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Guidelines and Helpful Tips for Planning Worksheet

(A) Please fill out the following pages in their entirety -OR- (B) Using the list below, bring in your statements.

Documents to bring:

Statements for assets: 401(k), 403(b), Checking, Savings, IRA's, 529's, Brokerage Accounts (*not held at LPL*)

Statements for liabilities: Mortgage, HELOC, Credit Card, Student Loan, Car loan

Income: Recent paystub, Social Security Statement, Pension Estimate

Benefits: Employee benefit summary

Insurance Policy Declarations: Life Insurance, Short/Long Term Disability, Long Term Care, Home & Auto, Umbrella

Estate Documents: Will, Trust, Power(s) of Attorney, Health Care Directive

Tax Documents: Most recent Tax Return

Family Information

Client 1 Name _____ Client 2 Name _____

Client 1 DOB _____ Retirement Age Goal _____ Client 2 DOB _____ Retirement Age Goal _____

Primary Address _____

Children					
Name	Parent	DOB	Gender	Special Needs	Marital Status

Income/Salary	
Source (Employment, Social Security, Pension, Alimony, Child Support)	Annual Gross Amount

Estate Documents			
	Client 1	Client 2	
Will			Will
Health-care Directive			Health-care Directive
Medical POA			Medical POA
Financial POA			Financial POA
Trust			Trust

Enter the date the document was created or last updated.

POA = Power of Attorney

Property

Real Estate

	Basic Information				Mortgage Information							
	Purchase Year	Purchase Amount	Home Value	Tax Cost Basis	Mortgage Company	Original Loan Amount	Date of Loan	Current Balance	Interest Rate	Loan Term	P&I Pymt	Tax & Ins Pymt
Primary Home									%			
2nd/Rental									%			
3rd/Rental									%			

Personal Property

Anything of significant value, ie vehicles, boats, collectibles, paintings, antiques, etc

Owner	Basic Information				Loan Information					
	Item/ Make/Model	Year	Value	Loan Company	Original Loan Amount	Date of Loan	Current Balance	Interest Rate	Monthly Payment	
<i>Bob</i>	<i>Ford F150</i>	<i>2025</i>	<i>\$40,000</i>	<i>Cap Fed</i>	<i>\$20,000</i>	<i>11/15/22</i>	<i>\$12,000</i>	<i>3.20%</i>	<i>\$350</i>	
<i>Ann</i>	<i>Antique Crystal Glassware</i>	<i>NA</i>	<i>\$20,000</i>					%		
								%		
								%		
								%		
								%		
								%		
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								%		
								%		
								%		
								%		
								%		



Insurance

Life

Policy Name	Insurance Company	Policy Type	Term (Yrs)	Insured	Owner	Beneficiary	Current Death Benefit	Annual Premium	Premium Term (Yrs)

Disability

Policy Name	Insurance Company	Policy Type	Insured	Owner	Elimination Period (days)	Annual Premium	Benefit Type		Max. Bnft Amount
							Fixed Amt	Or % of Salary	
								%	
								%	
								%	
								%	
								%	
								%	

Long Term Care

Policy Name	Insurance Company	Purchase Date	Insured	Owner	Elimination Period (Days)	Annual Premium	Prem Term (Yrs)	Benefit Amount	Benefit Frequency	Benefit Period (Yrs)

Insurance

Medical - Health and Dental

Policy Name	Company	Group Health Plan Sponsor	Plan Type	Deductible Amount	Annual Premium

Property/Casualty

Policy Name	Company	Policy Type	Purchase Date	Renewal Date	Annual Premium	Insured Asset

EXPENSES

NOTE: All liabilities for Assets (ie home/auto/cc/loans) and Insurance Premiums are tracked in different sections

HOUSING	Monthly	OR	Annual	TRANSPORTATION	Monthly	OR	Annual	ENTERTAINMENT	Monthly	OR	Annual
HOA Fees				Gasoline				Dining Out			
Electricity/ Gas				Maintenance				Tickets (Theatre, Sports)			
Water				Registration				Recreation/ Hobbies			
Garbage Removal				MEDICAL/ DENTAL/ VISION	Monthly	OR	Annual	Movies/ Videos			
Telephone/ PC				Co-Pay(s)/ Deductibles				Club Membership Fees			
Cable TV/ Internet				Prescriptions				Subscriptions (magazine)			
Streaming (Hulu, Netflix)				Vitamins				Other			
Security System				Other				VACATIONS AND HOLIDAY	Monthly	OR	Annual
Pool Service				CHILD CARE	Monthly	OR	Annual	Travel Tickets			
Lawn/Snow Service				Support Payments				Hotels			
Housekeeping				Daycare/ Education				Food			
Home Maintenance/Improve				Sports Activities				Entertainment			
Property Taxes				Other				Auto Rental			
Pest/ Bug Service				PERSONAL CARE AND CASH	Monthly	OR	Annual	Other			
Furnishings (Inside/Outside)				Dry Cleaning				CHARITABLE CONTRIBUTIONS	Monthly	OR	Annual
GROCERIES	Monthly	OR	Annual	Hair/ Nails/ Facials				Favorite Charity			
Food/ Beverages				Cosmetics/ Shoe Shine				Cash Donations			
Household supplies				Massage				Other			
Other				Health Club				GIFTS	Monthly	OR	Annual
Other				Other				Holidays			
CLOTHING	Monthly	OR	Annual	EDUCATION SELF IMPROVEMENT	Monthly	OR	Annual	Birthdays			
Client #1				Private School/ College				Weddings			
Client #2				Classes/ Books/ Paper				Other			
Children				Hobbies/ Other				MISCELLANEOUS	Monthly	OR	Annual
PETS	Monthly	OR	Annual	PROFESSIONAL SERVICES	Monthly	OR	Annual	Alimony/Support			
Food				Lawyer				Other - Land Prop Tax/Ins			
Veterinarian				Tax Accountant				Other -			
Pet Insurance/ Other				Other							

GRAND TOTAL

Monthly Annual



