



# THE PROVENZA GROUP

## Estate & Financial Planning Professionals

### FINANCIAL ANALYSIS INFORMATION

(Please fill in prior to your appointment. If not sure, leave blank. Print clearly. OK to approximate amounts. Please bring in most recent tax return).

Date: \_\_\_\_\_  Married  Widowed  Divorced  Single

Your Name: \_\_\_\_\_ Date of birth \_\_\_\_\_  
Print full name: first, middle, last

Your "signature name" \_\_\_\_\_  
Print full name: first, middle, last

Spouse's Name: \_\_\_\_\_ Date of birth \_\_\_\_\_  
Print full name: first, middle, last

Your "signature name" \_\_\_\_\_  
Print full name: first, middle, last

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Children's Full Names	Sex	Date of Birth	Child of		
			Husband	Wife	Joint
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Grandchildren's Full Names	Sex	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**THEODORE J. PROVENZA, CEP, RFC**

100 PAINTERS MILL ROAD • OWINGS MILLS, MD 21117 • 1-800-521-7070 Fax: 410-902-0558

Securities and Investment Advisory Services offered through  
ING Financial Partners, Inc. Member SIPC  
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Name of CPA \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a current will? Y\_\_N\_\_ Living Trust? Y\_\_N\_\_

Are you concerned about possible Nursing Home Expenses? Y\_\_N\_\_

**AMOUNTS IN BANKS, SAVINGS & LOANS & CREDIT UNIONS (NON-IRA)  
(i.e., Checking, Savings, Money Market)**

NAME OF INSTITUTION	TYPE OF ACCOUNT	MATURITY DATE	INTEREST RATE	APPROXIMATE BALANCE
1. _____	_____	_____	_____ %	\$ _____
2. _____	_____	_____	_____ %	\$ _____
3. _____	_____	_____	_____ %	\$ _____
4. _____	_____	_____	_____ %	\$ _____
5. _____	_____	_____	_____ %	\$ _____

**IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS**

ACCOUNT TYPE & LOCATION (BANK, BROKER, EMPLOYER)	TYPE (401K, IRA, TSA, ETC.)	APPROXIMATE MARKET VALUE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Planned retirement date: \_\_\_\_\_ or if retired, date retired: \_\_\_\_\_

**STOCKS AND BONDS (WHERE YOU HOLD CERTIFICATES YOURSELF)**

NAME OF STOCK/BOND	NUMBER OF SHARES	APPROXIMATE MARKET VALUE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

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**MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS**

(Please bring in latest reports/statements)

NAME OF BROKERAGE FIRM OR MUTUAL FUND	NUMBER OF SHARES	APPROXIMATE MARKET VALUE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

**PROMISSORY NOTES & TRUST DEEDS**

(Where someone owes or is paying you on a note)

NAME OF DEBTOR	INTEREST RATE	APPROXIMATE BALANCE OF NOTE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

**RESIDENCE AND OTHER REAL ESTATE OWNED**

(use another sheet if more space is needed)

PROPERTY ADDRESS	ORIGINAL COST	APPROX. VALUE	DEBT NET	CASHFLOW <u>BEFORE DEPREC</u> (if a rental)
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____

**LIMITED OR GENERAL PARTNERSHIPS**

NAME OF PARTNERSHIP	TYPE OF INVESTMENT	APPROXIMATE MARKET VALUE or AMOUNT INVESTED
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

**OTHER ASSETS**

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

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**LIFE INSURANCE**

(Please bring in policies and latest statements)

COMPANY	NAME OF INSURED	TYPE OF INSURANCE (WHOLE LIFE, TERM)	DEATH BENEFIT
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____

**ANNUITIES**

(Please bring in contracts and latest statements)

ANNUITANT/ COMPANY	INTEREST OWNER	APPROX. RATE	VALUE	PURCHASED DATE
1. _____	_____	_____ %	\$ _____	_____
2. _____	_____	_____ %	\$ _____	_____
3. _____	_____	_____ %	\$ _____	_____
4. _____	_____	_____ %	\$ _____	_____

**HOUSEHOLD CASH FLOW**

HUSBAND'S WAGES: \$ \_\_\_\_\_/YR SOURCE: \_\_\_\_\_

WIFE'S WAGES: \$ \_\_\_\_\_/YR SOURCE: \_\_\_\_\_

OTHER INCOME: \$ \_\_\_\_\_/YR SOURCE: \_\_\_\_\_

\$ \_\_\_\_\_/YR SOURCE: \_\_\_\_\_

WHAT ARE YOUR APPROXIMATE ANNUAL EXPENSES: \$ \_\_\_\_\_

**What are your primary financial concerns? (List in order of importance).**

**How would you improve your financial situation if you could? Why?**

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