

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: _____