

COMPREHENSIVE FINANCIAL GROUP INC.

Retirement Specialists since 1991

CONFIDENTIAL FINANCIAL WORKSHEETS

Comprehensive Financial Group Inc.

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With over 34 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:

1. Increase Your Wealth
2. Reduce Your Taxes
3. REDUCE or ELIMINATE the NEGATIVE EFFECTS OF 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
5. Death, Disability, and Taxes

Our approach is the reason our process is a proven success, and it allows our clients to sleep at night knowing they have secured their financial future.

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

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 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?

Which question above is the most important to you?

Explain Why:

How important are the following benefits to you?	Not important	Important	Very important
A. Safety of Principal and Earnings (No Losses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Potential Earnings with a Guarantee of No Losses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Reducing Income Taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Access to Cash without Penalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Avoid Probate - Inheritance Directly to Beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approximately when do you plan to start your Retirement Income?

Now ☐ or How many years

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 Business Expenses		
Other Expenses		
	Sub-Total	
Total Expenses		
Total Debt + Expenses		

MONTHLY SUMMARY TOTALS

INCOME	
EXPENSES	
NET EXCESS OR LOSS	

Additional Comments:

Additional Goals:

Submit Form

Print Form

Reset Form

Save Form