Managed Wealth Strategies, LLC

"Building Wealth One Generation at a Time"

AUTHORIZED USER OF

The Living Balance Sheet®

Fact Finder

Client Name

Spouse Name

Financial Representative Name

Date

Data Gathering – Basic Information

NAVIGATION TIP: To move to the next cell, simply hit the TAB key and to go back to a previous cell, hold down the SHIFT key then hit TAB.

Basic Information

Client Name (First/Last):	Date of Birth / Age: /
Spouse's Name (First/Last):	Date of Birth / Age: /

Contact Information

Address:		
City:	State:	Zip:
Home Phone:	Fax:	
Client Cell Phone:	Spouse Cell Phone:	
Client E-mail::	Spouse E-Mail:	

Employment Information - Client

Employer Name:	Title:	
Employer Address:		
City:	State:	Zip:
Work Phone:	Work Fax:	
Email Address:	Years Employed:	
Previous Employer:	Years Employed:	

Employment Information - Spouse

Employer Name:	Title:	
Employer Address:		
City:	State:	Zip:
Work Phone:	Work Fax:	
Email Address:	Years Employed:	
Previous Employer:	Years Employed:	

Comments

Data Gathering – Basic Information

Children

First Name	Last Name	Date of Birth / Age	Special Needs? (Yes/No)	Marital Status (single, married, separated, divorced, domestic partnership, widow, widower)
		/	☐ Yes ☐ No	
		/	☐ Yes ☐ No	
		/	☐ Yes ☐ No	
		/	☐ Yes ☐ No	
		/	☐ Yes ☐ No	
		/	☐ Yes ☐ No	

Grandchildren

First Name	Last Name	Date of Birth / Age	Special Needs? (Yes/No)
		/	☐ Yes ☐ No
		/	☐ Yes ☐ No
		/	☐ Yes ☐ No
		/	☐ Yes ☐ No
		/	☐ Yes ☐ No
		/	☐ Yes ☐ No
		/	☐ Yes ☐ No
		/	☐ Yes ☐ No
		/	☐ Yes ☐ No
		/	☐ Yes ☐ No

Comments

Data Gathering – Basic Information

Income - Salary & Bonus

	(1)	(2)	(3)	(4)
Salary/Bonus Name:				
Annual Amount:	$	$	$	$

Guaranteed Retirement Income

	(1)	(2)	(3)	(4)
Guaranteed Retirement Income Name:				
Type: *(Social Security, Defined Benefit, Deferred Compensation, Annuity)*				
Basis:				
Tax Treatment: *(Earned Income, Capital Gains, Qualified Dividends, Investment Ordinary Income, Non-Taxable)*				
Annual Amount:	$	$	$	$
Owner: *(Client, Spouse, Joint, etc.)*				

Income - Other Income

	(1)	(2)	(3)	(4)
Other Income Name:				
Type: *(Business Distribution, Partnership Distribution, Real Estate, Trust, Business Income, Investment, Social Security, Other)*				
Tax Treatment: *(Earned Income, Capital Gains, Qualified Dividends, Investment Ordinary Income, Non-Taxable)*				
Annual Amount:	$	$	$	$
Owner: *(Client, Spouse, Joint, etc.)*				

Comments

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The Living Balance Sheet®

Quick Fact Finder

Protection

Property and Casualty Insurance	Health and Disability Insurance	Legal Documents	Life Insurance

Assets	
Personal Property	
Savings	
Investments	
Retirement	
Real Estate	
Business	
Total	

Liabilities	
Short Term	
Taxes	
Mortgages	
Business Debt	
Total	

Net Worth

Cash Flow

Gross Income	Protection	Assets	Liabilities	Net Income

Data Gathering – *Asset Details*

Personal Property

	(1)	(2)	(3)	(4)
Asset Name:				
Current Value:	$	$	$	$
Tax Basis:				
Owner: *(Client, Spouse, Joint, etc.)*				

Savings

	(1)	(2)	(3)	(4)
Asset Name:				
Institution Name:				
Asset Type: *(Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account, CV Life Insurance)*				
Current Value:	$	$	$	$
Tax Basis:				
Owner: *(Client, Spouse, Joint, etc.)*				
Annual Savings:	$	$	$	$

Investments (Non-Retirement)

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Type: *(Stocks, Bonds, Mutual Funds, etc.)*					
Institution Name:					
Current Value:	$	$	$	$	$
Tax Basis:					
Owner: *(Client, Spouse, Joint, etc.)*					
Annual Savings:	$	$	$	$	$

Comments

Data Gathering ***– Asset Details***

Retirement

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Type: *(Money Purchase, Profit Sharing, Deferred Compensation, Roth, Deferred Comp, 401(k), IRA, KEOGH, Profit Sharing, 403(b), Pension, SEP, Other)*					
Current Value:	$	$	$	$	$
Annual Contribution: *(for IRA, KEOGH, Profit Sharing, SEP, or Other)*	$	$	$	$	$
Owner: *(Client, Spouse)*					
Beneficiary: *(Client, Spouse, etc.)*					
Contributions based on: *(All Earned Income, Client/Spouse Salary, etc.)*					

Employer Contributions (for 401(k) or 403(b))

Asset Name:	
Type: *(None, Percent of Salary, Match Percent, Fixed Amount, Maximum)*	
Employer Percent Match of Employee Contribution:	*Example: If the employer matches 5% enter .05*
Annual Dollar Amount:	$

Defined Benefits (for Pension)

Asset Name:	
Projected Annual Pension Benefit at Retirement:	$

Comments

Data Gathering *– Asset Details*

Real Estate

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Current Value:	$	$	$	$
Tax Basis:				
Owner: *(Client, Spouse, Joint, etc.)*				
State:				
Rents:	N/A			

Business Interests*

	(1)	(2)	(3)
Business Name:			
Business Type: *(Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Co, Professional Corp)*			
Fair Market Value:	$	$	$
Tax Basis:			
Ownership Percentage:	%	%	%

* Use Business Supplement

Comments

Data Gathering *– Cash Flow Details*

Short Term

	(1)	(2)	(3)	(4)
Loan Name:				
Institution Name:				
Loan Type: *(Automobile, Line of Credit, Student Loan, Credit Card, Debt Consolidation, Other)*				
Original Loan Amount:	$	$	$	$
Current Balance:	$	$	$	$
Interest Rate:	%	%	%	%
Monthly Payment:	$	$	$	$
Number of Remaining Payments:				

Taxes

Unpaid Tax Liability Amount:	$

Comments

Data Gathering – Cash Flow Details

Mortgages

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Institution Name:				
Original Loan Amount:	$	$	$	$
Current Balance:	$	$	$	$
Interest Rate:	%	%	%	%
Original Loan Term (years):				
Monthly Payment:	$	$	$	$
Repayment Type: *(Principal and Interest, Interest Only)*				
Years Remaining:				
Additional Payment:	$	$	$	$

Business Debt

	(1)	(2)	(3)	(4)
Loan Name:				
Loan Type: *(Stockholder Loan, Personal Guarantor of Corporate Debt, Buy & Sell Agreement Liability))*				
Business:				
Original Debt Amount:	$	$	$	$
Current Balance:	$	$	$	$
Interest Rate:	%	%	%	%
Monthly Payment:	$	$	$	$
Number of Remaining Payments:				

Comments

Data Gathering – Cash Flow Details

Itemize your various Cash Flow expenditures and detail your Living Expenses.

Total Gross Income	**Total Protection Costs**	**Assets** (Annual Savings)	**Liabilities** (Debt & Taxes)	**Net Income** (Gross Income – Protection – Savings – Debt & Taxes)
				0.00

*To get updated totals *Right Click* on the 0.00 and click on *Update Field*. This will do the calculation for *Net Income*.

Net Income – Living Expense Worksheet

Category	**Annual Amount**	**Category**	**Annual Amount**	**Category**	**Annual Amount**
Alimony		Entertainment		Miscellaneous	
Associations/Dues		Food/Dining		Personal Care	
Automobile Fuel		Food/Groceries		Pet Care	
Automobile Maintenance		Gifts		Professional Fees	
Automobile Payments		Hobbies		Property Taxes	
Basic Expenses		Home Furnishings		Subscriptions	
Cable/Internet		Home Improvement		Telephone	
Charity		Home Lawn/ Maintenance and Trash		Travel	
Child Care		Home Security		Utilities	
Child Support		Homeowner's Association		Vacations	
Clothing/Dry Cleaning		Maid Service/Nanny		Other	
Clothing/Purchases		Medical/Doctors and Dentists		Other	
Country Club/Other Membership		Medical/General		Other	
Discretionary Expenses		Medical/Prescriptions		Other	
Total	0.00	Total	0.00	Total	0.00

To get updated totals *Right Click* on the 0.00 and click on *Update Field*. This will calculate each column's total.

Warning: Living expense categories should not duplicate cash flow expenditures already identified in the areas of insurance protection, asset building for savings, short-term debt or mortgage payments, or income taxes. These items are captured in the Protection, Assets, and Liabilities sections in the Data Gathering phase.	**Total Living Expenses:** *To get Total Living Expenses simply add the three totals above together.*	$

Comments

Data Gathering – Objectives

List your financial and personal objectives that are important considerations to achieve financial balance and success.

Financial

Protection

Assets

Liabilities

Cash Flow

Personal

Data Gathering – Document Checklist

The following policies and documents will be evaluated as part of your overall Protection Analysis.

- ☐ Auto, Home, Umbrella Policies
- ☐ Individual and Group Disability Policies
- ☐ Group Medical Benefit Booklet
- ☐ Wills
- ☐ Trusts
- ☐ Power of Attorney
- ☐ Living Wills
- ☐ Buy-Sell Agreement
- ☐ Personal Income Tax Returns
- ☐ Corporate Income Tax Returns
- ☐ Life Insurance Policies
- ☐ Other _____
- ☐ Other _____

This receipt hereby acknowledges that the above listed personal financial information has been provided to my Financial Representative. It is agreed that all information will be returned after analysis has been completed.

Client: ____ Date: _______________________

Financial Representative: ____ Date: ________________________