

Thank you for choosing Storen Financial as your financial planning and budgeting resource. The information you provide below will help us prepare for your upcoming consultation. Please provide as many details as possible.

CLIENT 1

CLIENT 2

|              |  |  |
|--------------|--|--|
| Client Name: |  |  |
|--------------|--|--|

**MEETING PREP QUESTIONS**

|  |
|--|
| What do you want to accomplish in our time together? |
|  |

|   |
|---|
| What are your three primary financial goals for the next 1-3 years? |
|   |

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|--|
| Have you created a budget in the past? If so, what worked and what didn't? |
|  |

|  |
|--|
| Please share other background details or information that will enhance our consultation. |
|  |

This information will be used in the financial planning process. Actual numbers are not necessary, please estimate.

### CLIENT 1

### CLIENT 2

|                 |  |  |
|-----------------|--|--|
| Client Name:    |  |  |
| Work industry:  |  |  |
| Marital Status: |  |  |

### ASSETS

|                                 |                               |  |   |  |
|---------------------------------|-------------------------------|--|---|--|
| Checking Account(s):            | \$                            |  | \$  |  |
| Savings Account(s):             | \$                            |  | \$  |  |
| Traditional IRAs:               | \$                            |  | \$  |  |
| Roth IRAs:                      | \$                            |  | \$  |  |
| Other Assets:                   | \$                            |  | \$  |  |
| College Savings Accounts (529): | \$                            |  | \$  |  |
| Health Savings Accounts (HSA):  | \$                            |  | \$  |  |
| Life Insurance Company:         |                               |  |   |  |
| Face Value (whole life only):   | \$                            |  | \$  |  |
| Cash Value (whole life only):   | \$                            |  | \$  |  |
| Death Benefit (term life only): | \$                            |  | \$  |  |
| Previous Employer 401k          | \$                            | <input type="checkbox"/> Traditional <input type="checkbox"/> Roth | \$  | <input type="checkbox"/> Traditional <input type="checkbox"/> Roth   |
| Current Employer 401k           | \$                            | <input type="checkbox"/> Traditional <input type="checkbox"/> Roth | \$  | <input type="checkbox"/> Traditional <input type="checkbox"/> Roth   |
| Current Contribution:           | Employee: %                   | Employer: %  | Employee: %                                   | Employer: %  |
| Check all existing:             | <input type="checkbox"/> Will | <input type="checkbox"/> Trust                                     | <input type="checkbox"/> Long-Term Healthcare | <input type="checkbox"/> Will <input type="checkbox"/> Trust <input type="checkbox"/> Long-Term Healthcare |
| Home Value:                     | \$                            |  | Second Home Value:                            | \$   |

### LIABILITIES *\*Estimated values for the household.*

|                      |       |   |          |    |          |    |
|----------------------|-------|---|----------|----|----------|----|
| Mortgage #1:         | Rate: | % | Payment: | \$ | Balance: | \$ |
| Mortgage #2:         | Rate: | % | Payment: | \$ | Balance: | \$ |
| Home Equity Loan:    | Rate: | % | Payment: | \$ | Balance: | \$ |
| Car Loan #1:         | Rate: | % | Payment: | \$ | Balance: | \$ |
| Car Loan #2:         | Rate: | % | Payment: | \$ | Balance: | \$ |
| Student Loan #1:     | Rate: | % | Payment: | \$ | Balance: | \$ |
| Student Loan #2:     | Rate: | % | Payment: | \$ | Balance: | \$ |
| Student Loan #3:     | Rate: | % | Payment: | \$ | Balance: | \$ |
| Student Loan #4:     | Rate: | % | Payment: | \$ | Balance: | \$ |
| Credit Card Debt #1: | Rate: | % | Payment: | \$ | Balance: | \$ |
| Credit Card Debt #2: | Rate: | % | Payment: | \$ | Balance: | \$ |
| Credit Card Debt #3: | Rate: | % | Payment: | \$ | Balance: | \$ |
| Credit Card Debt #4: | Rate: | % | Payment: | \$ | Balance: | \$ |
| Other Loan/Debt #1:  | Type: |   | Payment: | \$ | Balance: | \$ |
| Other Loan/Debt #2:  | Type: |   | Payment: | \$ | Balance: | \$ |

This information will be used in the financial planning and budgeting process. Actual numbers are not necessary but helpful, please estimate your monthly expenses as needed.

### CLIENT 1

### CLIENT 2

|              |  |  |
|--------------|--|--|
| Client Name: |  |  |
|--------------|--|--|

### MONTHLY INCOME

|                                    |   |   |
|------------------------------------|---|---|
| Monthly Take-Home Pay:             |   |   |
| 2 <sup>nd</sup> Job Take-Home Pay: |   |   |
| Bonus:                             |   |   |
| Pay Frequency:                     | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Variable | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Variable |

### MONTHLY EXPENSES

|                       |   |    |
|-----------------------|---|----|
| Savings               | Emergency Fund, Retirement, Investment      | \$ |
| Giving                | Tithe, Donations                            | \$ |
| Housing               | Mortgage, Rent, Property Taxes, Insurance   | \$ |
| HOA                   | HOA Assessments, Condo Fees                 | \$ |
| Home Maintenance      | Housekeeping, Lawn Care, Home Improvements  | \$ |
| Utilities             | Gas, Electric, Water, Trash, Internet       | \$ |
| Cable & Subscriptions | Cable, Streaming, Games, Publications       | \$ |
| Cell Phone            | Service Plan, Insurance, Other Costs        | \$ |
| Transportation        | Vehicle Payments, Insurance                 | \$ |
| Vehicle Fuel          | Gas   | \$ |
| Auto Maintenance      | Auto Repairs, Oil Changes, Car Washes       | \$ |
| Debt Payments         | Credit Cards, Student Loans, Home Equity    | \$ |
| Groceries             | Food, Household Items, Diapers              | \$ |
| Dining Out            | Restaurants, Fast-Food, Delivery, Beverages | \$ |
| Entertainment         | Dates, Excursions                           | \$ |
| Insurance             | Health, Dental, Vision (self-employed)      | \$ |
| Health Other          | Gyms, Prescriptions, Co-pays, Vitamins      | \$ |
| Personal Care         | Haircuts, Makeup, Nails                     | \$ |
| Other Insurance       | Life, Umbrella, Identity Theft              | \$ |
| Clothing              | Clothes, Shoes                              | \$ |
| Travel                | Trips, Airfare, Hotels, Rental Car          | \$ |
| Gifts                 | Birthdays, Weddings, Baby Showers, Holidays | \$ |
| Childcare & Schooling | Education, Daycare                          | \$ |
| Kids Activities       | Sports, Camps, Other Activities             | \$ |
| Pet Care              | Food, Supplies, Vet, Insurance              | \$ |
| Memberships           | Organizations, Clubs                        | \$ |
| Personal Spending     | ATM, Online Purchases, Other                | \$ |
| Miscellaneous         |   | \$ |
| Miscellaneous         |   | \$ |