MY PLANNING PROFILE

CALLAHAN FINANCIAL
MANAGEMENT GROUP, LLC
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Personal information

Name (Last, First, MI)	Spouse/Partner's name (Last, First, MI)
Street address	Street address
City, state, and ZIP code	City, state, and ZIP code
Email	Email
Date of birth (mm/dd/yyyy)	Date of birth (mm/dd/yyyy)
Total Earned Income	Total Earned Income

Filing status: ❑ Single ❑ Married ❑ Partners/Other

Retirement goals

Description	Ideal	Alternative
Client retirement age:	_____	_____
Spouse/Partner retirement age:	_____	_____
Retirement spending goal (after tax)	$ _____	$ _____
Estate goal	$ _____	$ _____

Social Security

Description	Client	Spouse/Partner
Estimate my benefit for me	❑	❑
Currently collecting:	$_____	$ _____
Expect to collect:	$_____	$ _____
When will benefits begin?	_____	_____
Estimate my benefit for me	❑	❑

Please choose only one Social Security option per person

Other goals

Please indicate specific spending goals, in addition to your retirement spending goal, that you would like to include in this plan (i.e., weddings, education, travel).

Description	Annual amount	Net or Gross	Whose age?	Start age?	End age?	Annual increase (0% – 14%)
_____	$ _____	_____	_____	_____	_____	_____ %
_____	$ _____	_____	_____	_____	_____	_____ %
_____	$ _____	_____	_____	_____	_____	_____ %
_____	$ _____	_____	_____	_____	_____	_____ %
_____	$ _____	_____	_____	_____	_____	_____ %

Other income

Please list all other sources of income (i.e., pension, annuity, rental property income, etc.).

Description	Annual amount	Net or Gross	Whose age?	Start age?	End age?	Annual increase (0% – 14%)
_____	$ _____	_____	_____	_____	_____	_____ %
_____	$ _____	_____	_____	_____	_____	_____ %
_____	$ _____	_____	_____	_____	_____	_____ %
_____	$ _____	_____	_____	_____	_____	_____ %
_____	$ _____	_____	_____	_____	_____	_____ %

Account summary and future savings

Please list the total value and account details of each financial account in which you hold an interest.

Account name (Name of account holder)	Account number	Cost basis (Orig. purchase price)	Current value	Annual contribution	Tax Status: Taxable	Tax-deferred	Tax-exempt
_____	_____	$ _____	$ _____	$_____	❑	❑	❑
_____	_____	$ _____	$ _____	$_____	❑	❑	❑
_____	_____	$ _____	$ _____	$_____	❑	❑	❑
_____	_____	$ _____	$ _____	$_____	❑	❑	❑
_____	_____	$ _____	$ _____	$_____	❑	❑	❑

Insurance policies

Please list all insurance policies (i.e., life, long-term care).

Company	Type	Insured	Owner	Beneficiary	Death benefit	Net cash value	Annual premium
_____	_____	_____	_____	_____	$_____	$ _____	$ _____
_____	_____	_____	_____	_____	$_____	$ _____	$ _____
_____	_____	_____	_____	_____	$_____	$ _____	$ _____
_____	_____	_____	_____	_____	$_____	$ _____	$ _____
_____	_____	_____	_____	_____	$_____	$ _____	$ _____

Other assets

Please list all insurance policies (i.e., life, long-term care).

Description	Cost basis	Current value	Owner	Annual increase (0% – 14%)
_____	$ _____	$ _____	_____	_____%
_____	$ _____	$ _____	_____	_____%
_____	$ _____	$ _____	_____	_____%
_____	$ _____	$ _____	_____	_____%
_____	$ _____	$ _____	_____	_____%

Liabilities

Please indicate debts, mortgages, loans, etc.

Description (lender, loan term)	Liability type (Mortgage, loan, other)	Current amount	Owner	Monthly payment	Interest Rate
_____	_____	$ _____	_____	$ _____	_____%
_____	_____	$ _____	_____	$ _____	_____%
_____	_____	$ _____	_____	$ _____	_____%
_____	_____	$ _____	_____	$ _____	_____%
_____	_____	$ _____	_____	$ _____	_____%

Notes