

COMPREHENSIVE FINANCIAL GROUP INC.

Retirement Specialists Since 1991

CONFIDENTIAL FINANCIAL WORKSHEETS

Comprehensive Financial Group Inc.

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With our over 27 years of experience, our process is different than what you normally experience with a Financial Service Company.

Our focus is to: Increase Your Wealth, Reduce Your Taxes, and REDUCE or ELIMINATE the NEGATIVE EFFECTS OF THE ERODING FACTORS that can ruin your financial future.

The ERODING FACTORS Are: Market Losses, Outliving Your Money, Inflation, High Fees & Charges, Death, Disability, and Taxes.

Our approach is the reason our process is a proven success, and it allows our clients to sleep at night.

We believe in FINANCIAL EDUCATION, so congratulations for taking the first step.

Most people spend more time planning a vacation than they do their financial future. Please take the time to fill out these important financial sheets.

Sincerely,

James R. Grazioli – President

CLIENT: _____

DATE: _____

1. What are you currently doing in preparing for your financial future?
 2. What do you like most about what you are doing?
 3. What don't you like about your current financial planning?
 4. What would you like to see enhanced or improved?
 5. What has been your past experience with preparing for your financial future?
 6. What would you "ideally" like to accomplish with your financial strategy?
 7. Tell me about your decision making process.
 8. What keeps you up at night?
 9. Check the importance of the Following Benefits:
 - A. Safety of Principal and Earnings (No Losses) – Yes___ No ___
 - B. Potential Earnings with a Guarantee of No Losses – Yes___ No___
 - C. Reducing Income Taxes – Yes___ No___
 - D. Access to Cash without Penalties – Yes___ No___
 - E. Legacy – Proceeds Immediately Sent to Beneficiaries Avoiding Probate – Yes___ No ___
 10. Approximately when do you plan to start your Retirement Income?
Now___ or How many years_____
 11. Which Question Above is the Most Important to You? _____
Explain Why_____
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PERSONAL INFORMATION

Client 1

Client 2

Name		
Address		
City, Zip Code		
Phone Number		
Email		
Date of Birth		

PLEASE USE APPROXIMATE NUMBERS

SAVINGS & RETIREMENT PLANS

Client #1

Client #2

Assets

Current Value

Current Value

Checking			
Savings			
Money Market			
CD'S			
Non IRA Brokerage Accounts			
IRA Brokerage Accounts			
401K (Still Working There?) Yes___ No___			
403B			
Annuity IRA			
Annuity Non IRA			
Other Investments (Describe)			
TOTAL			

1. Are You Currently Contributing to any of these Plans: Yes___ No___
If yes, list the plans and the amounts that you are contributing:

MONTHLY INCOME

PLEASE USE APPROXIMATE NUMBERS ON ALL SHEETS

Client #1

Current Income	Monthly Amount	Stop or Start Date If Any
Job or Business		
Pension Income		
Social Security		
Monthly Withdrawal From Investments		
Income From Other Source		
Total		

Client #2

Current Income	Monthly Amount	Stop or Start Date If Any
Job or Business		
Pension Income		
Social Security		
Monthly Withdrawal From Investments		
Income From Other Source		
Total Client 2		
Total From Client 1		
Total Client 1 & 2		
	Approximate Value	Age or Year - & Source
Other Future Income or Assets		
Assets (Inheritance/Sale of Business or Other)		

PLEASE USE APPROXIMATE NUMBERS

SAVINGS & RETIREMENT PLANS

Client #1

Client #2

Assets

Current Value

Current Value

Checking			
Savings			
Money Market			
CD'S			
Non IRA Brokerage Accounts			
IRA Brokerage Accounts			
401K (Still Working There?) Yes__ No__			
403B			
Annuity IRA			
Annuity Non IRA			
Other Investments (Describe)			
TOTAL			

2. Are You Currently Contributing to any of these Plans: Yes__ No__

3. If yes, list the plans and the amounts that you are contributing:

REAL ESTATE

Monthly Payment Balance Current Value & Rate Years left to pay

Residence				
Vacation Home or RV				
Rental Home				
Rental Home				

INSURANCE POLICIES

(Type: Term or Cash Value) Death Benefit Payment Cash Value

Life Ins.				
Life Ins				
Life Ins.				
Disability Policy	Yes__ No__ X	Mo. Benefit:		NA
Long Term Care	Yes__ No__ x	Mo. Benefit:		NA

DEBTS

Debts Monthly Payments Balance Owed # of Years Left

Auto Own or Lease			
Auto Own or Lease			
Credit Card			
Credit Card			
Home Equity Loan			
Boat Loan			
Other Loans			
TOTAL MONTHLY Debt Payments		NA	NA

Monthly Expenses	Category	Monthly Amount	Total Per Section
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Housing	Mortgage Payment		
	Homeowners Ins		
	Property Taxes		
	HOA Fees		
		Total 	
Utilities	Electric, Water, Cable, Internet,		
	Pool or Lawn Maintenance		
Personal	Groceries, Clothing etc.		
		Total 	
Health Care & Insurance	Health Insurance Premiums		
	Medicare Part B Premiums		
	Prescription Plan Premiums		
	Long Term Care Premiums		
	Life Insurance Premiums		
	Disability Insurance Premiums		
	Auto & RV Ins. Premiums		
	Other		
		Total 	
Transportation	Auto Fuel		
		Total 	
Recreation	Travel & Vacations		
	Hobbies		
	Dining Out		
		Total 	
Other Future Expenses		Total 	
Total Monthly Exp.		Total 	
Total Monthly Debt	From Previous Page	Total 	
Total Expenses		TOTAL 	

WORKSHEET CURRENT SUMMARY

TOTAL MONTHLY INCOME	\$
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TOTAL MONTHLY EXPENSES	\$
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NET MONTHLY EXCESS OR LOSS	
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Additional Comments or Goals _____
