



# Axial Financial Group

Centered on You.

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# AXIAL FINANCIAL PLANNING WORKBOOK

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This workbook is intended to help you consolidate the information needed to build your Retirement Plan which includes your goals and the means available to fund them. Gathering information from the checklist below will assist in the completion of this workbook. Please collect as much of this material as possible before you begin filling in the workbook.

## Statements

- Bank
- College Savings
- Mortgage
- Investments
- Retirement Accounts
- Social Security

## Future Goals and Costs

Which of the following may you need or want in the future and how much will that item cost?

- Retirement Living Expenses
- Health Care
- Travel
- Automobile(s)
- New House
- Caring for a Loved One
- College
- Home Renovation
- Start a Business

## Income During Retirement

Source of income and the amount.

- Social Security Benefit
- Pension
- Alimony
- Part-Time Work
- Annuity Income

## Investable Assets

You will be able to enter the asset type, approximate value, and annual savings amount.

- Retirement Plans
- Tax-Free Account
- Mutual Funds, Stocks, ETFs, Bonds, etc.
- Traditional & Roth IRAs
- College Saving Plan
- Tax Deferred Accounts

## Other Assets

Please be able to provide an estimated dollar value for any item that applies.

- House
- Real Estate
- Business
- Life Insurance
- Inheritance
- Personal Property

## Liabilities

Please be able to provide an estimated dollar value for any item that applies.

- Mortgage
- Credit Cards
- Line of Credit
- Student Loans
- Vehicle Loans
- Business Loans

## Additional Information

- Current Annual Savings
- When Will Liabilities End
- Estate Planning Paperwork
- Company Stock Options
- Employer Benefits
- Long-Term Care Policy
- Car Insurance Policy
- House Insurance Policy
- Health Insurance Premiums

This comprehensive personal financial summary is designed to help us take inventory of your financial life. It is an essential first step in creating a customized financial plan for your future. Please take note of the following:

- Please complete this form *prior* to your appointment. Information can be mailed, e-mailed, or faxed to us.
- Should you have any questions while working through this booklet, please feel free to call us.
- You can approximate amounts and include attachments if additional space is needed.

**Client #1**

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  Male  Female

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Legal Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employed  Retired  Homemaker

Business Owner  Unemployed

Employment Income: \$ \_\_\_\_\_/year

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Client #2**

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  Male  Female

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Legal Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employed  Retired  Homemaker

Business Owner  Unemployed

Employment Income: \$ \_\_\_\_\_/year

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Children and Other Dependents**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Parents Living**

**Client 1:**

Mother's Name: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_

**Client 2:**

Mother's Name: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_

**What do you most look forward to? What concerns you?**

Check all that applies.

Retirement Expectations			Retirement Concerns		
	Client 1	Client 2		Client 1	Client 2
Active Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	Running Out of Money	<input type="checkbox"/>	<input type="checkbox"/>
Quiet Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	Investment Losses	<input type="checkbox"/>	<input type="checkbox"/>
Moving to a New Home	<input type="checkbox"/>	<input type="checkbox"/>	Leaving Money to Others	<input type="checkbox"/>	<input type="checkbox"/>
Time to Travel	<input type="checkbox"/>	<input type="checkbox"/>	Cost of Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>
Less Stress–Peace of Mind	<input type="checkbox"/>	<input type="checkbox"/>	Health Care Costs	<input type="checkbox"/>	<input type="checkbox"/>
Time with Family	<input type="checkbox"/>	<input type="checkbox"/>	Dying Early	<input type="checkbox"/>	<input type="checkbox"/>
Work by Choice	<input type="checkbox"/>	<input type="checkbox"/>	Living Too Long	<input type="checkbox"/>	<input type="checkbox"/>

### Retirement Age and Living Expenses

What age would you like to retire?

**Client 1:** \_\_\_\_\_ **Client 2:** \_\_\_\_\_

What amount would you like to receive monthly **after tax** to fund your retirement living expenses?

\$ \_\_\_\_\_ /month

**Please note:** *If you are **unsure of your monthly expenses** please complete the Expense Worksheet attached to this workbook. We can also estimate a need based on 70% of your current income until the worksheet can be completed.*

### Goals & Expenses

Please list any goals that you have **prior to retirement** that you will use your current savings to fund (i.e., education, renovations, large purchases and/or vacation/rental property prior to retirement).

Goal / Objective	Start Year	End Year	Frequency	Cost

Please list any additional goals/expenses that you anticipate **during retirement** (i.e., travel in retirement, home renovations, large purchases in retirement, health care costs).

Goal / Expense	Start Year	End Year	Frequency	Cost

### Health Insurance

**Client 1**

Health Care Premium: \$ \_\_\_\_\_ /year  
 Out-of-Pocket Expenses: \$ \_\_\_\_\_ /year  
 Dental: \$ \_\_\_\_\_ /year Vision: \$ \_\_\_\_\_ /year

**Client 2**

Health Care Premium: \$ \_\_\_\_\_ /year  
 Out-of-Pocket Expenses: \$ \_\_\_\_\_ /year  
 Dental: \$ \_\_\_\_\_ /year Vision: \$ \_\_\_\_\_ /year

If on **MEDICARE**, complete these additional sections:

Part A: \$ \_\_\_\_\_ /year Part C: \$ \_\_\_\_\_ /year Part A: \$ \_\_\_\_\_ /year Part C: \$ \_\_\_\_\_ /year  
 Part B: \$ \_\_\_\_\_ /year Part D: \$ \_\_\_\_\_ /year Part B: \$ \_\_\_\_\_ /year Part D: \$ \_\_\_\_\_ /year  
 Medigap: \$ \_\_\_\_\_ /year Other: \$ \_\_\_\_\_ /year Medigap: \$ \_\_\_\_\_ /year Other: \$ \_\_\_\_\_ /year

**Social Security Income**

Attach your most recent statement/report.

**Client 1**

Are you eligible?  Yes  No

If receiving now, enter amount: \$ \_\_\_\_\_/month

Gross Estimated Benefit: \$ \_\_\_\_\_/year

Age to Begin Taking: \_\_\_\_\_

**Client 2**

Are you eligible?  Yes  No

If receiving now, enter amount: \$ \_\_\_\_\_/month

Gross Estimated Benefit: \$ \_\_\_\_\_/year

Age to Begin Taking: \_\_\_\_\_

**Pension Plans**

Attach your most recent statement/report.

**Client 1**

Company: \_\_\_\_\_

Income Begins: \_\_\_\_\_

**Client 2**

Company: \_\_\_\_\_

Income Begins: \_\_\_\_\_

Please list the different **gross** payout amounts if you have a pension statement.

Single Life 100%: \$ \_\_\_\_\_/year

Joint 100% Survivor: \$ \_\_\_\_\_/year

Joint 50% Survivor: \$ \_\_\_\_\_/year

Lump Sum: \$ \_\_\_\_\_/year

Additional Option: \$ \_\_\_\_\_/year

Cost of Living Adjustment: \_\_\_\_\_%

Single Life 100%: \$ \_\_\_\_\_/year

Joint 100% Survivor: \$ \_\_\_\_\_/year

Joint 50% Survivor: \$ \_\_\_\_\_/year

Lump Sum: \$ \_\_\_\_\_/year

Additional Option: \$ \_\_\_\_\_/year

Cost of Living Adjustment: \_\_\_\_\_%

**Other Income**

(i.e. rental income, annuity income stream, part-time employment, bonuses, trusts)

**Client 1**

Description: \_\_\_\_\_

Income Begins: \_\_\_\_\_

**Net** of Tax Benefit Amount: \$ \_\_\_\_\_/year

Survivor Benefit: \_\_\_\_\_%

**Client 2**

Description: \_\_\_\_\_

Income Begins: \_\_\_\_\_

**Net** of Tax Benefit Amount: \$ \_\_\_\_\_/year

Survivor Benefit: \_\_\_\_\_%

Do you have any large expected future inflows (i.e., inheritance, business payout, sale of house)? If yes, please explain:

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**Bank, Savings and Loan & Credit Union Accounts (Non-IRA Assets)**

(i.e., checking, savings and money market accounts)

Name of Institution	Owner	Account Type	Annual Additions	Int. Rate	Approximate Balance
				%	\$
				%	\$
				%	\$
				%	\$

**IRA Accounts**

Attach your most recent statement/report.

Name of Institution	Owner	Account Type (i.e., IRA, Roth)	Current Contribution	Approximate Market Value
				\$
				\$
				\$
				\$

**Employer Sponsored Retirement Accounts**

Attach your most recent statement/report.

Name of Institution	Owner	Account Type (i.e., 401(k), 403(b))	Current Contribution	Current Match	Approximate Market Value
					\$
					\$
					\$
					\$

**Mutual Fund, Brokerage Accounts, Stocks & Bonds**

Attach your most recent statement/report.

Name of Institution	Owner(s)	Type of Investment	Current Contribution	Approximate Market Value
				\$
				\$
				\$
				\$

**Education Accounts**

Attach your most recent statement/report (i.e. 529 Plans, Coverdell).

Name of Institution	Owner(s) & Beneficiary	Type of Investment	Current Contribution	Approximate Market Value
			\$ /yr	\$
			\$ /yr	\$

**Real Estate**

(i.e., personal, business, investment property)

1. Asset Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_ Rate: \_\_\_\_\_ %  
 Approximate Value: \_\_\_\_\_ Debt/Mortgage: \$ \_\_\_\_\_ Original Cost: \$ \_\_\_\_\_  
 Principle: \_\_\_\_\_ Interest: \_\_\_\_\_ Taxes: \_\_\_\_\_
2. Asset Type: \_\_\_\_\_ Owner(s): \_\_\_\_\_ Rate: \_\_\_\_\_ %  
 Approximate Value: \_\_\_\_\_ Debt/Mortgage: \$ \_\_\_\_\_ Original Cost: \$ \_\_\_\_\_  
 Principle: \_\_\_\_\_ Interest: \_\_\_\_\_ Taxes: \_\_\_\_\_

**Life Insurance**

Attach your most recent statement/report. Type: Whole, Term, Universal, Variable.

1. Name of Institution: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 Owner(s) & Beneficiary: \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_ End Date: \_\_\_\_\_  
 Type of Insurance: \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_
2. Name of Institution: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 Owner(s) & Beneficiary: \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_ End Date: \_\_\_\_\_  
 Type of Insurance: \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_
3. Name of Institution: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 Owner(s) & Beneficiary: \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_ End Date: \_\_\_\_\_  
 Type of Insurance: \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

**Company Stock Options**

Attach your most recent statement/report.

Company Name	Owner(s)	Original Cost	Approx. Value	Ticker	Vesting Schedule
		\$	\$		
		\$	\$		

**Liabilities**

(i.e., HELOC, education, credit cards, car payments)

Name of Institution	Owner(s)	Type	Origination Date & Number of years	Interest Rate	Amount of Liability	Monthly Payment
			/	%	\$	
			/	%	\$	
			/	%	\$	
			/	%	\$	

**Other Professionals**

Attorney's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Accountant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Property & Casualty Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

**Estate Planning Items**

Please bring a recent copy of your wills, trusts, and other estate documents.

Do you have a current will?  Yes  No If yes, when was this last revised: \_\_\_\_\_  
Do you have a current Power of Attorney?  Yes  No  
Do you have a current Living Will?  Yes  No  
Do you have a current Pet Protection Agreement?  Yes  No  
Do you have a Health Care Proxy?  Yes  No  
Do you have a Trust?  Yes  No  
Name of Trust(s): \_\_\_\_\_ / \_\_\_\_\_  
Type of Trust:  Revocable  Irrevocable  Other  
Name(s) of Trustees: \_\_\_\_\_  
Date Trust(s) Established: \_\_\_\_\_ / \_\_\_\_\_

**Trusted Contact**

A trusted contact is someone to whom you would authorize us to disclose information about your account(s).

Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Legal Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Beneficiary(ies)**

Primary: \_\_\_\_\_  
Contingent: \_\_\_\_\_  
Contingent: \_\_\_\_\_  
Contingent: \_\_\_\_\_  
Contingent: \_\_\_\_\_

### Liability Coverage

Please bring a recent copy of your homeowners and auto coverage.

Do you have Umbrella/Personal Liability?  Yes  No

Coverage Amount: \$ \_\_\_\_\_ Company Name: \_\_\_\_\_

Do you have a Long-Term Care Policy?  Yes  No

Please indicate whether or not you have ownership/participate in any of the following items.

Secondary Home  Yes  No Location: \_\_\_\_\_

Watercraft  Yes  No Type: \_\_\_\_\_

Automobile(s)  Yes  No Number of vehicles: \_\_\_\_\_

Type(s) of automobiles and year? \_\_\_\_\_

What is your current Liability Automobile coverage? (i.e. \$250k/\$500k/\$100k) \$ \_\_\_\_\_ k/\$ \_\_\_\_\_ k/\$ \_\_\_\_\_ k

Other personal P&C items/policies?  Yes  No Type: \_\_\_\_\_

Do you have a Home Equity Line of Credit?  Yes  No

Current Balance: \$ \_\_\_\_\_ Available Balance: \$ \_\_\_\_\_

Current interest rate: \_\_\_\_\_%