

FOUR POINTS ADVISORY FINANCIAL ROADMAP



Owners Manual Prepared For:
Four Points Advisory Client

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FOUR POINTS ADVISORY
Minneapolis, MN
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CREATING YOUR FINANCIAL ROADMAP

Not many of us would venture out on a trip across the country without some sort of initial planning. We also might have to reroute due to a number of obstacles we may come across along the way, but we still know which direction we're heading. So why should your financial journey be any different?

Spending the time to create a basic financial plan gives you insight to the greatest journey of all, your life. Understanding your financial position helps you answer questions like, are my savings balanced with my spending, or what types of goals can we plan for. Life takes us in many different directions and a plan keeps us on track through the next turn, bump, or great event that we will experience along on our way.

Are you and your family protected; will you have income in retirement?

Four Points Advisory will help you build your personal financial roadmap. We want to help provide direction to your journey. As you head out on the highway of life we will be there with you and work with you to update your plan according to the life changes you experience.

Complete this workbook and contact us to arrange a meeting to discuss your plan and planning gaps & needs.

We are a Full Service Wealth Management Firm.



CHARLES TAYLOR, CMFC®
Owner



Client Questionnaire				
Have you or your spouse prepared a Personal Will or Estate Plan?	YES	NO	N/A	Last Reviewed:
Notes:				
Have you established any Personal Trusts?	YES	NO	N/A	Last Reviewed:
Notes:				
Have you established any Powers of Attorney?	YES	NO	N/A	Last Reviewed:
Notes:				
Have your or your spouse prepared a Medical Directive?	YES	NO	N/A	Last Reviewed:
Notes:				
Do you or your spouse have Disability Insurance?	YES	NO	N/A	Last Reviewed:
Notes:				
Do you or your spouse have Long Term Care Insurance?	YES	NO	N/A	Last Reviewed:
Notes:				
Do either yourself or your spouse jointly own property with others?	YES	NO	N/A	Last Reviewed:
Notes:				
Is either yourself or your spouse involved in a business partnership?	YES	NO	N/A	Last Reviewed:
Notes:				
Are you concerned about inflation and the economy?	YES	NO	N/A	Last Reviewed:
Notes:				
Do you have any strong feelings about the direction of interest rates?	YES	NO	N/A	Last Reviewed:
Notes:				
Did you receive a Tax Refund last year?	YES	NO	N/A	Last Reviewed:
Notes:				
Are you or your spouse expecting an inheritance in the next 12 mos?	YES	NO	N/A	Last Reviewed:
Notes:				
Do you feel like you are getting financially ahead?	YES	NO	N/A	Last Reviewed:
Notes:				
Have you reviewed your existing life insurance within the last 5 years?	YES	NO	N/A	Last Reviewed:
Notes:				
What is your single most important financial goal for the next 12 months?				Last Reviewed:
Notes:				
What Charities or Non-Profit Organizations is any of your family currently involved with?				Last Reviewed:
Notes:				
What Sports or Hobbies do you and your family engage in?				Last Reviewed:
Notes:				



SECTION 1 - General Information

	FIRST NAME	LAST NAME	DATE OF BIRTH	Age
Client:				
Spouse / Partner:				
Children:				

Address:			
Mailing Address:			
Cell Phone:	Home:	Work:	
eMail:			

SECTION 1 - Employment Information

Client's Employer	Most Recent Position Title	How Long	Gross Annual Pay
W4 Exemptions:	Retirement Plan Type:	Contribution:	Match %
Spouse's Employer	Most Recent Position Title	How Long	Gross Annual Pay
W4 Exemptions:	Retirement Plan Type:	Contribution:	Match %

SECTION 1 - Family Advisors

	NAME	Company	PHONE
Attorney:			
Banker:			
Tax Advisor:			
Bookkeeper:			
Financial Advisor:	Charles Taylor	Four Points Advisory	612-963-9166
Insurance Agent:			

SECTION 1 - Target Retirement Age to Start Drawing Social Security

CLIENT'S TARGET AGE	SPOUSE'S TARGET AGE

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HOUSEHOLD NET WORTH

SECTION 2 - ASSETS	
Item	Current Value
Primary Residence:	\$
Vacation Property:	\$
Automobiles:	\$
Recreational Vehicles:	\$
Employer Retirement Savings:	\$
Personal IRA Accounts:	\$
Personal ROTH Accounts:	\$
Brokerage Accounts:	\$
Annuity Accounts:	\$
Checking Accounts:	\$
Savings / MMKT Accounts:	\$
Life Insurance Cash Value:	\$
Other _____:	\$
Assets Total:	

SECTION 2 - LIABILITIES	
Item	Balance Owed
Mortgage 1 Balance:	\$
Mortgage 2 Balance:	\$
Home Equity Line Balance(s):	\$
Automobile Loan Balance(s):	\$
Credit Card Balance(s):	\$
Personal Line of Credit 1:	\$
Personal Line of Credit 2:	\$
Student Loan Balance(s):	\$
401k Loan Balance(s):	\$
Other _____:	\$
Other _____:	\$
Other _____:	\$
Other _____:	\$
Liabilities Total:	

SECTION 2 - NET WORTH			
Assets Total		Liabilities Total	Net Worth
	-		=

* Liquid Cash Reserves On-Hand: 0 Months

SECTION 3 - DEBT OBLIGATIONS					
Description	Date Incurred	Rate	Term	Amount	Mo. Payment
Mortgage:				\$	
Credit Card:				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

Notes:

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HOUSEHOLD CASH FLOW

SECTION 4 - Monthly Income	
Item	Income
Client (Net) Take-Home Pay:	\$
Spouse (Net) Take-Home Pay:	\$
Part-time Take-Home Pay:	\$
Interest Income:	\$
Investment Income:	\$
Rental Income:	\$
Other _____:	\$
Other _____:	\$
Other _____:	\$
Other _____:	\$
Other _____:	\$
Other _____:	\$
Other _____:	\$
Monthly Income Total:	

SECTION 4 - Monthly Expenses	
Item	Expenses
Monthly Mortgage / Rent:	\$
Gas, Electric, Water Utilities:	\$
Cable, DISH TV, Internet:	\$
Cell Phone:	\$
Food:	\$
Credit Card Payments:	\$
Life Insurance:	\$
Medical Insurance:	\$
Automotive Insurance:	\$
Gas, Transportation:	\$
Entertainment, Dining Out:	\$
Kids Activities / Sports:	\$
Other _____:	\$
Monthly Expenses Total:	

SECTION 4 - Monthly Cash Flow				
Monthly Income Total		Monthly Expenses Total		Surplus (+) or Deficit (-)
	-		=	

NOTES:

SECTION 5 - Current Life Insurance					
Client / Spouse	Type	Insurance Company	Acquired	Face Value	Cash Value

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SECTION 5 - Replacement of Lost Income

Capital needed to generate the loss of income on an ongoing basis for the surviving spouse				Amount
Total Desired Monthly Income :	=		Enter Here:	Investment Capital Required
Less Survivor Monthly Income :	-			
Income GAP :	=			x 12 Months
Target Investment % Rate of Return :	÷	6.00%		
Investment Capital Required :	=			

SECTION 5 - Final Expenses

Bills presented after death that will have to be paid out of the Estate		Amount
Burial Expense Estimate:		
Medical, Hospital, Attorney & Probate Court Expense Estimate:		

SECTION 5 - Inheritance

			Amount
Number of Heirs: <u>0</u>	Inheritance Amount: <u>0.00</u>	Cash Inheritance for Heirs :	0.00

SECTION 5 - Mortgages *

		Amount
Remaining Term/Yrs: _____	Amount Needed to Pay-off Home Mortgages :	

SECTION 5 - Education Funding *

		Amount
Amount Needed to Pay For College or Vocational Training :		

SECTION 5 - Debt Payments *

		Amount
Pay-off Credit Card Balances, Auto Loans, Education Loans, Home Improvement Loans, Etc. :		

SECTION 5 - Child Care *

		Amount
Child Care Expenses or Funding for a Disabled Child :		

SECTION 5 - Short Term Financial Reserves *

		Amount
12-Month Liquid Monthly Expense Reserves :		

TOTAL

		Amount
Total of Amounts Above :		
Enter Existing Life Insurance (-)		
Recommended Permanent Life Insurance GAP :		
Recommended Term Life * Insurance GAP :		

RECORD OF REVIEW MEETINGS

Date	Client Attendees	Meeting Summary
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