

COMPREHENSIVE FINANCIAL GROUP INC.

Retirement Specialists Since 1991

CONFIDENTIAL FINANCIAL WORKSHEETS

Comprehensive Financial Group Inc.

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With our 25 years of experience, our process is different than what you normally experience with a Financial Service Company.

Our focus is to **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 allows our clients to sleep at night.

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

Sincerely,

James R. Grazioli – President

Client Name _____

Date _____

1. What are you currently doing in preparation for your financial future?
2. Are you currently working with a Financial Advisor? Y / N
3. Will there be anyone else helping you with your retirement planning decision making?
4. What do you like most about what you are doing?
5. What don't you like about your current financial position?
6. What would you like to see improved?
7. What has been your past experience with preparing for your financials?
8. When you think about your retirement money, do you want to take it in a lump sum or Installments?
9. How long would you like your money to last, 10, 20, 30 years or a lifetime?
10. How much of your retirement money are you comfortable losing 20%, 30%, 40%+ or none?
11. Approximately when do you plan to start taking money out of your retirement investments?
Now _____ or How many years _____
12. If we are able to develop a plan that makes sense and you are comfortable with, what is your time frame for implementation? _____

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___

2. 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		

Monthly Expenses

Category

Monthly Amount

Total Per Section

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

REAL ESTATE

Monthly Pymt Approx. Balance Current Value 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

WORKSHEET CURRENT SUMMARY

Total Monthly Income

Client #1	
Client #2	
TOTAL	

Total Monthly Expenses

Client #1	
Client #2	
TOTAL	

NET MONTHLY EXCESS OR LOSS

Client #1	
Client #2	
TOTAL	