

# Financial Planning Organizer



Personal Information	Client A	Client B
Full Name (First, Middle, Last)		
US Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth		
Gender		
Marital Status	M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>	M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>
Residence Address		
Mailing Address (if different)		
Cell Phone		
Home Phone		
Work Phone		
Email		
Employer		

Children / Dependents	Age	DOB	Gender	Marital Status	Location

Income (Annual)	Client A	Client B	Notes
Salary			
Bonus/Commission			
Self-Employment			
S-Corp/LLC Distributions			
Interest/Dividends/Investment			
Social Security			
Pension			
Rent			
Other			

Cash Equivalents (Type: C=Checking, S=Savings, MM=Money Market, CD=Certificates of Deposit, O=Other)				
Institution	Type	Owner	Balance	Notes

Real Estate (Type: P=Personal, R=Rental, B=Business)					
Property	Type	Owner	Value	Rent	Notes

Securities offered through LPL Financial, Member FINRA/SIPC. Investment advice offered through IFG Advisory, LLC, a registered investment advisor. IFG Advisory, LLC, and Marathon Financial Strategies Group, Ltd. are separate entities from LPL Financial.

**Liabilities (Type: M=Mortgage, E=Equity Line/Loan, A=Auto, CC=Credit Card, B=Business, CN=Commercial Note, NP=Note Payable, TD=Trust Deed, O=Other)**

Institution/Lender	Type	Balance	Monthly Payment	Interest Rate	Loan Term	Payoff Date	Notes

**Investment Accounts (Type: S=Stocks, SA = Stock Options, B=Bonds, M=Mutual Funds, A=Annuities, P=Partnerships, O=Other; M=Multiple)**

Institution	Type	Owner	Balance	Contribution	Notes

**Retirement Accounts (if not listed under Investments; Type: IRA, Roth IRA, 401(k), 403(b), 457, Pension, SEP, SIMPLE, Other)**

Institution	Type	Owner	Balance	Employee Contribution	Employer Contribution	Notes

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**Business Interests (Type: S-Corp, C-Corp, LLC, Partnership, Other)**

Business Name	Type	Owner	Value	% Owner	Notes

**Other Assets/Personal Property**

Other Assets/Personal Property	Owner	Value	Notes
Savings Bonds			
Notes Receivable			
Automobiles			
RV/Boat/Etc.			
Other			

**Life Insurance (Type: T=Term, W=Whole, U=Universal, V=Variable, O=Other)**

Institution	Type	Insured	Owner	Beneficiary	Death Benefit	Cash Value	Loan Balance	Premium	Term

**Other Insurance (Type: DI=Disability, LTC=Long-Term Care, O=Other)**

Institution	Type	Insured	Owner	Benefit	Premium	Elimination Period	Benefit Period	COLA	Term

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## Anticipated Changes

Please check all that are likely to occur within the next 3 years

<input type="checkbox"/>	Marriage	<input type="checkbox"/>	Make an Investment	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Have a Child	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	Increase Savings
<input type="checkbox"/>	Graduation	<input type="checkbox"/>	Buy or Sell a Home	<input type="checkbox"/>	Dependent Parent
<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Job Change or Promotion	<input type="checkbox"/>	Obtain a Loan
<input type="checkbox"/>	Buy a Business or Practice	<input type="checkbox"/>	Sell a Business	<input type="checkbox"/>	Death of a Family Member
<input type="checkbox"/>	Pay Off a Loan	<input type="checkbox"/>	Bonus or Salary Increase	<input type="checkbox"/>	Return to Work

Other:

## What are your Main Concerns?

## Primary Goals for Financial Planning