



# Financial Analysis Form

Financial Reset Consultant \_\_\_\_\_

Client Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

## Goals: Check all that apply

In how many years? \_\_\_\_\_

- Debt Free
- Tax Favored Retirement
- Income Replacement
- Protect Assets
- Living Benefits
- Terminal  Chronic  Critical
- Inheritance Strategy
- Paying Less Interest to Banks

## Current Debt

Statements are needed for every debt to confirm principal balance, interest rate, promotional rate, minimum payment, and actual payments.

### Mortgage – List all properties owned.

Primary Residence

Balance \_\_\_\_\_ Interest Rate \_\_\_\_\_

Principal and Interest Payment (Not including taxes and insurance) \_\_\_\_\_

Monthly Overpayment to Principal \_\_\_\_\_

Years Left \_\_\_\_\_ Will you be selling earlier?  Yes  No

Additional Property

Balance \_\_\_\_\_ Interest Rate \_\_\_\_\_

Principal and Interest Payment (Not including taxes and insurance) \_\_\_\_\_

Monthly Overpayment to Principal \_\_\_\_\_

Years Left \_\_\_\_\_ Will you be selling earlier?  Yes  No Total

Monthly Overpayments Being Redirected \_\_\_\_\_

## Consumer Debt

List all credit cards, personal loans, auto loans, home improvement loans and student loans.

Debt Name	Principal Balance	Interest Rate	Min. Payment	Actual Payment	Consistent
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>TOTALS</b>	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N

Total Overpayments Redirected \_\_\_\_\_

## Assets and Investments

List all accounts that could help accelerate debt payoff and wealth building. (Roth IRA, Traditional IRA, 401k, 457, 403b, Savings)

Name	Type	Account Value	Monthly Contribution
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Additional Assets \_\_\_\_\_

Lump Sum Amount Redirected \_\_\_\_\_

Monthly Amount Redirected \_\_\_\_\_

## Income

List all current and future income sources.

Name	Type	Monthly Amount	Lump Sum Amount
- Job Income gross - _____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Income Changes Expected \_\_\_\_\_

Income Amount Redirected \_\_\_\_\_

### Insurance

List all insurance policies.

Company	Type	Rating	Monthly Premium	Death Benefit	Cash Value
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

### Total Inefficient Funds to be Redirected

Monthly Debt Overpayments \_\_\_\_\_

Asset Lump Sum \_\_\_\_\_

Monthly Asset Contributions \_\_\_\_\_

Monthly Income \_\_\_\_\_

Monthly Debt Overpayments \_\_\_\_\_

Monthly Insurance Premiums \_\_\_\_\_

Lump Sum Cash Value \_\_\_\_\_

Other Lump Sum \_\_\_\_\_

Other Monthly \_\_\_\_\_

**Total Lump Sum** \_\_\_\_\_

**Total Monthly** \_\_\_\_\_