

My Financial Snapshot

EXERCISE. Please use the worksheet below to record information about YOUR current financial situation as you understand it. If you are not sure, leave it blank and circle it to revisit later. This information will help you and your coach get a clearer picture of your current financial situation.

| Cas | h Reserve | | | Real Est | ate | |
|-------------|-----------|---------|-----------------|----------|------|------------|
| Description | Details | Balance | Description | Value | Owed | Interest % |
| Checking 1 | | \$ | Residence | \$ | \$ | |
| Checking 2 | | \$ | Rental Property | \$ | \$ | |
| Savings 1 | | \$ | Other | \$ | \$ | |
| Savings 2 | | \$ | HELOC | \$ | \$ | |
| Other | | \$ | | | | |
| Other | | \$ | | | | |

| Investments | | | Credit Cards | | | |
|--------------|------|---------|---------------|-------|---------|------------|
| Description | Туре | Balance | Description | Limit | Balance | Interest % |
| Investment 1 | | \$ | Credit Card 1 | \$ | \$ | |
| Investment 2 | | \$ | Credit Card 2 | \$ | \$ | |
| Investment 3 | | \$ | Credit Card 3 | \$ | \$ | |
| Investment 4 | | \$ | Credit Card 4 | \$ | \$ | |
| Annuity 1 | | \$ | Credit Card 5 | \$ | \$ | |
| Annuity 2 | | \$ | Credit Card 6 | \$ | \$ | |
| Other | | \$ | Other | \$ | \$ | |





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| Retirement Accounts | | | Autos, Boats, Motorcyles | | | |
|---------------------|-------|-----|--------------------------|-------|---------|--|
| Description | Yours | His | Description | Value | Details | |
| 401(k) / 403(b) | \$ | \$ | Vehicle 1 | \$ | | |
| Pension | \$ | \$ | Vehicle 2 | \$ | | |
| IRA 1 | \$ | \$ | Other | \$ | | |
| IRA 2 | \$ | \$ | Other | \$ | | |
| Roth IRA 1 | \$ | \$ | | | | |
| Roth IRA 2 | \$ | \$ | | | | |
| Other | \$ | \$ | | | | |
| Other | \$ | \$ | | | | |

| Estate Planning | | | Insurance | | | |
|-------------------------|---------|-----------------------|-----------|---------|-------------|--|
| Description | Details | Description | Face Amt. | Premium | Beneficiary | |
| Trust | | Life 1 | \$ | \$ | | |
| Will | | Life 2 | \$ | \$ | | |
| Durable POA | | Group Term 1 | \$ | \$ | | |
| Healthcare POA | | Disability 1 | \$ | \$ | | |
| Healthcare Directive | | Group Disability 1 | \$ | \$ | | |
| Guardianship | | Long-Term Care 1 | \$ | \$ | | |
| Other | | Other | \$ | \$ | | |

| Home/Auto/Umbrella | | | | | |
|------------------------|---------|---------|--|--|--|
| Description | Carrier | Details | | | |
| Home/Auto/ Umbrella | \$ | | | | |
| Other | \$ | | | | |
| Other | \$ | | | | |

