

HOUSEHOLD INFORMATION

PERSON A

First Name: _____ Last Name: _____

Cell: _____ Email: _____

Male Female **DOB:** _____

Best Contact: Cell Email Text

Marital Status: Married Single Widowed Divorced

Were you married at least 10 years? Yes No

Years of divorce: _____ Ex-Spouse DOB: _____

PERSON B

First Name: _____ Last Name: _____

Cell: _____ Email: _____

Male Female **DOB:** _____

Best Contact: Cell Email Text

Marital Status: Married Single Widowed Divorced

Were you married at least 10 years? Yes No

Years of divorce: _____ Ex-Spouse DOB: _____

Monthly Expenses

OWN

MORTGAGE DETAILS	
Current Value of Residence	\$
Growth Rate of Residence	%
Monthly Mortgage Payment	\$
Years remaining on Mortgage	years
TOTAL EXPENSES	
Total Monthly Expenses (excluding mortgage)	\$

RENT

TOTAL EXPENSES	
Total Monthly Expenses	\$
SPECIAL EXPENSES	
Expense:	Years Left:
Expense:	Years Left:
Expense:	Years Left:
Expense:	Years Left:

Income sources

SALARY		
	PERSON A	PERSON B
Annual Salary		
Retire at Age		

POST-RETIREMENT SALARY		
	PERSON A	PERSON B
Annual Salary After Retirement		
Continue Until Age		

SOCIAL SECURITY		
	PERSON A	PERSON B
Age Started		
Current Monthly Benefit		
Monthly Benefit at Full Retirement Age		

PENSIONS				
	MONTHLY AMOUNT	SURVIVOR BENEFIT	STARTING AT AGE	CONTINUE UNTIL AGE
PERSON A	\$			
PERSON B	\$			

Life Expectancy

LIVES TO AGE	
PERSON A	
PERSON B	

Portfolio

QUALIFIED	OWNER	VALUE
		EE: _____ ER: _____
		EE: _____ ER: _____
		EE: _____ ER: _____
		EE: _____ ER: _____
		EE: _____ ER: _____

TRADITIONAL IRA	OWNER	VALUE

ROTH IRA	OWNER	VALUE

NON-QUALIFIED	OWNER	VALUE