

Cash Flow Analysis Required Information

Client 1

General Information

Name: _____

DOB: _____

Phone Number: _____

Email: _____

Dependents: _____ DOB: _____

Dependents: _____ DOB: _____

Retirement

Current Annual Income: _____ % Increase _____

Desired Retirement Age: _____ Life Expectancy: _____

Post Retirement Annual W2 Earnings: _____

Investable Assets

Name: _____ **Balance:** _____

Cont: _____ **Match:** _____

Pre-Retirement Investment Rate of Return: _____ Post: _____

Name: _____ **Balance:** _____

Cont: _____ **Match:** _____

Pre-Retirement Investment Rate of Return: _____ Post: _____

Name: _____ **Balance:** _____

Cont: _____ **Match:** _____

Pre-Retirement Investment Rate of Return: _____ Post: _____

Name: _____ **Balance:** _____

Cont: _____ **Match:** _____

Pre-Retirement Investment Rate of Return: _____ Post: _____

Name: _____ **Balance:** _____

Cont: _____ **Match:** _____

Pre-Retirement Investment Rate of Return: _____ Post: _____

Client 2

General Information

Name: _____

DOB: _____

Phone Number: _____

Email: _____

Dependents: _____ DOB: _____

Dependents: _____ DOB: _____

Retirement

Current Annual Income: _____ % Increase _____

Desired Retirement Age: _____ Life Expectancy: _____

Post Retirement Annual W2 Earnings: _____

Investable Assets

Name: _____ **Balance:** _____

Cont: _____ **Match:** _____

Pre-Retirement Investment Rate of Return: _____ Post: _____

Name: _____ **Balance:** _____

Cont: _____ **Match:** _____

Pre-Retirement Investment Rate of Return: _____ Post: _____

Name: _____ **Balance:** _____

Cont: _____ **Match:** _____

Pre-Retirement Investment Rate of Return: _____ Post: _____

Name: _____ **Balance:** _____

Cont: _____ **Match:** _____

Pre-Retirement Investment Rate of Return: _____ Post: _____

Name: _____ **Balance:** _____

Cont: _____ **Match:** _____

Pre-Retirement Investment Rate of Return: _____ Post: _____

Information Required on Back Page

Cash Flow Analysis Required Information

Client 1 Additional Information

Client 2 Additional Information

Properties

Properties

Primary Residence Value: _____ **Loan Balance:** _____

Payment: _____ **Interest Rate:** _____ **Term:** _____

Annual Income Generated: _____

Property Tax: _____ **Insurance:** _____

Additional Property Value: _____ **Loan Balance:** _____

Payment: _____ **Interest Rate:** _____ **Term:** _____

Annual Income Generated: _____

Property Tax: _____ **Insurance:** _____

Additional Property Value: _____ **Loan Balance:** _____

Payment: _____ **Interest Rate:** _____ **Term:** _____

Annual Income Generated: _____

Property Tax: _____ **Insurance:** _____

Primary Residence Value: _____ **Loan Balance:** _____

Payment: _____ **Interest Rate:** _____ **Term:** _____

Annual Income Generated: _____

Property Tax: _____ **Insurance:** _____

Additional Property Value: _____ **Loan Balance:** _____

Payment: _____ **Interest Rate:** _____ **Term:** _____

Annual Income Generated: _____

Property Tax: _____ **Insurance:** _____

Additional Property Value: _____ **Loan Balance:** _____

Payment: _____ **Interest Rate:** _____ **Term:** _____

Annual Income Generated: _____

Property Tax: _____ **Insurance:** _____

Social Security

Social Security

Full Retirement Age: _____ **Age to begin SS:** _____

Full Retirement Age: _____ **Age to begin SS:** _____

Additional Information

Additional Information

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Expense Inventory

Please Clearly Indicate if Annual or Monthly Amounts in TODAY'S DOLLARS

Revolving Debt

**Please include amounts not accounted for with other expenses listed.*

Credit Card 1: _____ Annual Amount: _____

Credit Card 2: _____ Annual Amount: _____

Credit Card 3: _____ Annual Amount: _____

Home Equity Line of Credit/Loan: _____ Interest Rate: _____

Payment: _____ Term: _____

Education/Student Loans: _____ Interest Rate: _____

Payment: _____ Term: _____

Vehicle

Vehicle 1 Loan: _____ Payment: _____ Term Left: _____

Vehicle 2 Loan: _____ Payment: _____ Term Left: _____

Gasoline: _____

Maintenance: _____

Future Automobiles to be Purchased: _____

Frequency: _____

Price: _____

If Financed, Term: _____ Interest Rate: _____

Healthcare

Major Medical Paycheck Withholding: _____

Amount Covered by Employer: _____

Current Provider: _____

Provider in Retirement: _____

Estimated Sick-Leave Pool at Retirement: _____

Annual Out of Pocket/Deductible Physician Costs: _____

Dental Paycheck Withholding: _____

Vision Paycheck Withholding: _____

ERA Paycheck Withholding: _____

Out of Pocket Pharmacy: _____

Insurance Payments

Life Insurance: _____

Long-Term Care Insurance: _____

Automobile Insurance: _____

Liability/Umbrella Insurance: _____

Disability Income Insurance: _____

Home Improvement Replacement Schedule

Roof: _____ When: _____

Furnace/AC: _____ When: _____

Kitchen: _____ When: _____

Bathroom: _____ When: _____

Carpet: _____ When: _____

Appliance Replacements: _____ When: _____

Paint: _____ When: _____

Miscellaneous: _____ When: _____

Lawn & Garden: _____

Household

Groceries: _____

Shopping: _____

Gym: _____

Clothing: _____

Hair: _____

Personal Care: _____

Furnishings: _____

School Lunch: _____

Cleaning/Supplies: _____

Miscellaneous: _____

Expense Inventory

Please Clearly Indicate if Annual or Monthly Amounts in TODAY'S DOLLARS

Utilities

Natural Gas/Propane: _____
Electricity: _____
Water: _____
Garbage: _____
Phone: _____
Internet: _____
TV: _____

Entertainment

Dining: _____
Travel: _____
Vacation: _____
Outdoor Recreation: _____
Theatre/Movie: _____
Miscellaneous: _____
Miscellaneous: _____
Miscellaneous: _____

Education Planning

Child 1: _____ Age: _____
Annual Contribution: _____ Rate of Return: _____
Percent of Education to be funded: _____
Anticipated University: _____
Child 2: _____ Age: _____
Annual Contribution: _____ Rate of Return: _____
Percent of Education to be funded: _____
Anticipated University: _____

Child 3: _____ Age: _____

Annual Contribution: _____ Rate of Return: _____

Percent of Education to be funded: _____

Anticipated University: _____

Child 4: _____ Age: _____

Annual Contribution: _____ Rate of Return: _____

Percent of Education to be funded: _____

Anticipated University: _____

Miscellaneous

Charity: _____

Gifts: _____

Childcare: _____

Cash/ATM: _____

Miscellaneous: _____

Miscellaneous: _____

Miscellaneous: _____

Miscellaneous: _____

Miscellaneous: _____

Miscellaneous: _____

Miscellaneous: _____

Category: _____

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Cash Flow Analysis Statements Needed

Employer

- ✓ Defined benefit or pension statement
- ✓ Payroll or other income statement
- ✓ Other _____

Investable Assets

- ✓ Employer Retirement Plans (401k, 403b, etc.)
- ✓ IRA/Roth IRA Statement
- ✓ Brokerage Account Statement
- ✓ Mutual Fund Statement
- ✓ Annuity Statement
- ✓ CD/Savings/Money Market Statements
- ✓ Stock/Option/Bonus Plan Statements
- ✓ Other _____

Insurance

- ✓ Life Insurance Statement
- ✓ Long-Term Care Insurance Statement
- ✓ Other _____

Retirement

- ✓ Social Security Statement
- ✓ Deferred Compensation/Defined Benefit
- ✓ Other _____