

29 Minute Personal Asset Summary

This Comprehensive, Personal Financial Planning Summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities.

Please Note: All information is held in strict confidence and will not be released to any third-party.

Please bring or make copies of the following documents:

- | | |
|--|-----------------------------------|
| 1. Last year's Income Tax Return | 5. Bank statement |
| 2. All brokerage statements | 6. All Long Term Care Policies |
| 3. All life insurance & annuity policies | 7. Social Security statements |
| 4. All IRA & retirement statements | 8. Wills/Trusts/Power of Attorney |

How did you first hear about us?

Mailing Seminar Referral by _____ Other _____

FAMILY INFORMATION:

Your Name _____ Nickname _____ DOB _____ Age _____

Spouse's Name _____ Nickname _____ DOB _____ Age _____

Your SSN# _____ Your Spouse's SSN# _____

Are You Retired? _____ Current/Former Occupation _____

Expected Retirement? _____ Employer Name _____ Phone # _____

Spouse Retired? _____ Current/Former Occupation _____

Expected Retirement? _____ Employer Name _____ Phone # _____

Home Address _____

Phone Home (____) _____ - _____ Business (____) _____ - _____

Mobile (____) _____ - _____ Fax (____) _____ - _____

E-mail: _____ Date of Marriage: _____

CHILDREN / OTHER BENEFICIARIES

(J) Joint Children (Y) Yours (S) Spouse's (O) Other Beneficiaries (M) Married (S) Single (D) Divorced

Parent	Name	Date of Birth	State of Residence	Marital Status	Social Security #
J Y S O _____	_____	(____/____/____)	_____	M S D	_____
J Y S O _____	_____	(____/____/____)	_____	M S D	_____
J Y S O _____	_____	(____/____/____)	_____	M S D	_____
J Y S O _____	_____	(____/____/____)	_____	M S D	_____
J Y S O _____	_____	(____/____/____)	_____	M S D	_____
J Y S O _____	_____	(____/____/____)	_____	M S D	_____

Are all of the above listed persons U. S. Citizens? Yes No

1. Personal Questions

- | | YES | NO |
|---|-------|-------|
| 1. Do you have a Retirement Specialist or Financial Advisor?..... | _____ | _____ |
| If yes, who?..... (Name of Brokerage Firm) | | |
| 2. Do you have an attorney?..... | _____ | _____ |
| 3. Do you have an accountant?..... | _____ | _____ |
| 4. Any problems with previous advisors?..... | _____ | _____ |
| 5. Do any of your children/grandchildren require special needs attention?..... | _____ | _____ |
| 6. Do you expect to care for a child or parent in the future?..... | _____ | _____ |
| 7. Do you have Long Term Care protection?..... | _____ | _____ |
| 8. Do you expect to receive a future inheritance?..... | _____ | _____ |
| 9. Do you have income from real estate?..... | _____ | _____ |
| 10. Have you set up an identity theft prevention plan?..... | _____ | _____ |
| 11. Is it important to you to leave a legacy or some sort of inheritance to your beneficiaries?..... | _____ | _____ |
| 12. Did you or your spouse serve in the military?..... | _____ | _____ |
| 13. Do you anticipate any large, extra ordinary expenses in the next 2 – 5 years? _____ | _____ | _____ |
| 14. Do you have any charitable goals while you are alive or after you pass away?..... | _____ | _____ |
| 15. How would you characterize your lifestyle – extravagant, modest, or middle of the road? _____ | | |
| 16. If you needed \$25,000 tomorrow for an unforeseen emergency, where would you get the money from?..... | | _____ |
| 17. What percentage of your money are you comfortable having at risk in the stock market?..... | | _____ |

2. Health Information

Do you or your spouse have any of the following medical conditions?

	Yes	No	Who
1. Heart Condition	_____	_____	_____
2. Cancer History	_____	_____	_____
3. _____	_____	_____	_____
4. Back/Hip/Bone/Arthritis	_____	_____	_____
5. Other Health Concerns	_____	_____	_____

Details _____

3. Financial Planning Objectives

Rank the following according to your level of concern.
(Please circle the most appropriate number)

	Not Concerned				Very Concerned					
	1	2	3	4	5	6	7	8	9	10
Protect my assets from Catastrophic long-term care costs										
Reducing Current Income Taxes										
Reduce or Eliminate Capital gains taxes/social security taxes										
Avoid the probate process										
Protect my assets from stock market losses										
Increase returns on savings and retirement funds										
Ensure that I won't outlive my assets										

4. How often do you check

(Please check the box that most applies)

Daily Weekly Monthly Yearly Never

5. Real Estate

Do you own your home? Yes No
 Do you rent your home? Yes No
 Do you have a vacation home? Yes No

6. Bank and Credit Union Accounts

(Checking, Savings, Money Market Accounts)

Name of Institution	Avg. Balance	% Rate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

7. Do you live off the interest your Savings / Investment dollars earn? Yes No If answered "yes", amount taken per month: \$ _____

8. Monthly Income Summary

A. Employment Wages:

You \$ _____

Spouse \$ _____

B. Social Security:

You \$ _____

Spouse \$ _____

Survivorship Benefit:

\$ _____

\$ _____

C. Pensions:

You \$ _____

Spouse \$ _____

D. Other types of income/wages:

You \$ _____

Spouse \$ _____

E. Additional monthly income from investments if applicable and sources - IRAs, Annuities, Rental Property, CDs, etc.:

1. Source _____ Amount _____

2. Source _____ Amount _____

3. Source _____ Amount _____

F. Debts/Liabilities:

1. Source _____ Amount Owed _____ Pay Off Date _____

2. Source _____ Amount Owed _____ Pay Off Date _____

3. Source _____ Amount Owed _____ Pay Off Date _____

9. Asset Summary

A. Real Estate	Address	Estimated Value	Remaining Mortgage	Payment
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

B. Retirement Plans – IRAs, 401ks, 403Bs, 457s, Thrift Savings Plans, etc.:

(Please bring in latest reports / statements)

1. Owner _____ Type _____ Value _____ Custodian _____ Company _____

2. Owner _____ Type _____ Value _____ Custodian _____ Company _____

3. Owner _____ Type _____ Value _____ Custodian _____ Company _____

C. Non-Retirement Investment Accounts – stocks, bonds, mutual funds, brokerage accounts, etc.:

(Please bring in latest reports/statements)

1. Owner _____ Type _____ # of shares _____ Original Investment _____ Value _____

2. Owner _____ Type _____ # of shares _____ Original Investment _____ Value _____

3. Owner _____ Type _____ # of shares _____ Original Investment _____ Value _____

D. Certificate of Deposit (CDs)

- 1. Owner _____ Bank _____ Value _____ % Rate _____ Maturity Date _____
- 2. Owner _____ Bank _____ Value _____ % Rate _____ Maturity Date _____
- 3. Owner _____ Bank _____ Value _____ % Rate _____ Maturity Date _____

E. Annuities – Variable, Fixed, Indexed, Immediate:

(Please bring in latest statements and policies, if possible)

- 1. Owner _____ Ins. Co. _____ Original Deposit _____ Value _____
- 2. Owner _____ Ins. Co. _____ Original Deposit _____ Value _____

F. Life Insurance – Whole Life, Term, Universal Life, Indexed UL, etc.:

(Please bring in latest statements and policies, if possible)

- 1. Insured _____ Ins. Co. _____ Premium _____ Death Benefit _____ Cash Value _____
- 2. Insured _____ Ins. Co. _____ Premium _____ Death Benefit _____ Cash Value _____
- 3. Insured _____ Ins. Co. _____ Premium _____ Death Benefit _____ Cash Value _____

G. Do you own any other assets of significant value? (Automobile, jewelry, artwork, collectables, etc.)

- 1. _____
- 2. _____
- 3. _____

10. Business Interests or Ownership in any Partnerships

Name of Company	Original Investment	Market Value	Ownership%	Date Acquired
_____	\$ _____	\$ _____	_____	_____

Description of Business:

Name of Company	Original Investment	Market Value	Ownership%	Date Acquired
_____	\$ _____	\$ _____	_____	_____

Description of Business:

Questions or for assistance? Call David at (office) 419/491-0909 or (cell) 419/467-4705



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