

# ~ Financial Worksheet ~

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**Names:** \_\_\_\_\_ **D.O.B's:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Occupations:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Children:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_  
 \_\_\_\_\_ **D.O.B.** \_\_\_\_\_  
 \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

Does anyone in the family require special assistance due to disabilities? Y / N

**Advisors:**

Attorney \_\_\_\_\_ Do you have a will? Y / N  
 \_\_\_\_\_ When was it drafted? \_\_\_\_\_ Who is the Executor? \_\_\_\_\_  
 Accountant \_\_\_\_\_ Have you granted anyone a power of attorney? Y/N Who: \_\_\_\_\_

<u>Assets</u>	<u>Liabilities</u>	<u>Rate</u>
Checking \$ _____	Mortgage \$ _____	_____ %
Savings/ Mmkt. \$ _____	Personal Loans \$ _____	_____ %
Residence \$ _____	Credit Cards \$ _____	_____ %
Other Real Estate \$ _____	Business Liability \$ _____	_____ %
Mutual Funds \$ _____	Other Debt \$ _____	_____ %
Stocks / Bonds \$ _____		
Pension / 401(k) \$ _____		
IRA's \$ _____	<b>Total Assets:</b> \$ _____	
Business Interests \$ _____	<b>(Less Liabilities):</b> \$ ( _____ )	
Life Ins. Cash Value \$ _____	<b>Net Worth:</b> \$ _____	

Life Insurance Death Benefits \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ When were policies last reviewed? \_\_\_\_\_  
 How did you select these amounts? \_\_\_\_\_  
 How do you feel about them? \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_  
 Disability Insurance ( Y / N ) Monthly Benefit \$ \_\_\_\_\_ Spouse's coverage: \$ \_\_\_\_\_

*Securities and advisory services offered through Cadaret Grant & Co., Inc., a Registered Investment Advisor and member FINRA/SIPC.  
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# Cash Flow Summary

Annual Income \$ \_\_\_\_\_

Spouse \$ \_\_\_\_\_

## Monthly Income TOTAL: \$ \_\_\_\_\_

Salary/Wages \$ \_\_\_\_\_

Interest/Dividends \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Retirement Plans \$ \_\_\_\_\_

Gifts/ Trust income \$ \_\_\_\_\_

## Monthly Expenses TOTAL: \$ \_\_\_\_\_

Mortgage/Rent \$ \_\_\_\_\_

Taxes (Property) \$ \_\_\_\_\_

Insurance (All) \$ \_\_\_\_\_

Debt Payments \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

## Top Financial Goals / Concerns

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

## Issues to discuss / Questions

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

1. What financial concern troubles you the **most**? \_\_\_\_\_

2. What is the **best** investment you have ever made? **Why**? \_\_\_\_\_

3. What is the **worst** investment you have ever made? **Why**? \_\_\_\_\_

4. If your parents are living, have they reviewed their estate and financial goals with you recently? ( Y/ N )

5. Do you expect to receive an inheritance during your lifetime? (Approx. Amount) \$ \_\_\_\_\_

6. Is there someone who assists you with making important financial decisions? Whom? \_\_\_\_\_

7. What do you hope to achieve by working together with a financial advisor? \_\_\_\_\_

8. What do you feel are the most important criteria for selecting a financial advisor? \_\_\_\_\_