

MERIT Planning, Inc.

Please Fill Out Completely and Fax to 888-445-8979

Today's Date: _____

SECTION ONE-CLIENT PROFILE

Client

Spouse

Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Cell: _____ Fax: _____

E-mail : _____

E-mail : _____

Date of Birth: _____ Age: _____ Sex: M / F

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Tobacco User or Smoker: Yes / No

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Questions:

1) On a scale of 1-10 how confident are you that the **Mortgage Planning** you have done, on each of your homes, is creating the highest amount of Liquidity, Safety, Rate of Return and Tax Deductions possible?: _____

2) On a scale of 1-10 how confident are you that you have the optimal **Estate Planning** Structure to protect against the costs and annoyance of Probate, Estate Taxes and Liabilities in the case of a Law Suit? _____

3) On a scale of 1-10 how happy are you with your current **Retirement Planning** based on the Amount Saved so far, Amount of Money you are putting away each month, and the Interest Rate you are earning on your savings? _____

4) On a scale of 1-10 how confident are you that your **Insurance Planning** would replace your/each of your income(s) if you passed away? Example: \$1,000,000 of Life Insurance would create about a \$50,000/year income for the surviving spouse. _____

5) On a scale of 1-10 how confident are you that you are using **Tax Planning** to its full potential and are paying the absolute lowest amount of tax each year? _____

SECTION TWO-INCOME AND TAXES

Annual Income (Gross): \$ _____

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Taxable Income (Line 43 on 1040 Form): \$ _____

How much money on average do you get back from your tax returns each year if any? \$ _____

Tax Filing Status: Single / Head of Household / Married Filing Jointly / Married Filing Separately

Desired Age for Retirement: (Husband) Age _____

Desired Age for Retirement: (Wife) Age _____

SECTION TWO-REAL ESTATE PROPERTY DETAILS

<u>Type of Property:</u>	Primary / 2 nd Home / Investment	Primary / 2 nd Home / Investment	Primary / 2 nd Home / Investment
<u>Property Address:</u>	_____	_____	_____
	_____	_____	_____
Fair Market Value:	\$ _____	\$ _____	\$ _____
Original Purchase Price:	\$ _____	\$ _____	\$ _____
Verifiable Cost of Improvements:	\$ _____	\$ _____	\$ _____
Total Rental Income:	\$ _____	\$ _____	\$ _____

FIRST MORTGAGE

Loan Type (circle one):	Amortized / Int. Only / Other	Amortized / Int. Only / Other	Amortized / Int. Only / Other
Loan Term (30/15/etc):	_____ Years	_____ Years	_____ Year
Current Balance:	\$ _____	\$ _____	\$ _____
Beginning Loan Amount:	\$ _____	\$ _____	\$ _____
Beginning Date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Interest Rate:	_____ %	_____ %	_____ %
Payment (P & I):	\$ _____	\$ _____	\$ _____
How much have you been paying towards extra principle payments?	\$ _____ per (yr. / mo)	\$ _____ per (yr. / mo)	\$ _____ per (yr. / mo)
Tax / Insurance:	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

SECOND MORTGAGE: FIXED RATE OR HOME EQUITY LINE OF CREDIT (HELOC)

Loan Type (circle one):	Amortized / Int. Only / Other	Amortized / Int. Only / Other	Amortized / Int. Only / Other
Loan Term (30/15/etc):	_____ Years	_____ Years	_____ Year
Current Balance:	\$ _____	\$ _____	\$ _____
Beginning Loan Amount:	\$ _____	\$ _____	\$ _____
Beginning Date	: ____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Interest Rate:	_____ %	_____ %	_____ %
Payment (P & I):	\$ _____	\$ _____	\$ _____
How much have you been paying towards extra principle payments?	\$ _____ per (yr. / mo)	\$ _____ per (yr. / mo)	\$ _____ per (yr. / mo)

SECTION THREE-EMPLOYER BASED QUALIFIED ACCOUNTS
(i.e. 401K, 403b, 457, TSA, Deferred Comp, Etc.)

<u>Husband/ Wife</u>	<u>Description of Plan/Account</u>	<u>Annual Contribution</u>	<u>Percent of Gross Income</u>	<u>Current Account Balance</u>	<u>Average Percent Return</u>
H / W (#1)	_____	\$ _____	_____ %	\$ _____	_____ %
	What Is The Match Percentage Your Employer Will Match On Your Contributions?(50, 75, 100)				_____ %
	Of Those Contributions What Percentage Does Your Employer Match Up To? (1st 3%, 1st 6%, Etc.)				_____ %
H / W (#2)	_____	\$ _____	_____ %	\$ _____	_____ %
	What Is The Match Percentage Your Employer Will Match On Your Contributions?(50, 75, 100)				_____ %
	Of Those Contributions What Percentage Does Your Employer Match Up To? (1st 3%, 1st 6%, Etc.)				_____ %
H / W (#3)	_____	\$ _____	_____ %	\$ _____	_____ %
	What Is The Match Percentage Your Employer Will Match On Your Contributions?(50, 75, 100)				_____ %
	Of Those Contributions What Percentage Does Your Employer Match Up To? (1st 3%, 1st 6%, Etc.)				_____ %
H / W (#4)	_____	\$ _____	_____ %	\$ _____	_____ %
	What Is The Match Percentage Your Employer Will Match On Your Contributions?(50, 75, 100)				_____ %
	Of Those Contributions What Percentage Does Your Employer Match Up To? (1st 3%, 1st 6%, Etc.)				_____ %

SECTION FOUR-OTHER QUALIFIED ACCOUNTS
(i.e. IRAs, SEP IRAs, Roth IRAs, 401k From Previous Employers, Etc.)

<u>Husband/ Wife</u>	<u>Description of Plan/Account</u>	<u>Annual Contribution</u>	<u>Current Balance</u>	<u>Average Percent Return</u>
H / W (#1)	_____	\$ _____	\$ _____	_____ %
H / W (#2)	_____	\$ _____	\$ _____	_____ %
H / W (#3)	_____	\$ _____	\$ _____	_____ %
H / W (#4)	_____	\$ _____	\$ _____	_____ %

SECTION FIVE-CURRENT ASSETS
(i.e., Stocks, Bonds, Mutual Funds, Listed Securities, Etc.)

<u>Description of Plan/Account</u>	<u>Annual Contribution</u>	<u>Current Balance</u>	<u>Average Percent Return</u>
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %

SECTION SIX-OTHER SAVINGS VEHICLES
(i.e. Bank, Credit Union, CD's, Annuities, Money Markets, Etc.)

<u>Description of Plan/Account</u>	<u>Annual Contribution</u>	<u>Current Balance</u>	<u>Average Percent Return</u>
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %

SECTION SEVEN-ADDITIONAL RETIREMENT PLANNING CONTRIBUTIONS

What amount monthly or annually can you contribute towards your retirement and investment goals above and beyond any annual contributions previously mentioned? \$ _____

SECTION EIGHT-LIFE INSURANCE

<u>Husband/ Wife</u>	<u>Insurance Type</u>	<u>Company</u>	<u>Face Amount</u>	<u>Annual Premium</u>	<u>Cash Value</u>	<u>Year Issued</u>
H / W	_____	_____	\$ _____	\$ _____	\$ _____	_____
H / W	_____	_____	\$ _____	\$ _____	\$ _____	_____
H / W	_____	_____	\$ _____	\$ _____	\$ _____	_____
H / W	_____	_____	\$ _____	\$ _____	\$ _____	_____
Other	_____	_____	\$ _____	\$ _____	\$ _____	_____

SECTION NINE-CURRENT LIABILITIES
(i.e. Credit Card Debt, Car Payments, Etc.)

<u>Liability</u>	<u>Balance</u>	<u>Monthly Payments Regular/Minimum</u>	<u>Payments Remaining</u>	<u>Interest Rate (Percent)</u>
1. _____	\$ _____	\$ _____ / _____	# _____	_____ %
2. _____	\$ _____	\$ _____ / _____	# _____	_____ %
3. _____	\$ _____	\$ _____ / _____	# _____	_____ %
4. _____	\$ _____	\$ _____ / _____	# _____	_____ %
5. _____	\$ _____	\$ _____ / _____	# _____	_____ %
6. _____	\$ _____	\$ _____ / _____	# _____	_____ %