

COMPREHENSIVE FINANCIAL GROUP INC.

Retirement Specialists since 1991

CONFIDENTIAL ANNUITY WORKSHEETS

Comprehensive Financial Group Inc. (CFG I)

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With over 33+ years of experience, our process is different than what you normally experience with a financial service company. Most brokers only focus on trying to get you higher rates of return, which increases your risk, and even if you lose money from market declines or crashes, they still get their fees.

Our focus is to help provide you with Retirement Income Planning and to ensure a safe, secure, and comfortable retirement, with a contractual guarantee of no market losses!

Our focus is to:

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

The ERODING FACTORS Are:

1. **Market Losses**
2. **Outliving Your Money**
3. **High Fees or Charges**

Our approach is a proven success and it allows our clients to sleep at night, knowing that we have the ability to create a plan that they will: never outlive their money, never experience market losses, and leave their proceeds to their beneficiaries, avoiding probate.

There are no fees or charges for our services. We are paid directly from the companies. We believe in FINANCIAL EDUCATION, so congratulations on taking the first step.

Sincerely,
James R. Grazioli
President

PERSONAL INFORMATION -

Client 1

Client 2

| | | |
|-------------------------------|--|--|
| Name | | |
| Address | | |
| City, State, Zip Code | | |
| Phone Number | | |
| Does this phone accept texts? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Email | | |
| Date of Birth | | |

PLEASE USE APPROXIMATE WHOLE NUMBERS ON ALL SHEETS

SAVINGS & RETIREMENT PLANS

Client 1

Client 2

Assets

Current Value

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? | | |
| Annuities Total Value - IRA | | |
| Annuities Total Value - Non-IRA | | |
| Other Investments: | | |
| Other Investments: | | |
| TOTAL | | |

MONTHLY INCOME

| Client 1 | Monthly Amount | Stop or Start Date if any |
|---|-----------------------|-----------------------------------|
| Current Income: | | |
| Job or Business | | Stop: |
| Pension Income | | Start: |
| Pension Income Survivorship: Check One 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 0% <input type="checkbox"/> | NA | NA |
| Social Security* Started or Expected | | Start: |
| Current Monthly Withdrawals from Investments | | Start: Stop: |
| Income from Other Source: | | Start: Stop: |
| | | |
| | | |
| Sub-Total | | |

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

* [Get Report at ssa.gov](http://ssa.gov)

REAL ESTATE

| | 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 | | | NA | NA |

INSURANCE POLICIES

| | Term or Cash Value | Death Benefit | Monthly Payment | Cash Surrender Value |
|---------------------------------|--|---------------|-----------------|----------------------|
| Life Insurance- | | | | |
| Life Insurance - | | | | |
| Life Insurance | | | | |
| Disability Insurance | Yes <input type="checkbox"/> No <input type="checkbox"/> | Mo. Benefit: | | NA |
| Long Term Care | Yes <input type="checkbox"/> No <input type="checkbox"/> | Mo. Benefit: | | NA |
| Concerned About Long Term Care? | Yes <input type="checkbox"/> No <input type="checkbox"/> | NA | NA | NA |

DEBTS

| | Monthly Payments | Balance Owed | # of Years Left |
|---|------------------|--------------|-----------------|
| Auto 1: Own <input type="checkbox"/> Lease <input type="checkbox"/> | | | |
| Auto 2: Own <input type="checkbox"/> Lease <input type="checkbox"/> | | | |
| Credit Card | | | NA |
| Credit Card | | | NA |
| | | | |
| Home Equity Loan | | | |
| Boat Loan | | | |
| RV Loan | | | |
| Other Loan Type: | | | |
| TOTAL | | NA | NA |

MONTHLY EXPENSES

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

MONTHLY SUMMARY TOTALS

| | |
|---------------------------|--|
| INCOME | |
| EXPENSES | |
| NET EXCESS OR LOSS | |

Additional Comments: