Personal Financial Inventory

Allianz ⑪

For all that's ahead.℠

Client #1	
Client #1	
Client #2	

Income, savings, expenses		
Current annual income:	**Client #1**	**Client #2**
Salary/wages	$	$
Pension	$	$
Social Security	$	$
Other	$	$
Interest/dividend income:		
Taxable	$	$
Nontaxable/tax-deferred	$	$
Total annual income	$	$
Tax bracket (marginal)	%	%
Tax filing status		
Current annual savings:		
Personal savings	$	$
IRA contributions	$	$
Company retirement plan (vested amount)	$	$
Total annual savings	$	$
Current annual expenses:	**Combined for Client #1 and #2**	
Taxes	$	
Housing	$	
Food/clothing	$	
Insurance	$	
Education	$	
Entertainment	$	
Charity	$	
Other	$	
Total annual expenses	$	

Information gathered on this financial inventory is to be used for general overview purposes only. Fixed-only licensed agents may not suggest the purchase of an insurance product based on the sale or liquidation of securities products. Proper registered representative registrations are required for such recommendations and sales.

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Financial assets

	Current value		
	Client #1	**Client #2**	**Joint**
Cash and cash equivalents			
1.	$	$	$
2.	$	$	$
3.	$	$	$
4.	$	$	$
5.	$	$	$
6.	$	$	$
7.	$	$	$
Certificates of deposit			
(All values should be reflected as a lump sum.)	$	$	$
Bonds			
(All values should be reflected as a lump sum.)	$	$	$
Stocks			
(All values should be reflected as a lump sum.)	$	$	$
Mutual funds			
(All values should be reflected as a lump sum.)	$	$	$
Other			
1.	$	$	$
2.	$	$	$
3.	$	$	$
4.	$	$	$
5.	$	$	$
6.	$	$	$
7.	$	$	$
Total financial assets (A)	$	$	$

Notes:

Retirement assets

	Current value		Primary beneficiary	Contingent beneficiary
	Client #1	Client #2		
Company retirement plans (401(k), profit-sharing, money purchase pension, 403(b), etc.)				
1.	$	$		
2.	$	$		
3.	$	$		
4.	$	$		
IRAs				
1.	$	$		
2.	$	$		
3.	$	$		
4.	$	$		
Annuities				
1. Owner: _____ Annuitant: _____	$	$		
2. Owner: _____ Annuitant: _____	$	$		
3. Owner: _____ Annuitant: _____	$	$		
4. Owner: _____ Annuitant: _____	$	$		
Other				
1.	$	$		
2.	$	$		
3.	$	$		
4.	$	$		
Total retirement assets (B)	$	$		

Personal assets

	Current value		
	Client #1	Client #2	Joint
Residence	$	$	$
Vacation home	$	$	$
Personal property	$	$	$
Business assets	$	$	$
Other			
1.	$	$	$
2.	$	$	$
3.	$	$	$
4.	$	$	$
Total personal assets (C)	$	$	$
Total assets (D) = (A+B+C)	$	$	$

Liabilities

	Liability		
	Client #1	**Client #2**	**Joint**
Home mortgage	$	$	$
Debt repayment	$	$	$
Car loans	$	$	$
Business loans	$	$	$
Other loans and liabilities			
1.	$	$	$
2.	$	$	$
3.	$	$	$
4.	$	$	$
Total liabilities (E)	$	$	$
Net worth = total assets − total liabilities (D-E)	$	$	$

Insurance

Life insurance

Company name(s)	Type	Insured	Owner	Beneficiary	Death benefit	Cash value	Loans	Annual premium
1.								
2.								
3.								
4.								

Disability insurance

Company name(s)	Insured	Monthly benefit	Benefit period	Elimination period	Annual premium
1.		$			$
2.		$			$

Long term care insurance

Company name(s)	Insured	Monthly benefit	Benefit period	Elimination period	Annual premium
1.		$			$
2.		$			$

(R-12/2010)