



**JOHN NAVIN**  
& ASSOCIATES INC

**FINANCIAL PLANNING INFORMATION**

Please complete prior to your meeting. If you're uncertain, leave blank. Okay to approximate amounts and include attachments. Please remember to sign and date the last page, and bring your most recent Statements, Trusts, and Tax Returns to expedite the applicable paperwork.

Client Name \_\_\_\_\_

Nickname \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse Name \_\_\_\_\_

Nickname \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you have a current Will?  Yes  No Living Trust?  Yes  No

Are you concerned about possible Nursing Home Expenses?  Yes  No

Planning retirement date, Client(s): \_\_\_\_\_ ; or if retired, date retired: \_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_

Administrative Office:

18 Spring Street, Suite 100, Cary, IL 60013 ■ PH: (630) 584-2800

John Navin & Associates, Inc.

720 Cool Springs Blvd., Suite 120 Franklin, TN 37067

■ PH: (630) 584-2800 ■ FX: (866) 673-4465

Registered Representative offering all securities through Trustmont Financial Group, Inc. Registered Investment Advisory Services offered through Trustmont Advisory Group, Inc. Member FINRA/SIPC.

John Navin & Associates and Trustmont Financial Group, Inc. are independently owned and operated.

AMOUNTS IN BANKS, CREDIT UNION AND SAVINGS & LOANS (NON-IRA)  
(i.e. Checking, Savings, and Money Market)

| Name of Institution | Type of Account | Maturity Date | Interest Rate | Approximate Balance |
|---------------------|-----------------|---------------|---------------|---------------------|
| 1. _____            | _____           | _____         | _____         | \$ _____            |
| 2. _____            | _____           | _____         | _____         | \$ _____            |
| 3. _____            | _____           | _____         | _____         | \$ _____            |
| 4. _____            | _____           | _____         | _____         | \$ _____            |
| 5. _____            | _____           | _____         | _____         | \$ _____            |

IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS  
(Please bring in your latest reports/statements)

| Account Type & Location<br>(i.e. Bank, Broker, Employer, etc.) | Type<br>(i.e. 401k, IRA, TSA, etc.) | Approximate Market Value |
|--|-------------------------------------|--------------------------|
| 1. _____   | _____                               | \$ _____                 |
| 2. _____   | _____                               | \$ _____                 |
| 3. _____   | _____                               | \$ _____                 |
| 4. _____   | _____                               | \$ _____                 |

STOCKS & BONDS  
(Where you hold the certificates yourself)

| Name of Stock or Bond | Number of Shares | Approximate Market Value |
|-----------------------|------------------|--------------------------|
| 1. _____              | _____            | \$ _____                 |
| 2. _____              | _____            | \$ _____                 |
| 3. _____              | _____            | \$ _____                 |
| 4. _____              | _____            | \$ _____                 |

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**MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS**  
(Please bring in your latest reports/statements)

|    | <b>Name of Brokerage Firm/Mutual Fund</b> | <b>Number of Shares</b> | <b>Approximate Market Value</b> |
|----|---|-------------------------|---------------------------------|
| 1. | _____                                     | _____                   | \$ _____                        |
| 2. | _____                                     | _____                   | \$ _____                        |
| 3. | _____                                     | _____                   | \$ _____                        |
| 4. | _____                                     | _____                   | \$ _____                        |

**PROMISSORY NOTES & TRUST DEEDS**  
(Where someone owes or is paying you on a note)

|    | <b>Name of Debtor</b> | <b>Interest Rate</b> | <b>Approximate Balance of Note</b> |
|----|-----------------------|----------------------|------------------------------------|
| 1. | _____                 | _____                | \$ _____                           |
| 2. | _____                 | _____                | \$ _____                           |

**RESIDENCE & OTHER REAL ESTATE OWNED**  
(Use another sheet if more space is needed)

|    | <b>Property Address</b> | <b>Original Cost</b> | <b>Approx. Value</b> | <b>Debt</b> | <b>Net Cash Flow</b> |
|----|-------------------------|----------------------|----------------------|-------------|----------------------|
| 1. | _____                   | \$ _____             | \$ _____             | \$ _____    | \$ _____             |
|    | _____                   |                      |                      |             |                      |
| 2. | _____                   | \$ _____             | \$ _____             | \$ _____    | \$ _____             |
|    | _____                   |                      |                      |             |                      |
| 3. | _____                   | \$ _____             | \$ _____             | \$ _____    | \$ _____             |
|    | _____                   |                      |                      |             |                      |
| 4. | _____                   | \$ _____             | \$ _____             | \$ _____    | \$ _____             |
|    | _____                   |                      |                      |             |                      |
| 5. | _____                   | \$ _____             | \$ _____             | \$ _____    | \$ _____             |

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LIMITED OR GENERAL PARTNERSHIPS

|    | Name of Partnership | Type of Investment | Approximate Market Value |
|----|---------------------|--------------------|--------------------------|
| 1. | _____               | _____              | _____                    |
| 2. | _____               | _____              | _____                    |
| 3. | _____               | _____              | _____                    |
| 4. | _____               | _____              | _____                    |

LIFE INSURANCE  
(Please bring in policies and latest statements)

|    | Company | Name of Insured | Type of Insurance<br>(Whole Life, Term) | Death Benefit | Loan Against? |
|----|---------|-----------------|---|---------------|---------------|
| 1. | _____   | _____           | _____                                   | \$ _____      | \$ _____      |
| 2. | _____   | _____           | _____                                   | \$ _____      | \$ _____      |
| 3. | _____   | _____           | _____                                   | \$ _____      | \$ _____      |
| 4. | _____   | _____           | _____                                   | \$ _____      |               |
|    |         |                 |   | \$ _____      |               |

ANNUITIES  
(Please bring in contracts and latest statements)

|    | Company | Annuitant/Owner | Interest Rate | Approx. Value | Date Purchased |
|----|---------|-----------------|---------------|---------------|----------------|
| 1. | _____   | _____           | _____         | \$ _____      | _____          |
| 2. | _____   | _____           | _____         | \$ _____      | _____          |
| 3. | _____   | _____           | _____         | \$ _____      | _____          |
| 4. | _____   | _____           | _____         | \$ _____      | _____          |

OTHER ASSETS

|    |       |          |
|----|-------|----------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
| 3. | _____ | \$ _____ |

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HOUSEHOLD CASH FLOW

Your Wages: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Spouses Wages: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

\$ \_\_\_\_\_ Source: \_\_\_\_\_

Social Security income: \$ \_\_\_\_\_ @ Age 62: \_\_\_\_\_

Social Security income: \$ \_\_\_\_\_ @ Age 67: \_\_\_\_\_

WHAT ARE YOUR APPROXIMATE ANNUAL EXPENSES? \$ \_\_\_\_\_

What are your primary financial concerns (list in order of importance)?

\_\_\_\_\_  
\_\_\_\_\_

How would you improve your financial situation if you could? Why?

\_\_\_\_\_  
\_\_\_\_\_

What are your primary hobbies or passions?

\_\_\_\_\_  
\_\_\_\_\_

What charities or significant causes are you involved in?

\_\_\_\_\_  
\_\_\_\_\_

Are you comfortable with your current cash flow? Y \_\_\_\_\_ N \_\_\_\_\_ Don't Know \_\_\_\_\_

Do you expect any significant change in cash flow? Y \_\_\_\_\_ N \_\_\_\_\_ Don't Know \_\_\_\_\_

Are you anticipating any major lifestyle changes?  
(i.e. marriage, moving, buying another home, etc.) Y \_\_\_\_\_ N \_\_\_\_\_ Don't Know \_\_\_\_\_

Do you expect to make any large purchases within  
the next three years? Y \_\_\_\_\_ N \_\_\_\_\_ Don't Know \_\_\_\_\_

Wish List!

1. \_\_\_\_\_

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- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

Please circle 1 through 5 on each below, 1 being the most concerned and 5 being no concern:

|   | Most<br>Concerned | Very<br>Concerned | Some<br>What | Not<br>Very | Not<br>At All |
|---|-------------------|-------------------|--------------|-------------|---------------|
| I would like to pay less in taxes   | 1                 | 2                 | 3            | 4           | 5             |
| I would like more income  | 1                 | 2                 | 3            | 4           | 5             |
| I would like to protect myself and family<br>from catastrophic long term care costs | 1                 | 2                 | 3            | 4           | 5             |
| I would like to ensure that my assets are<br>protected from losses                  | 1                 | 2                 | 3            | 4           | 5             |
| I would like to increase my investments   | 1                 | 2                 | 3            | 4           | 5             |

**\*The foregoing information reflects an accurate picture of my financial position at this time.\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouses Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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