FINANCIAL PLANNING WORKSHEET

Date ______________ SSN ______________ Rate ______________

Name ______________ Age ______________

Pay Grade ______________ Yrs. in Svc. ______________

Date Reported/PRD (Transfer) ______________

Marital Status ______________ Spouse's Name ______________ Age ______________

Spouse's Place of Employment ______________

Number of Children and Ages ______________

Home Address ______________

Work Telephone ______________ Home Telephone ______________

Command & Referred By (Self, CMD, NMCRS, FFSC, etc.) ______________

Amount of SGLI Elected ______________ Amount of FSGLI Elected ______________

TSP Monthly Contribution ______________ MGIB Monthly Contribution ______________

STATEMENT OF NET WORTH

ASSETS	
Cash on hand	$ ________
Checking accounts	$ ________
Savings accounts	$ ________
Certificates of Deposit	$ ________
Cash value of Life Insurance	$ ________
U.S. Savings Bonds	$ ________
Mutual Funds/Money Market	$ ________
Stocks/Bonds	$ ________
College Funds	$ ________
401(k)/403(b)/TSP	$ ________
Other (IRAs, etc.)	$ ________
Real Estate (Market Value)	$ ________
Home	$ ________
Rental Property	$ ________
Other (Vac Home/Trailer/Time Share)	$ ________
Personal Property	
Vehicles/Motorcycles/Boats	$ ________
Furniture	$ ________
Jewelry	$ ________
Other (Collectibles, etc.)	$ ________

LIABILITIES	
Signature Loans	$ ________
Auto Loans or Leases	$ ________
Consolidation Loans	$ ________
Student Loans	$ ________
NEX/AAFES (Star Card)	$ ________
Department Store Credit Cards	$ ________
Other Credit Cards	$ ________
NMCRS (Loan)	$ ________
Other (Friends, Relatives, etc.)	$ ________
Advance/Over Payments	$ ________
Mortgages-Balances Due	
Home	$ ________
Rental Property	$ ________
Other (Vac Home/Trailer/Time Share)	$ ________

TOTAL ASSETS	**$** ________
TOTAL LIABILITIES	**$** ________
NET WORTH (Assets - Liabilities)	**$** ________

Counseling Provided By: ______________

Counselor Phone #: ______________

Appointment Date: ______________ Time: ______________

Place: ______________