

COMPREHENSIVE FINANCIAL GROUP INC.

Retirement Specialists Since 1991

CONFIDENTIAL FINANCIAL WORKSHEETS

Comprehensive Financial Group Inc.

2313 S.W. Essex Ct. Palm City, FL. 34990

Office – (772-286-4324) **Cell/Text** – (772-486-1323) **Fax**- (772-223-9030)

Email: jamesgraz@hotmail.com Website: www.jamesgraz.com

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_____
-

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 | | | | |
| EXTRA Principal Payment | | NA | NA | NA |
| Vacation Home or RV | | | | |
| Rental Home | | | | |

INSURANCE POLICIES

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

| | | | | |
|--------------------------|--|--------------|--|----|
| Life Ins. | | | | |
| Life Ins | | | | |
| Life Ins. | | | | |
| Disability Policy | Yes__ No__ <input checked="" type="checkbox"/> X | Mo. Benefit: | | NA |
| Long Term Care | Yes__ No__ <input checked="" type="checkbox"/> 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 |
|------------------|----------|----------------|-------------------|
|------------------|----------|----------------|-------------------|

| | | | |
|------------------------------------|--|---|--|
| 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 | \$ |
|-----------------------------|-----------|

| | |
|-------------------------------|-----------|
| TOTAL MONTHLY EXPENSES | \$ |
|-------------------------------|-----------|

| | |
|-----------------------------------|--|
| NET MONTHLY EXCESS OR LOSS | |
|-----------------------------------|--|

Additional Comments or Goals _____
