



ZOE ABBOTT

PERSONAL FINANCIAL ANALYSIS

HOUSEHOLD INFORMATION

Client Name _____ M/F ___ Age ___ DOB _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Spouse Name _____ Phone _____ Email _____

Child Name _____ DOB _____

Child Name _____ DOB _____

The most important step in financial planning is also the most fun step! Take some time to look at all the things that you want to have!

People tend to shrink their goals and dreams to fit reality when they look at their current situation, but our philosophy is to help you decide what you want and expand your reality. We then design and execute a plan where you will acheive everything you want.

GOALS AND DREAMS

1-3 yrs 3-7 yrs 7+ yrs

Pay Off Credit Cards/Debts	_____	_____	_____
Make a Major Purchase	_____	_____	_____
Buy a House	_____	_____	_____
Build Retirement Wealth	_____	_____	_____
Education/College Fund	_____	_____	_____
Build Emergency Fund	_____	_____	_____
Start a Business	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

Exact monetary amount in goals _____



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INCOME

Include salary, bonuses, commissions, rental income, interest & dividends, alimony & child support, annuity or pension income.

SOURCE	GROSS AMOUNT	FREQUENCY	NET TAKE HOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Client Total Income _____

Spouse Total Income _____

In financial planning it is very key to have an emergency fund and reserves. The reason for this is that you will always be prepared for unexpected events such as job loss, medical expenses, home or appliance repair, etc.

The official stance on financial planning is that you should have a minimum of three months worth of living expenses to cover your basic needs (mortgage/rent, utilities, food, etc.) and in some cases 6-12 months.

Emergency Fund

Do you have a dedicated emergency fund? _____

How much is in your emergency fund? _____

Do you have savings? If so how much is in the account? _____



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EXPENSES

Monthly/Weekly

Monthly/Weekly

Mortgage/Rent Payment

Household

Auto & Transportation

Car Loan/ Lease Payment

Gas

Insurance

Service/Repairs

Other

Childcare

Tuition/Education

Cleaning Services

Landscaping

Personal Care

Pet Care

Sports/Lessons

Clothing

Gifts

Other

Other

Other

Utilities

Internet/Cable

Electric/Gas

Water/Trash

Mobile Phone

Other

Food

Dining out

Groceries

Other

Other Monthly Expenses

Alimony

Subscriptions

Memberships

Tithes/Charity

Entertainment

Travel

Other

Other

Other

Health/Medical

Health Insurance

Life Insurance

Supplements

MD

Chiropractor

Nutritionist

Prescriptions

Other

Other Debt Payments

Credit Cards

Personal Loans

Student Loans

Total Monthly Expenses _____



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DEBTS

To Whom | How Much | Interest % | Balance | Minimum Payment

Mortgage 1	_____	_____	_____	_____	_____
2nd/HELOC	_____	_____	_____	_____	_____
Auto Loan	_____	_____	_____	_____	_____
Student Loans	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____
Personal Loan	_____	_____	_____	_____	_____
Personal Loan	_____	_____	_____	_____	_____
Other Loan	_____	_____	_____	_____	_____
Other Loan	_____	_____	_____	_____	_____

Total Debt _____

Total Unsecured Debt _____
(i.e. not a house or a car)

PROTECTION: LIFE INSURANCE NEED

Do you have life insurance? _____

Is it Permanent or Term? _____

If Term, when does it expire? _____

How Much? _____

If Permanent, how much accumulated cash value? _____



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ASSET ACCUMULATION

Retirement Goals

How do you feel about your current plans for retirement or your plan to "live to work" versus "work to live"?

In retirement, is it safe to assume you would maintain the same lifestyle you have today? If not, what would be different?

At what age would you like to be in a position to retire? Individual ___ Spouse ___

To what age do you need retirement income to continue? Individual ___ Spouse ___

In today's dollars, how much monthly income do you need to support your desired lifestyle in retirement?

Monthly amount? _____ or % of current combined household total _____

LIST ANY ASSETS

(INVESTMENTS, RETIREMENT ACCOUNTS, ANYTHING OF VALUE)

Type of Account

Amount

Monthly Contribution



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PRESERVE YOUR ESTATE

Do you have a will or trust? _____

GENERAL QUESTIONS

If you could take away your largest financial headache, what would it be?

What is the most important and urgent situation for you to handle financially?

How much on a monthly basis can you save towards your goals? _____

Short Term Savings _____ Long Term Savings _____

Do you have any previous investment knowledge or experience? _____

What has your experience been? Write a brief summary.

Anything else you feel is relevant that I should know? _____

Thank you for all the information and congratulations on facing your finances and taking the first step towards financial freedom and achieving your goals!

Please email this PDF filled out to Zoe@thezoeabbott.com and we will get back to you with education, a proposal and a plan to achieve your goals in short order!

Love, Zoe