

# FINANCIAL COACHING CHECKLIST



Financial freedom™

WEALTH MANAGEMENT GROUP, LLC



## Contact us today:

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## Initial Client Assessment

### Personal Information

- Name
- DOB
- Marital Status
- Contact Info
  - » Address

### Family & Relationships

- Household Members (*children, dependents and their DOB*)

### Goals, Values & Assumptions

- Short Term Goals
- Long Term Goals
- Personal Values
- Retirement Age

### Income & Employment

- Current Employment/Role
- Salary
- Other Income
  - » SSI, Pension, Business Income, Rental Income
- Expected Future Income Changes

## Balance Sheet

### Assets & Accounts

- Cash/Checking/Savings
- Brokerage/Investment Accounts
- Retirement Accounts (*401k, IRA, etc.*)
- Real Estate
- Business Interests
- Stock Options, RSUs, Deferred Comp
- College Savings

### Liabilities & Debts

- Mortgage(s) (*balance, payment, interest rate, term*)
- Credit Cards
- Student Loans
- Auto Loans
- Personal Loans
- Lines of Credit
- Other Liabilities (*business debt, etc.*)

## Costs, Protection, and Education

### Expenses

- Annual Living Expenses
- Projected Retirement Expenses

### Insurance/Protection

- Life Insurance (*policy type, face amount, owner*)
- Long Term Care
- Health Insurance
- Property/Casualty Insurance

### Education Planning

- Current or Future Education Needs
- Estimated Costs and Timeline

## Legacy Planning

### Estate Planning & Legacy

- Wills/Trusts
- Gifting Strategy
- Key Heirs/Beneficiaries

## Tax Planning

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household

# FINANCIAL COACHING CHECKLIST DETAILS

## 1. Contact Information

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

## 2. Household & Relationships

Children/Dependents (Name & DOB):

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Other household members: \_\_\_\_\_

## Professional Contacts

Accountant/CPA: \_\_\_\_\_ Phone: \_\_\_\_\_

Estate Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Beneficiaries (if known): \_\_\_\_\_

## 3. Goals & Values

Personal Values/What Matters Most: \_\_\_\_\_

Short-Term Goals: \_\_\_\_\_

Long-Term Goals: \_\_\_\_\_

Planning Assumptions: \_\_\_\_\_

Retirement Age: \_\_\_\_\_

## 4. Income & Employment

Current Employer/Role: \_\_\_\_\_

Base Salary: \$ \_\_\_\_\_ Bonus/Other: \$ \_\_\_\_\_

Other Income (rental, business, pension, etc.): \$ \_\_\_\_\_

Expected Future Income Changes: \_\_\_\_\_

## 5. Assets & Accounts

Cash/Checking/Savings: \$ \_\_\_\_\_

Brokerage/Investment Accounts: \$ \_\_\_\_\_

Retirement Accounts (401k, IRA, Pension): \$ \_\_\_\_\_

Real Estate: \$ \_\_\_\_\_

Business Interests: \$ \_\_\_\_\_

Other Assets: \$ \_\_\_\_\_

## 6. Liabilities & Debt

Mortgage(s): \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % Term: \_\_\_\_\_

Credit Card Debt: \$ \_\_\_\_\_ Student Loans: \$ \_\_\_\_\_

Auto Loans: \$ \_\_\_\_\_ Personal Loans/Lines of Credit: \$ \_\_\_\_\_

Other Liabilities: \$ \_\_\_\_\_

## 7. Expenses

Current Annual/Monthly Living Expenses: \$ \_\_\_\_\_

Housing/Utilities: \$ \_\_\_\_\_ Medical: \$ \_\_\_\_\_ Taxes: \$ \_\_\_\_\_

Discretionary: \$ \_\_\_\_\_ Estimated Retirement Expenses: \$ \_\_\_\_\_

## 8. Insurance & Protections

Life: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Disability: \_\_\_\_\_ Long-Term Care: \_\_\_\_\_

Health: \_\_\_\_\_ Property/Casualty: \_\_\_\_\_

## 9. Education Plannings

Current or Future Education Needs: \_\_\_\_\_

Estimated Costs/Timeline: \_\_\_\_\_

## 10. Estate Planning & Legacy

Wills / Trusts in Place? (Yes / No): \_\_\_\_\_

Gifting / Philanthropic Plans: \_\_\_\_\_

Key Heirs / Beneficiaries: \_\_\_\_\_