

COMPREHENSIVE FINANCIAL GROUP INC.

Retirement Specialists since 1991

CONFIDENTIAL ANNUITY WORKSHEETS

Comprehensive Financial Group Inc. (CFG I)

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With over 34+ 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 (Age)		

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 Current Income:	Monthly Amount	Stop or Start Date if any
Job or Business		Stop:
Pension Income		Start:
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		
Social Security* Started or Expected		Start:
Current Monthly Withdrawals from Investments		Start: Stop:
Income from Other Source:		Start: Stop:
Sub-Total		

Client 2 Current Income:	Monthly Amount	Stop or Start Date if any
Job or Business		Stop:
Pension Income		Start:
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		
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](https://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	
	Storage or 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: