

COMPREHENSIVE FINANCIAL GROUP INC.

Retirement Specialists since 1991

CONFIDENTIAL ANNUITY WORKSHEETS

Comprehensive Financial Group Inc.

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With 29 years of experience, our process is different than what you normally experience with a financial service company. Most brokers try to sell you products that have higher rates of return, which greatly increases your risk. These products increase the broker's income but may jeopardize your future retirement.

We believe in helping you understand how we can help you make good financial decisions for your future to ensure a safe, secure, and comfortable retirement!

Our focus is to walk you through step by step and provide retirement income planning and to reduce or eliminate, the eroding factors, that can ruin your financial future.

The ERODING FACTORS Are:

1. Market Losses
2. Outliving Your Money
3. Inflation
4. High Fees and/or Charges

We know our approach is a proven success and it allows our clients to sleep at night. We have the ability to create a plan for you which allows you to secure your financial future and leave proceeds to your beneficiaries (avoiding probate).

There no fees or charges for our services. We are paid directly from the annuity companies.

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

Sincerely,
James R. Grazioli
President

If you do not have a pension plan or an adequate pension plan, you may want to consider an annuity with a lifetime income plan. You receive a monthly check for the rest of your life, so you never outlive your money. It works like a pension plan, except: The Death Benefit (contract value) is passed to your beneficiaries and avoids probate. The company does not keep your money.

1. Financial Retirement Planning – (Please check one of the following: A, B, or C)

A. Lifetime Income Plan: Single or Joint (Pension type: Never Outlive Your Money)

Single Joint

B. Growth Plan: with withdrawals as needed up to an allowed amount (No lifetime Income rider). Usually for people who have an adequate pension and/or have excess money where they know they will not outlive their retirement money.

C. Legacy: Leaving most, or all, of your money to your beneficiaries and spending little or none during your lifetime.

2. When do you plan to start taking income from this Annuity?

Year: Age:

Each year you wait may give you a higher lifetime income amount. Example: if you can use income from other sources before drawing from this annuity, this may allow you to grow your lifetime income amount.

3. What is the approximate monthly income you would like to draw from this Annuity?

\$

If you do not know, provide an approximate total investment amount, and we will calculate the income for you.

\$

PERSONAL INFORMATION

Client 1

Client 2

Name		
Address		
City, State, Zip Code		
Phone Number		
Does this phone accept texts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email		
Date of Birth		

PLEASE USE APPROXIMATE WHOLE NUMBERS ON ALL SHEETS

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		
401(k) still working there?		
403(b) still working there?		
Annuity IRA		
Annuity Non-IRA		
Other Investments:		
Other Investments:		
TOTAL		

Are you currently contributing to any of the above Plans? Yes **No**

If yes, state the contribution amount(s) below:

Plan	Amount	Plan	Amount
Savings		Non-IRA Brokerage Accounts	
Money Market		IRA Brokerage Accounts	
CD's		Annuity IRA	
401(k)		Annuity Non-IRA	
403(b)		Other Investments	

MONTHLY INCOME

Client 1 Current Income:	Monthly Amount	Stop or Start Date if any
Job or Business		Stop:
Pension Income		Start:
Pension Income Survivorship: Check One 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 0% <input type="checkbox"/>	NA	NA
Social Security* Started or Expected		Start:
Monthly Withdrawal from Investments		Start: Stop:
Income from Other Source:		Start: Stop:
Income from Other Source:		Start: Stop:
Income from Other Source:		Start: Stop:
Sub-Total		

Client 2 Current Income:	Monthly Amount	Stop or Start Date if any
Job or Business		Stop:
Pension Income		Start:
Pension Income Survivorship: Check One 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 0% <input type="checkbox"/>	NA	NA
Social Security* Started or Expected		Start:
Monthly Withdrawal from Investments		Start: Stop:
Income from Other Source:		Start: Stop:
Income from Other Source:		Start: Stop:
Income from Other Source:		Start: Stop:
Sub-Total: Client 2		
Sub-Total: Client 1		
Total: Client 1 & 2		
Other Future Income or Assets	Value	Age/Year
Inheritance		Age: Year:
Sale of Business		Year:
Other Source:		Year:
Total		

* [Get Report at ssa.gov](http://ssa.gov)

REAL ESTATE

	Monthly Payment	Balance	Current Value & Interest Rate	Yrs. left to Pay
Residence Mortgage				
Extra Principal		NA	NA	NA
Vacation Home Mortgage				
RV Loan				
Rental Home Mortgage				

INSURANCE POLICIES

	Term or Cash Value	Death Benefit	Payment	Cash Surrender Value
Life Insurance				
Life Insurance				
Life Insurance				
Disability Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mo. Benefit:		NA
Long Term Care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mo. Benefit:		NA
Concerned About Long Term Care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	NA	NA	NA

DEBTS

	Monthly Payments	Balance Owed	# of Years Left
Auto 1: Own <input type="checkbox"/> Lease <input type="checkbox"/>			
Auto 2: Own <input type="checkbox"/> Lease <input type="checkbox"/>			
Credit Card			NA
Credit Card			NA
Credit Card			NA
Credit Card			NA
Home Equity Loan			
Boat Loan			
RV Loan			
Other Loan Type:			
Other Loan Type:			
TOTAL		NA	NA

Monthly Expenses	Category	Monthly Amount
Housing	Mortgage Payment	
	Homeowners Insurance	
	Property Taxes	
	HOA Fees	
	Lawn Maintenance	
	Sub-Total	
Utilities	Electric/Gas, Water, Cable, Internet, Telephone, etc.	
Personal	Groceries, Clothing etc.	
	Sub-Total	
Health Care & Insurance	Health Insurance Premiums	
	Medicare Part B Premiums	
	Dental Insurance Premiums	
	Vision Insurance Premiums	
	Prescription Plan Premiums	
	Long Term Care Premiums	
	Life Insurance Premiums	
	Disability Insurance Premiums	
	Auto & RV Insurance Premiums	
	Other	
	Sub-Total	
Transportation	Auto Fuel	
	Sub-Total	
Recreation	Travel & Vacations	
	Hobbies	
	Dining Out	
	Sub-Total	
Other Future Expenses		
Other Expenses		
	Sub-Total	
Total Expenses		
Total Debt + Expenses		

MONTHLY SUMMARY TOTALS

INCOME	
EXPENSES	
NET EXCESS OR LOSS	

Additional Comments:

Additional Goals:

Print Form

Reset Form