Getting to Know You Form

TruNorth Financial

Goals

What is important to you to you: personally, financially & professionally?

Short Term
(0 - 3) Years

Mid Term
(3 - 5) Years

Long Term
(5+) Years

	Individual	Spouse/ Partner
At what age would you like to achieve financial freedom by?	________	________

Family and Demographic Information

	Individual		**Spouse/ Partner**	
Full Name				
Preferred Name				
Date of Birth		Gender		Gender
Cell Phone				
E-Mail				

Home Address

Street

City State Zip

Children's Names (Nickname)	Gender	Age/ Date of Birth

Are you planning on having more children? ◯ Yes ◯ No

What are your plans for the children's secondary education?

Do you provide support for extended family members that should be included in your plan?

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Income

	Individual		**Spouse/ Partner**
Employer	______________	Employer	______________
Title/ Sub-specialty	______________	Title/ Sub-specialty	______________
Years with Employer	________	Years with Employer	________
Salary	$________	Salary	$________
Bonus	$________	Bonus	$________
________	$________	________ Other	$________

Comments: Include any business, rental or other 1099 income. Residents and fellows, please include the year you are graduating.

Insurance

	Individual			**Spouse/ Partner**	
Permanent Life Insurance	________ Name of Insurer		Permanent Life Insurance	________ Name of Insurer	
Coverage Amount	$________	Employer Coverage ☐	Coverage Amount	$________	Employer Coverage ☐
Cash Value	$________		Cash Value	$________	
Premium	$________		Premium	$________	
Term Life Insurance	________ Name of Insurer		Term Life Insurance	________ Name of Insurer	
Coverage Amount	$________	Employer Coverage ☐	Coverage Amount	$________	Employer Coverage ☐
Premium	$________		Premium	$________	
Long Term Disability	________ Name of Insurer		Long Term Disability	________ Name of Insurer	
Coverage Amount	________%	Employer Coverage ☐	Coverage Amount	________%	Employer Coverage ☐
Premium	$________		Premium	$________	

Estate Planning

Do you have any of the following estate planning documents in place:

Will	Yes ◯	No ◯
Healthcare Proxy	Yes ◯	No ◯
Power of Attorney	Yes ◯	No ◯
Trust	Yes ◯	No ◯

CPA Planning

Do you currently use a CPA?	Yes ◯	No ◯
Are you seeking a CPA/change in CPA?	Yes ◯	No ◯

Balance Sheet

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Assets

Individual

	Current Value	Monthly Contribution
Checking	$__________	$__________
Savings	$__________	$__________
Brokerage	$__________	$__________
Cryptocurrency	$__________	$__________
HSA	$__________	$__________
________________ Other	$__________	$__________

Spouse/ Partner

	Current Value	Monthly Contribution
Checking	$__________	$__________
Savings	$__________	$__________
Brokerage	$__________	$__________
Cryptocurrency	$__________	$__________
HSA	$__________	$__________
________________ Other	$__________	$__________

Retirement Plans	Current Value	Monthly Contribution	Employer Match	Roth
401(k)	$__________	$__________	___%	☐
403(b)	$__________	$__________	___%	☐
IRA	$__________	$__________		
Roth IRA	$__________	$__________		
________________ Other	$__________	$__________	___%	☐

Retirement Plans	Current Value	Monthly Contribution	Employer Match	Roth
401(k)	$__________	$__________	___%	☐
403(b)	$__________	$__________	___%	☐
IRA	$__________	$__________		
Roth IRA	$__________	$__________		
________________ Other	$__________	$__________	___%	☐

Real Estate

	Current Value	Amount Owed	Interest Rate	Insurance per Year	Taxes per Year
Primary Residence	$__________	$__________	___ %	$__________	$__________
________________ Other	$__________	$__________	___ %	$__________	$__________
________________ Other	$__________	$__________	___ %	$__________	$__________

Liabilities

	Current Value	Monthly Payment	Interest Rate	Time Remaining	Comments
Home Mortgage	$__________	$__________	___%	_______yrs	______________________________
Equity Loans	$__________	$__________	___%	_______yrs	______________________________
Student Loans	$__________	$__________	___%	_______yrs	______________________________
Auto Loans	$__________	$__________	___%	_______yrs	______________________________
Credit Cards	$__________	$__________	___%	_______yrs	______________________________
________________ Other	$__________	$__________	___%	_______yrs	______________________________

Monthly Budget

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Monthly Fixed Expenses

(Expenses not on your credit card)

HOUSING

Mortgage/Rent $________

Property Taxes $________

Home Maintenance $________

Homeowner's/ Renter's Insurance $________

Utilities (electric, gas, water, etc.) $________

Phone/Cable/Internet $________

________________ $________
Other

Total Housing $______0

OUT-OF-POCKET HEALTH CARE/INSURANCE

Health Insurance $________

Life Insurance $________

Disability Income Insurance $________

Long-term Care Insurance $________

Copayments/Coinsurance $________

Prescription Medication $________

________________ $________
Other

Health Care/Insurance $______0

TRANSPORTATION

Auto Payment(s) $________

Auto Insurance $________

Gas/Parking/Tolls $________

Maintenance/License $________

Public Transportation $________

________________ $________
Other

Total Transportation $______0

PERSONAL LOANS

Student Loan Monthly Payment $________

Other Debt $________

________________ $________
Other

Total Personal Loans $______0

RAISING CHILDREN

Dependent Care/ Child Care $________

Education/School $________

________________ $________
Other

Total Raising Children $______0

FIXED EXPENSES TOTAL $______0

MONTHLY AVERAGE CREDIT CARD EXPENSE

Average Monthly Credit Card Expense $________

Calculate your 6-12 average by: taking your last 6-12 months of credit card statements, adding each monthly expense (purchases) and dividing by how ever many months you used.

Monthly Surplus/Deficit

MONTHLY NET INCOME $______0
(After tax/"bring home")

\- TOTAL MONTHLY EXPENSES $______0

= MONTHLY BALANCE $______0

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