



Date Completed

MOSAICWEALTH MANAGEMENT GROUP

Financial Blueprint - Personal & Confidential

This preliminary worksheet helps you outline the assets and liabilities that can be used to structure a financial plan for your future.

In order to fully determine your current financial position and future goals, **please complete this blueprint and bring the following information to your consultation:**

- Any Investment/Retirement account statements (including but not limited to): mutual funds, stocks, bonds, limited partnerships, 401(k)'s, IRA's, 403(b)'s), etc.
- Insurance Policies, particularly life, and long term care
- Tax return (past 2 years) and supporting documents. (and corporate return(s) if applicable)

Name

Spouse's Name

Social Security

Social Security

DOB

DOB

Email Address

Email Address

D.L.

D.L.

Issue / Exp. Date

Issue / Exp. Date

Occupation

Occupation

Employer Name

Employer Name

Work Phone

Work Phone

Cell Phone

Cell Phone

Home Phone

Home Fax

Home Address

(Number/Street)

(City/State/Zip Code)

Marital Status:

Anniversary Date

I was referred to your office by:

1500 Town Plaza Court - Winter Springs, FL 32708
P 407.622.7526 -- mosaic-wealth.com -- F 866.386.7525

Children Name	DOB	S.S. #	Dependent	State of Residence
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Assets (Fair Market Value)

Cash

Checking Accounts
 Savings/Credit Union
 CD's
 Bank Money Market
 Other Money Market
 Other (Please Specify)

Primary Bank:

Bonds
 Municipal Bonds
 Corporate Bonds
 Government Bonds
 Bond Mutual Funds
 Other (Please Specify)

Receivables

Mortgage Receivable
 Notes Receivable
 Other (Please Specify)

Retirement Plans

Type	Owner	Value
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Stock

Common Stocks
 Preferred Stocks
 Mutual Funds (please enclose recent statement(s))
 Vested Stock Options (include vesting schedule)

Real Estate (Not Limited Partnerships)

Residence
 Rental Properties
 Other (Please Specify)

Limited Partnerships

Name	Value
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Other Assets (Specify Personal Property)

Name	Value
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Liabilities

Current Debt (due in less than 1 yr.)

Type	Interest Rate	Balance
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Long Term Debt (greater than 1 yr.)

Type	Original Bal.	1st pmt date	Term	Int. Rate	Payment. (P&I)
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Income & Expense Summary

Annual Gross Income

Salaries/Wages/Self-Employment

Retirement (Pension, Profit Sharing, etc.)

Social Security

Investments (Dividends/Interest, etc.)

Other (Please Specify)

Estimated Annual Income

Total Assets

Notes:

Liquid Assets

Illiquid Assets

Total Liabilities

Other Professional Advisors

Professional	Name	Contact Number	Years worked
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Life Insurance

Company	Year Issued	Type	Face Amount	Premium	Current Value
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Do you have disability insurance?

Do you have long term care insurance?

Describe any special health problems?

Other Important Information

Do you have Wills? State

Do you have Living Trusts? State

Please indicate special provisions of wills and/or trusts:

Have you been making lifetime gifts to reduce your estate? To what extent?

Are you now retired? If yes, former employer & title

For planning purposes, please provide the income you desire during retirement to maintain your standing of living?

Do you expect any significant changes within the next five years in:

Income Dependents/Exemptions Inheritances

Sale of Property Other

Notes