



BLUE RIDGE

WEALTH PLANNERS

FINANCIAL
INVENTORY



FINANCIAL INVENTORY

We look forward to assisting you. This brief synopsis of your present situation will help us identify areas in which you have made good decisions as well as areas where you may benefit from additional attention.

Please note: All information is held in strict confidence and is not released to any third party.

Please bring in your most recent statements with actual investments and/or funds listed as well as your original policies for annuities and long-term care. We do not need account numbers now, but we do need actual allocations of funds in order to provide accurate allocation advice and current fees paid.

Contact Information

Spouse 1 Name: _____ Nickname: _____ DOB: _____
 Retired? _____ Current / Former Occupation: _____

Spouse 2 Name: _____ Nickname: _____ DOB: _____
 Retired? _____ Current / Former Occupation: _____

Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____
 Alternate Email Address: _____ Number of Years Married: _____

Family

Name	Vocation	Location	Age	Spouse	Number and Age Range of Grandchildren
Child 1: _____	_____	_____	_____	_____	_____
Child 2: _____	_____	_____	_____	_____	_____
Child 3: _____	_____	_____	_____	_____	_____
Child 4: _____	_____	_____	_____	_____	_____
Child 5: _____	_____	_____	_____	_____	_____

Legal

Please indicate which of the following items you have in place.

	Yes	No		Yes	No
Will	<input type="checkbox"/>	<input type="checkbox"/>	Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney (POA) Assets	<input type="checkbox"/>	<input type="checkbox"/>	Umbrella Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney (POA) Health	<input type="checkbox"/>	<input type="checkbox"/>	Long-Term Care Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>	Children as Owners on Your Accounts	<input type="checkbox"/>	<input type="checkbox"/>

Current Attorney: _____ Would you recommend him/her? _____

Additional Information

Do you want or need to provide more than holiday finances to children/grandchildren?
 Yes No How much per year? _____

Do you want to leave a certain amount to children/grandchildren when you leave this Earth?
 Yes No How much total? _____

Do you have income from real estate?
 Yes No How much net per year? _____

Do you expect to have to care for a child or parent?
 Yes No Who, and at what age? _____

Have you had problems with advisors?
 Yes No If so, what problems have you had? _____

Please list monthly income from each source

Cash Flow

	Spouse 1	Spouse 2
Social Security	_____	_____
Pension	_____	_____
Wages	_____	_____
Other Income	_____	_____
Total Income	_____	_____

Social Security at Full Retirement Age _____

Do you outspend your total monthly income? Yes No By how much? _____

Do you save money each year? Yes No

Name: _____ Name: _____

Company Retirement: _____ Company Retirement: _____

IRA: _____ IRA: _____

Roth: _____ Roth: _____

Bank: _____ Bank: _____

Other: _____ Other: _____

Do you want to have more to spend per year? Yes No How much? _____

Is your current cash flow sufficient and comfortable? Yes No Don't Know

Do you anticipate any significant change in cash flow? Yes No Don't Know

Are you planning any major lifestyle changes? Yes No Don't Know

Do you expect any large purchases in the next three years? Yes No Don't Know

If so, please explain: _____

Investment Preference

What do you think is a reasonable rate of return? Spouse 1: _____% Spouse 2: _____%

To achieve the level of growth you desire, what percentage of your portfolio would you be comfortable with losing in any particular calendar year? Spouse 1: _____% Spouse 2: _____%

What is your main concern for your money?
 Spouse 1: _____
 Spouse 2: _____

Financial Planning

	Most	Very	Somewhat	Not Very	Not At All
Keep My Assets out of Probate	1	2	3	4	5
Protect My Assets and Family From Catastrophic Long-Term Care Costs	1	2	3	4	5
Ensure My Total Asset Value is Protected From Risk of Losses	1	2	3	4	5
Replace Pension or Social Security After Primary Earner's Death	1	2	3	4	5
Plan for Lifetime Income	1	2	3	4	5

Bank Accounts, Credit Unions and CDs

Account Type	Owner	Balance	Low For Year	Due Date
Checking				
Checking				
Total Bank-Type Accounts		\$	\$	

What amount do you need to remain in the bank in order for you to be comfortable? _____

IRAs and Retirement Accounts

Where Account is Held (Banks, Broker, Employer)	Type (Company or IRA)	Owner	Approximate Value	Do You Like This Investment?	Statements Present?
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
Total Value of Qualified Accounts			\$		

Non-Qualified Accounts

Name of Institution	Owner	Account Type	Balance	Do You Like This Investment?	Statements Present?
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
Total Value of Non-Qualified Accounts			\$		

Annuities

Name of Company	Type of Annuity	Original Investment	Current Value	Ownership	Date Acquired	Do You Like?		Policies Present?
						Yes	No	

Life Insurance Policies

Name of Company	Type of Policy	Face Amount	Cash Value	Annual Premium	Insured	Beneficiary	Date Acquired	Statement Present?

Other Assets or Policies

Long Term-Care Company: _____ Amount: _____ Years Coverage: _____ Owner: _____
 Long Term-Care Company: _____ Amount: _____ Years Coverage: _____ Owner: _____
 Long Term-Care Company: _____ Amount: _____ Years Coverage: _____ Owner: _____
 Home Value: _____ Mortgage: _____ Interest Rate: _____ % State Located: _____
 Real Estate: _____ Mortgage: _____ Interest Rate: _____ % State Located: _____
 Real Estate: _____ Mortgage: _____ Interest Rate: _____ % State Located: _____
 Real Estate: _____ Mortgage: _____ Interest Rate: _____ % State Located: _____
 Business Value: _____ Please Explain: _____
 Value of Automobiles: _____ Debt: _____
 Other Personal Property: _____ Debt: _____
 Other Assets: _____ Debt: _____
 Other Debts: _____ Amount: _____
 _____ Amount: _____
 _____ Amount: _____

1040 Tax Information

Line 7b	
Line 11b	
Taxable Interest and Dividends	
Tax Provider or CPA:	Would you recommend?

Please bring a copy of your recent tax return.

QUESTIONS AND COMMENTS



www.blueridgewealth.com

Knoxville: 865.392.4260

Chattanooga: 423.226.0600

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