



Financial Dream Map

Household
Information

Income
Needs

Earnings &
Other Income

Assets

Debts & Other
Payments

Existing
Insurance

What are some of the things that are important to you that cost money?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

How much income would it take to live the life you just described? \$ _____

How long will it take before you will earn the income you need to live that life? _____

If your job/profession won't allow you to realize your dream life, what's more important to you ... staying in your job/profession or leading your ideal life?

GENERAL INFORMATION

Client Name: Name _____ M/F Age: _____ DOB ____ / ____ / ____ SS# _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Work Address: _____ City _____ State _____ Zip _____

Work Phone: _____ Fax: _____ E-mail: _____

Spouse Name: _____ M/F Age: _____ DOB ____ / ____ / ____ SS# _____

Work Address: _____ City _____ State _____ Zip _____

Work Phone: _____ Fax: _____ E-mail: _____

Dependents:

Name _____ M/F DOB ____ / ____ / ____ Name _____ M/F DOB ____ / ____ / ____

Name _____ M/F DOB ____ / ____ / ____ Name _____ M/F DOB ____ / ____ / ____



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GOALS & DREAMS

If I could help you reach your top financial goals, what would they be?

Short-term (1-3 yrs.)

- | | | | | | | |
|---|---|---|---|---|---|--|
| <input type="checkbox"/> car | <input type="checkbox"/> furniture | <input type="checkbox"/> boat | <input type="checkbox"/> family vacation | <input type="checkbox"/> Build retirement wealth | <input type="checkbox"/> Buy a new home | <input type="checkbox"/> Alternate income in case of death or disability |
| <input type="checkbox"/> Build savings for unexpected expenses (emergency fund) | <input type="checkbox"/> Reduce or pay off mortgage | <input type="checkbox"/> College for child(ren) | <input type="checkbox"/> Pay off credit cards | <input type="checkbox"/> Help support aging parents | | |

Mid-term (3-7 yrs.)

- | | | | | | | |
|---|---|---|---|---|---|--|
| <input type="checkbox"/> car | <input type="checkbox"/> furniture | <input type="checkbox"/> boat | <input type="checkbox"/> family vacation | <input type="checkbox"/> Build retirement wealth | <input type="checkbox"/> Buy a new home | <input type="checkbox"/> Alternate income in case of death or disability |
| <input type="checkbox"/> Build savings for unexpected expenses (emergency fund) | <input type="checkbox"/> Reduce or pay off mortgage | <input type="checkbox"/> College for child(ren) | <input type="checkbox"/> Pay off credit cards | <input type="checkbox"/> Help support aging parents | | |

Long-term (7 yrs. +)

- | | | | | | | |
|---|---|---|---|---|---|--|
| <input type="checkbox"/> car | <input type="checkbox"/> furniture | <input type="checkbox"/> boat | <input type="checkbox"/> family vacation | <input type="checkbox"/> Build retirement wealth | <input type="checkbox"/> Buy a new home | <input type="checkbox"/> Alternate income in case of death or disability |
| <input type="checkbox"/> Build savings for unexpected expenses (emergency fund) | <input type="checkbox"/> Reduce or pay off mortgage | <input type="checkbox"/> College for child(ren) | <input type="checkbox"/> Pay off credit cards | <input type="checkbox"/> Help support aging parents | | |

Of the goals discussed above, which is the most important to you? _____

What are you doing today to accomplish these goals? _____

How much do you believe you can comfortably set aside each month to achieve these goals? \$ _____



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EMPLOYMENT & INCOME

Client Employer: _____ Yrs _____

Client Occupation: _____

Spouse Employer: _____ Yrs _____

Spouse Occupation: _____

Do you see yourself retiring there? Y / N

When was the last time you reviewed your
family's financial goals? _____

Do you have an established monthly budget? Y / N

Savings Plan? Y / N

Current Income

Annual Salary

Net Take Home Salary

Bonus, Commission

Rental Income

Interest, Dividends

Alimony/Child Support

Annuity/Pension Income

Other Income

Last Year's Tax Refund:

Future Income

Military/Civil Retirement

Social Security/Pension

Client

Spouse

EXPENSES (Monthly Breakdown)

Food \$ _____

Rent \$ _____

Mortgage \$ _____

Auto Gas \$ _____

Auto Maintenance \$ _____

Auto Insurance \$ _____

Property Insurance/Taxes \$ _____

Utilities: Gas & Electric \$ _____

Utilities: Cable \$ _____

Utilities: Phone \$ _____

Utilities: Water \$ _____

Cell Phone \$ _____

Internet \$ _____

Gym Membership \$ _____

Newspaper/Magazine \$ _____

Gifts/Holidays \$ _____

Tithe/Charity \$ _____

Clothes \$ _____

Entertainment \$ _____

Monthly Education \$ _____

Monthly Savings \$ _____

Kids \$ _____

Medical Bills \$ _____

Pet Care \$ _____

Travel \$ _____

Other \$ _____

Total \$ _____



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ASSET ACCUMULATION (Retirement Goals)

Desired Income: _____

At what age would you like to be in a financial position to retire? _____

TAXABLE				TAX DEFERRED					TAX EXEMPT			
Assets are generally positioned for current or short-term needs that can best be served with highly liquid investment instruments.				Assets are earmarked for long-term needs, such as college funding and retirement. Invested in less-liquid investments where any growth or interest is ultimately taxable at distribution.					Assets are positioned for the future since they receive preferential tax treatment during accumulation and at distribution.			
Investment/ Asset Name	Balance	Monthly Contrib.	RoR	Investment/ Asset Name	Balance	Monthly Contrib.	Employ Match	RoR	Investment/ Asset Name	Balance	Monthly Contrib.	RoR
Mutual Funds				401(K)/403(B) or other Qualified Plans					Roth IRA			
Stocks				IRA/SEP-IRA					Cash Value Life Insurance			
Bank Savings/CDs				Annuities (Fixed/Variable)								
Bonds/Treasures				Savings Bonds								

ASSET ACCUMULATION (Preserve Your Estate)

Do you have a Will? Y / N Last Update? _____

Do you have a Trust? Y / N If Yes, what kind: _____ Purpose of Trust _____

Do you expect any lump sums or inheritance in the near future? Y / N

	Asset Description	Market Value	Cost Basis
Real Estate Owned Free & Clear;	_____	_____	_____
Unencumbered automobiles, boats, etc.;	_____	_____	_____
Collectibles; antiques; jewelry, etc.	_____	_____	_____

ASSET ACCUMULATION (Education Goals)

Plan Name	Balance	Monthly Contrib.	RoR	Name of Dependent



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DEBT

	Lender	Balance	Interest Rate	Monthly Payment
Mortgage - 1 st				
Mortgage - 2 nd or HELOC				
Mortgage (Investment Property)				
Auto Loan				
Auto Loan				
Student Loan				
Credit Card				
Credit Card				
Credit Card				
Credit Card				
Personal/Signature Loan				
Other Loan				



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INSURANCE

In addition to covering your final expenses, what tasks do you want your insurance to accomplish (education savings for children, fund retirement, surviving spouse fund)? _____

Client:

Do you have Life Insurance? Y / N	Provider: Monthly Premium:	Death Benefit: How did you arrive at that number? Insured: Riders:
Do you have Health Insurance? Y / N	Provider: Monthly Premium:	Group Individual HMO PPO Other:

Spouse:

Do you have Life Insurance? Y / N	Provider: Monthly Premium:	Death Benefit: How did you arrive at that number? Insured: Riders:
Do you have Health Insurance? Y / N	Provider: Monthly Premium:	Group Individual HMO PPO Other:



CHART A COURSE TO YOUR FINANCIAL INDEPENDENCE

1

Cash Flow

- Earn additional income
- Manage expenses

2

Proper Protection

- Protect against loss of income
- Protect family assets

3

Debt Management

- Consolidate debt
- Strive to eliminate debt

4

Emergency Fund

- Save at least three months' income
- Prepare for emergency expenses

5

Asset Accumulation & Preservation

- Outpace inflation/minimize taxation
- Professional money management

NEXT APPOINTMENT

On what date & time would you like to schedule our follow-up appointment?

Client Name _____ Spouse _____ Associate _____ Date _____