

- A. Alimony
- B. Auto
- C. Child care/support
- D. Day care
- E. Clothing
- F. Family events
- G. Food
- H. Insurance
- I. Medical
- J. Pet care
- K. School
- L. Services
- M. Supplies

13. Investments/ Systematic Savings

- A. Bonds
- B. Mutual funds
- C. Real Estate
- D. Stocks
- E. Savings acct.
- F. Retirement plan
- G. TSA / IRA

14. Insurance

- A. Auto
- B. Disability income
- C. Health
- D. House/Apartment
- E. Life Insurance

15. Spiritual/Charity

- A. Contributions
- B. Handouts
- C. 7th tradition

D. Tithing

- E. Seminars

16. Debt Repayment/ Charge acct. payments

- A. Bank credit cards
- B. Dept. store charges
- C. Family loans
- D. Student loans
- E. Trust deeds
- F. Other

17. Utilities

- A. Water
- B. Power/Electric
- C. Gas/Propane
- D. Garbage
- E. Phone/Cell/Pager
- F. Internet fees

18. Taxes

- A. Federal Income
- B. State Income
- C. Social Security
- D. Property/Home
- E. Other real estate
- F. Business(see#11)
- G. City/County
- H. Other

19. Lessons Learned

- A. Money lost or wasted

20. Legal or Accounting Fees

Date:

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Results I would like to produce from the meeting: (your name here: _____)

1. _____

2. _____

3. _____

Results my partner, spouse, or roommate would like to produce from the meeting:

(please put name here: _____)

1. _____

2. _____

3. _____

Detailed/Extended List of Real Estate

| Address | # of units | Total Loans | Fair Market Value | Net |
|---------------|------------|-------------|-------------------|----------|
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| Totals | _____ | \$ _____ | \$ _____ | \$ _____ |