COMPREHENSIVE FINANCIAL GROUP INC.

Retirement Specialists since 1991

CONFIDENTIAL FINANCIAL WORKSHEETS

Comprehensive Financial Group Inc.

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With 31+ years of experience, our process is different than what you normally experience with a financial service company. Most brokers focus on trying to sell you products with higher rates of return, which may greatly increase your risk, and even if you lose money from market declines, they still get their fees. These products increase the broker's income but may jeopardize your future retirement.

We believe in helping you understand how we can help you make good financial decisions for your future to ensure a safe, secure, and comfortable retirement!
Our focus is to:

1. **Increase Your Wealth**
2. Reduce Your Taxes
3. REDUCE or ELIMINATE **the** NEGATIVE EFFECTS OF THE ERODING FACTORS **that can ruin your financial future.**

The ERODING FACTORS **Are:**

1. Market Losses
2. Outliving Your Money
3. Inflation
4. High Fees and/or Charges
5. Death, Disability, and Taxes

Our approach is a proven success and allows our clients to sleep at night knowing they have secured their financial future.

There are no fees or charges for our services. We are paid directly from the company!

We believe in FINANCIAL EDUCATION, so congratulations on taking the first step.

Sincerely,

James R. Grazioli – President

CLIENT:_________________________________ Reset Date: ____________

1. **What are you currently doing in preparing for your financial future?**

2. **What do you like most about what you are doing?**

3. **What don't you like about your current financial planning?**

4. **What would you like to see enhanced or improved?**

5. **What has been your experience with preparing for your financial future?**

6. **What would you "ideally" like to accomplish with your financial strategy?**

7. **Tell me about your decision-making process.**

8. **What keeps you up at night?**

Which question above is the most important to you?
Explain Why:

How important are the following benefits to you?	Not important	Important	Very important
A. Safety of Principal and Earnings (No Losses)	☐	☐	☐
B. Potential Earnings with a Guarantee of No Losses	☐	☐	☐
C. Reducing Income Taxes	☐	☐	☐
D. Access to Cash without Penalties	☐	☐	☐
E. Avoid Probate - Inheritance Directly to Beneficiaries	☐	☐	☐

Approximately when do you plan to start your Retirement Income?
Now ☐ or **How many years**

PERSONAL INFORMATION - Reset

	Client 1	Client 2
Name		
Address		
City, State, Zip Code		
Phone Number		
Does this phone accept texts?	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
Email		
Date of Birth		

PLEASE USE APPROXIMATE WHOLE NUMBERS ON ALL SHEETS

SAVINGS & RETIREMENT PLANS

Assets	Client 1 Reset Current Value	Client 2 Reset Current Value
Checking		
Savings		
Money Market		
CD's		
Non-IRA Brokerage Accounts		
IRA Brokerage Accounts		
401(k) still working there?	☐	☐
403(b) still working there?	☐	☐
Annuity IRA		
Annuity Non-IRA		
Other Investments:		
Other Investments:		
TOTAL	$ 0	$ 0

Are you currently contributing to any of the above Plans? Yes ☐ **No** ☐

If yes, state the contribution amount(s) below:

Plan	Amount	Plan	Amount
Savings		Non-IRA Brokerage Accounts	
Money Market		IRA Brokerage Accounts	
CD's		Annuity IRA	
401(k)		Annuity Non-IRA	
403(b)		Other Investments	

Reset

MONTHLY INCOME

Client 1 Reset

Current Income:	Monthly Amount	Stop or Start Date if any	
Job or Business		Stop:	
Pension Income		Start:	
Pension Income Survivorship: Check One 100% ☐ 75% ☐ 50% ☐ 0% ☐	NA	NA	
Social Security* Started or Expected		Start:	
Monthly Withdrawal from Investments		Start:	Stop:
Income from Other Source:		Start:	Stop:
Income from Other Source:		Start:	Stop:
Income from Other Source:		Start:	Stop:
Sub-Total: Client 1	$ 0		

Client 2 Reset

Current Income:	Monthly Amount	Stop or Start Date if any	
Job or Business		Stop:	
Pension Income		Start:	
Pension Income Survivorship: Check One 100% ☐ 75% ☐ 50% ☐ 0% ☐	NA	NA	
Social Security* Started or Expected		Start:	
Monthly Withdrawal from Investments		Start:	Stop:
Income from Other Source:		Start:	Stop:
Income from Other Source:		Start:	Stop:
Income from Other Source:		Start:	Stop:
Sub-Total: Client 2	$ 0		
Total: Client 1 & 2	$ 0		
Other Future Income or Assets	Value	Age/Year	
Inheritance		Age:	Year:
Sale of Business		Year:	
Other Source:		Year:	
Total	$ 0		

*Get Report at ssa.gov

REAL ESTATE

Reset

	Monthly Payment	Balance	Current Value & Interest Rate	Yrs. left to Pay
Home Mortgage				
Extra Principal		NA	NA	NA
Vacation Home Mortgage				
Rental Home Mortgage				
TOTAL	$ 0	$ 0	**NA**	**NA**

INSURANCE POLICIES

Reset

Would You Like Your Life Insurance Reviewed? Yes ☐ No ☐

	Term or Cash Value	Death Benefit Amount	Monthly Payment	Cash Surrender Value
Life Insurance	☐ Term ☐ Cash Value			
Life Insurance	☐ Term ☐ Cash Value			
Life Insurance	☐ Term ☐ Cash Value			
Disability Insurance	Yes ☐ No ☐	Mo. Benefit:		Total: $ 0
Long Term Care	Yes ☐ No ☐	Mo. Benefit:		NA
Concerned About Long Term Care?	Yes ☐ No ☐	NA	Total: $ 0	NA

DEBTS

Reset

	Monthly Payments	Balance Owed	# of Years Left
Auto 1: Own ☐ Lease ☐			
Auto 2: Own ☐ Lease ☐			
Credit Card Other			NA
Credit Card Other			NA
Credit Card Other			NA
Credit Card Other			NA
Home Equity Loan			
Boat Loan			
RV Loan			
Other Loan Type:			
Other Loan Type:			
TOTAL	$ 0	Total: $ 0	NA

MONTHLY EXPENSES

Reset

Monthly Expenses	Category	Monthly Amount
Housing	Mortgage Payments + Extra Principal	0
	Homeowners Insurance	
	Property Taxes	
	HOA Fees	
	Lawn/Winter Maintenance	
	Sub-Total	$ 0
Utilities	Electric/Gas, Water, Cable, Internet, Telephone, etc.	
Personal	Groceries, Clothing etc.	
	Sub-Total	$ 0
Insurance	Health Insurance Premiums	
	Medicare Part B Premiums	
	Dental Insurance Premiums	
	Vision Insurance Premiums	
	Prescription Plan Premiums	
	Long Term Care Premiums	0
	Life Insurance Premiums	0
	Disability Insurance Premiums	0
	Auto & RV Insurance Premiums	
	Other	
	Sub-Total	$ 0
Transportation	Auto Fuel	
	Sub-Total	$ 0
Recreation	Travel & Vacations	
	Hobbies	
	Movies/Concerts/Dining Out, etc.	
	Sub-Total	$ 0
Donations		
Other Expenses		
	Sub-Total	$ 0
Total Expenses	$ 0	
Total Monthly Debt Payments	$ 0	
Total Debt + Expenses	$ 0	

MONTHLY SUMMARY TOTALS

INCOME	$ 0
EXPENSES	$ 0
BALANCE	$ 0

Additional Comments:

Print Form

Reset Total Form