

For general questions, please select the "Contact Us" menu from the home page and submit the requested information, or call me direct @ 310/869-7355.

For a preliminary financial planning consultation, please complete the following form, and either:

(1) Fax it to the attention of Anita Szekeres @ 818/609-0185, or

(2) E-mail it (or the responses) to my attention @ [erusowicz@nfpsi.com](mailto:erusowicz@nfpsi.com).



Sincerely,  
Edward A. Rusowicz, CFP®

**Financial Planning Consultation Form:**

The following information covers preliminary plan data. Additional information will be required in order to complete a financial plan.

**Section 1: General**

Your Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Best time and method of contact: \_\_\_\_\_

**Section 2: Income**

Your Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Additional Sources of Income (rental properties, royalties, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 3: Property:**

Current Value Of Home: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Year of purchase: \_\_\_\_\_ Current Mortgage Inception Date: \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Date of final payment: \_\_\_\_\_ Planned sale date: \_\_\_\_\_

Planned purchase price of next home (in today's dollars): \_\_\_\_\_

Mortgage Type (check all that apply):  30 year fixed  Fixed to adjustable  
 Adjustable  Interest-only

Other (please explain): \_\_\_\_\_

Note: Additional properties should be reflected in the "Additional Information" section located at the end of this form.

**Section 4: Retirement Assets (Include IRAs, 401(k) accounts, SEP accounts, Annuities, etc.):**

Acct Type:    Owner:            Balance:            Annual Contrib.            Allocation\*:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pension Plans:**

Owner: \_\_\_\_\_ Monthly Income at Ret: \_\_\_\_\_ At age: \_\_\_\_\_ Option for lump sum?(Y/N)

\_\_\_\_\_

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\* Allocation refers to the approximate blend between equities (i.e., stocks and stock mutual funds), fixed income (i.e., bonds and bond mutual funds) and cash. As an alternative, please feel free to include account statements, if available.

**Section 5: Non-retirement Assets (Include checking, savings and investment accounts):**

Acct Type:    Owner:        Balance:        Basis:        Annual Contrib.    Allocation:

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**Section 6: Stock Option Plans:**

Owner:        Stock:    Shares:    Strike:    Granted:    Exp Date:    ISO/NSO:

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**Section 7: Education Plans (529s, Education IRAs, etc.):**

Owner:        Beneficiary:        Balance:        Ann. Contr.:        Allocation:

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Target annual education expenses per child (in today's dollars): \_\_\_\_\_

**Section 8: Monthly Expenses (excluding mortgage payment):**

Current Household Monthly Expenses (excluding mortgage pmt): \_\_\_\_\_

Anticipated changes in monthly expenses:

New Amount:            Effective Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Planned monthly retirement expenses (in today's dollars): \_\_\_\_\_

Target Retirement Year: \_\_\_\_\_

**Section 9: Liabilities**

Account:            Interest Rate:            Current Balance:            Monthly Payment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 10: Insurance Coverage:**

**Life Insurance:**

Owner:            Beneficiary:            Face Val:            Premium:            Cash Value:            Expiration:

\_\_\_\_\_

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**Disability:**

Insured:    Monthly Benefit:    Waiting Period:    Benefit. Period:    Premium:    Taxable?    COLA\*

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**Long Term Care:**

Insured:            Monthly Benefit:    Waiting Period:    Benefit. Period:    Premium:    COLA

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\*Cost of living adjustment

**Section 11: Estate Planning:**

Do you have a will? \_\_\_      Date of last update: \_\_\_\_\_

Do you have a living trust? \_\_\_      Date of last update: \_\_\_\_\_

Other trust information (Charitable Remainder/Lead Trusts, QTIP Trusts, etc.)

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**Section 12: Additional Information (use additional sheets if necessary):**

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