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**

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)

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

Other Assets (Specify Personal Property)

Name	Value

Retirement Plans

Type	Owner	Value

Liabilities

Current Debt (due in less than 1 yr.)

Type	Interest Rate	Balance
	0.00%	
	0.00%	
	0.00%	

Long Term Debt (greater than 1 yr.)

Type	Original Bal.	1st pmt date	Term	Int. Rate	Payment. (P&I)
				0.00%	
				0.00%	
				0.00%	
				0.00%	
				0.00%	

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 $0

Total Assets $0

Liquid Assets $0

Illiquid Assets $0

Total Liabilities $0

Notes:

Other Professional Advisors

Professional	Name	Contact Number	Years worked

Life Insurance

Company	Year Issued	Type	Face Amount	Premium	Current Value

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