



# WEALTH STRATEGIES

BY BAYLISS & MCANINCH, INC.

1830 COLLEGE PARKWAY, SUITE 200, CARSON CITY, NV 89706

PHONE (775) 883-9555 FAX (775) 883-3621

## FINANCIAL PLANNING INFORMATION

(Please fill in prior to your appointment. If not sure, just leave blank. Please print clearly.  
Okay to approximate amounts.)

### Individual 1

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Retirement Age \_\_\_\_\_

### Individual 2

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Retirement Age \_\_\_\_\_

### Children

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you have a current will? Yes \_\_\_\_\_ No \_\_\_\_\_

Living Trust? Yes \_\_\_\_\_ No \_\_\_\_\_

Primary financial concerns? (List in order or importance if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Monthly Expenses** (mortgage, bills, food, gas, insurance etc.): \$ \_\_\_\_\_

## Insurance

	Life (Permanent) Amount	Life (Term) Amount	Disability Amount
Individual 1			
Individual 2			

## Earned Income

	Annual Amount		Annual Amount
<b>Individual 1</b>		<b>Individual 2</b>	
Salary		Salary	
Self Employment		Self Employment	

## Personal Assets

	Value
Residence	
Boat/RV	
Other	
Other	
Other	

## Liabilities

	Balance
Residence	
Boat/RV	
Credit cards	
Other	
Other	

## Savings and Investments

	Type	Individual 1	Individual 2	Monthly Contribution
<b>Cash</b>	i.e. money market	4,000		\$100

	Type	Individual 1	Individual 2	Monthly Contribution
<b>Non-IRA Investments</b>				\$100

	Type	Individual 1	Individual 2	Owner Contribution	Employer Contribution
<b>Retirement Investments</b>					

	Type	Individual 1	Individual 2	Owner Contribution	Employer Contribution
<b>Other</b> (529 plans, Business, Real Estate, ect.)					