

# COMPREHENSIVE FINANCIAL GROUP INC.

Retirement Specialists since 1991

## CONFIDENTIAL ANNUITY WORKSHEETS

### Comprehensive Financial Group Inc. (CFG I)

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With over 35+ years of experience, our process is different than what you normally experience with a financial service company. Most brokers only focus on trying to get you higher rates of return, which increases your risk, and even if you lose money from market declines or crashes, they still get their fees.

Our focus is to help provide you with Retirement Income Planning and to ensure a safe, secure, and comfortable retirement, with a contractual guarantee of no market losses!

Our focus is to:

1. **Increase Your Wealth**
2. **Reduce Your Taxes**
3. **REDUCE or ELIMINATE the ERODING FACTORS that can ruin your financial future**

The ERODING FACTORS Are:

1. **Market Losses**
2. **Outliving Your Money**
3. **High Fees or Charges**

Our approach is a proven success and it allows our clients to sleep at night, knowing that we have the ability to create a plan that they will: never outlive their money, never experience market losses, and leave their proceeds to their beneficiaries, avoiding probate.

**There are no fees or charges for our services. We are paid directly from the companies. We believe in FINANCIAL EDUCATION, so congratulations on taking the first step.**

Sincerely,  
James R. Grazioli  
President

## 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 (Age)		

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?		
Annuities Total Value - IRA		
Annuities Total Value - Non-IRA		
Other Investments:		
TOTAL		

# MONTHLY INCOME

Client 1 Current Income:	Monthly Amount	Stop or Start Date if any	
Job or Business		Stop:	
Pension Income		Start:	
100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> Survival			
Social Security* Started or Expected		Start:	
		Stop	
Income From Other Source:		Start:	Stop
Income From Other Source:		Start:	Stop:
<b>Sub-Total</b>			

Client 2 Current Income:	Monthly Amount	Stop or Start Date if any	
Job or Business		Stop:	
Pension Income		Start:	
100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> Survival			
Social Security* Started or Expected		Start:	
Income From Other Source:		Start:	Stop:
Income From Other Source:		Start:	Stop:
<b>Sub-Total: Client 2</b>			
<b>Sub-Total: Client 1</b>			
<b>Total: Client 1 &amp; 2</b>			
Other Future Income or Assets	Value	Age/Year	
Inheritance		Age:	Year:
Sale of Business		Year:	
Other Source:		Year:	
<b>Total</b>			

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

## REAL ESTATE

	Monthly Payment	Balance	Current Value & Interest Rate	Yrs. left to Pay
Home Mortgage				
Extra Principal		NA	NA	NA
2nd Home Mortgage				
Rental Home Mortgage				
<b>TOTAL</b>			<b>NA</b>	<b>NA</b>

## INSURANCE POLICIES

	Term or Cash Value	Death Benefit	Monthly Payment	Cash Surrender Value
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
Home Equity Loan			
Boat Loan			
RV Loan			
Other Loan Type:			
<b>TOTAL</b>		<b>NA</b>	<b>NA</b>

## MONTHLY EXPENSES

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

## MONTHLY SUMMARY TOTALS

<b>INCOME</b>	
<b>EXPENSES</b>	
<b>NET EXCESS OR LOSS</b>	

**Additional Comments:**