

YOUR FINANCIAL ORGANIZER

Your Financial Organizer includes your confidential personal information that should not be emailed or submitted electronically through unsecured means. Please mail or hand deliver your completed form.

Section One - Personal Information (You & Your Family)

YOU

Full Name: _____

SSN: _____ **DOB:** _____ **Sex:** M F

Honorific: Mr. Mrs. Miss Ms. Dr.

Marital Status: Married Single Divorced Widowed

Citizenship: U.S. Born or naturalized in Guam? Yes No
 Other (Country) _____ RA RNA

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Contact Number: Home Cell Work
(H) _____ (C) _____ (W) _____

Email: _____

Employed Self-Employed Unemployed
 Retired Homemaker Other

Employer: _____ **Position:** _____

Address: _____

SPOUSE

Full Name: _____

SSN: _____ **DOB:** _____ **Sex:** M F

Honorific: Mr. Mrs. Miss Ms. Dr.

Anniversary Date: _____

Citizenship: U.S. Born or naturalized in Guam? Yes No
 Other (Country) _____ RA RNA

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Contact Number: Home Cell Work
(H) _____ (C) _____ (W) _____

Email: _____

Employed Self-Employed Unemployed
 Retired Homemaker Other

Employer: _____ **Position:** _____

Address: _____

IMMEDIATE FAMILY (Describe your family: list children, grandchildren or dependent family members)

Full Name: _____

SSN: _____ **DOB:** _____ **Sex:** M F

Relationship: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Natural Adopted Foster
 Dependent Married Special Needs

Related to: You Only Spouse Only Both

Full Name: _____

SSN: _____ **DOB:** _____ **Sex:** M F

Relationship: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Natural Adopted Foster
 Dependent Married Special Needs

Related to: You Only Spouse Only Both

Full Name: _____

SSN: _____ **DOB:** _____ **Sex:** M F

Relationship: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Natural Adopted Foster
 Dependent Married Special Needs

Related to: You Only Spouse Only Both

Full Name: _____

SSN: _____ **DOB:** _____ **Sex:** M F

Relationship: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Natural Adopted Foster
 Dependent Married Special Needs

Related to: You Only Spouse Only Both

PROFESSIONAL CONTACTS

	Name	Company	Phone #	Client Since
FHB Relationship Officer		First Hawaiian Bank		
Financial Advisor				
Insurance Advisor				
Accountant/Tax Preparer				
Attorney				
Personal Trust Officer				
Other:				
Other:				

Section Two - Net Worth (Assets & Liabilities)

1. DEPOSITORY ACCOUNTS (interest bearing, checking, savings, CDs, money market)

Type of Account	Financial Institution	Ownership	Approx. Balance
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Safe deposit box? <input type="radio"/> No <input type="radio"/> Yes location: _____			Total Value = \$

2. INVESTMENT ACCOUNTS (brokerage, mutual funds, stocks, bonds, variable annuities, etc.)

Type of Account	Financial Institution	Ownership	Approx. Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Value =			\$

3. RETIREMENT ACCOUNTS (IRAs, Roth IRAs, 401(k), 403(b), TSP, profit sharing, pension plans, etc.)

Type of Account	Financial Institution	Ownership	Beneficiary	Approx. Value
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total Value =				\$

4. REAL ESTATE (residence, investment properties, rentals, land, etc.)

Description	Address and TMK (if available)	Ownership	Purchase Price	Current Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Property Manager: _____ Contact #: _____			Total Value =	\$

5. OTHER PROPERTY (auto, boat, time shares, jewelry, furniture, art, coin collections, etc.)

Description	Ownership	Purchase Price	Market Value	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
			Total Value =	\$

6. BUSINESS and/or PARTNERSHIP INTERESTS (C or S Corp, Partnership, LLC, etc.)

Description	Type of Ownership	Purchase Price	Market Value	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
			Total Value =	\$
(Add total values of #1 thru #6 above)			TOTAL ASSETS =	\$

7. LIABILITIES (mortgages, equity loans, credit cards, auto loans, promissory notes, etc.)

Lender	Liability Type	Ownership	Monthly Payment	Rate	Amount Owed	
			\$	%	\$	
			\$	%	\$	
			\$	%	\$	
			\$	%	\$	
			\$	%	\$	
			\$	%	\$	
			\$	%	\$	
			\$	%	\$	
					TOTAL LIABILITIES =	\$

(Total Assets - Total Liabilities) **NET WORTH =** \$

Section Three - Cash Flow (Income & Expenses)

1. INCOME (employment, self-employment, bonus and/or incentives, child support, alimony, rental, estimated or current Social Security, pension, etc.)

Ownership	Source of Income	Now	Retirement
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL INCOME =		\$	\$

2. EXPENSES

Option 1

Estimated total monthly expenses \$ _____ OR
 Amount remaining after paying all expenses \$ _____

Option 2

Itemized expenses (Complete the following worksheet to get more information about your expenses.)

Discretionary Expenses

	Now	Retirement
Dining Out (restaurants, take out, etc)	\$	\$
Entertainment (golf/movies/theatre/dancing/plays/lessons, etc)	\$	\$
Hobbies (crafts, stamps, gardening, etc)	\$	\$
Gifts To Charities (Aloha United Way/fundraisers/church tithes)	\$	\$
Gifts To Family & Others (weddings/holidays/birthdays/anniversaries/baby luau/etc.)	\$	\$
Subscriptions (newspapers/magazines/on-line/etc.)	\$	\$
Travel (trips/cruises/hotel/resorts/etc.)	\$	\$
Other (pets/allowances/kids sports/etc.)	\$	\$

Housing Expenses

Mortgage Payments Or Rent	\$	\$
Escrow (property taxes/home owners, fire, flood & hurricane insurance)	\$	\$
Association Dues/Maintenance Fees	\$	\$
Utilities (electric/gas/water/sewer & garbage)	\$	\$
Cable TV/Internet/Phone	\$	\$
Home Improvements/Repairs/Yard & Pool Services	\$	\$

Food/Clothing/Transportation Expenses

Food/Groceries	\$	\$
Clothing/Laundry (detergent, new clothes, dry cleaning)	\$	\$
Personal Care (toiletries/cosmetics/haircuts/etc.)	\$	\$
Auto Insurance	\$	\$
Auto Maintenance (gas, tune-ups, oil changes)	\$	\$
Auto Payment(s) (lease or loan)	\$	\$
Other (parking/bus pass/taxi/safety check/vehicle registration)	\$	\$

Other Committed Expenses

Alimony/Child Support	\$	\$
Charge Account/Credit Card Payments	\$	\$
Dues (gym/club memberships/union dues/credit card fees)	\$	\$
Dependent Care (babysitter/care giver/etc.)	\$	\$
Education Costs (tuition/books/tutors/supplies/etc.)	\$	\$
Medical Costs And Insurance	\$	\$
Prescriptions/Drugs	\$	\$
Other Insurance Premium(s) (life, disability, LTC, umbrella)	\$	\$
Cell Phone	\$	\$
Unreimbursed Employee Expenses	\$	\$
Other Miscellaneous Expenses: _____	\$	\$

TOTAL EXPENSES =

TOTAL SAVINGS & INVESTMENTS (INCOME-EXPENSES) =

\$	\$
\$	\$

Section Four - Goals

Goals are incredibly powerful tools. The process of goal-setting is a great opportunity to learn more about what you value. It helps you focus on what really matters to you and acts like a road map. Once you have your goals in place we can help you figure out the best way to get there.

EDUCATION

Would you like to provide assistance with education costs for your children or grandchildren?

- Tuition & Books Room & Board Entertainment Specific Amount \$ _____

Please indicate the kind of school you expect your children/grandchildren to attend:

- In-State College Private School Undergraduate Specific College _____
 Out of State College Community College Graduate School

RETIREMENT:

At what age do you want to retire? Already Retired You: _____ Spouse: _____

How would you describe your retirement lifestyle? (Please check all that apply)

- Live simple & modest Spend more money on vacations & family etc. Move to another state
 Continue to work but less hours No major changes to spending needs Other: _____

What percent of your current income would you like to have during retirement? _____ %

How much monthly income would you feel comfortable with during retirement? \$ _____

LONG TERM GOALS:

These are the goals you hope to reach in ten or twenty years or perhaps even longer. They may include such things as a college education for the children, your own debt-free home, or a comfortable retirement.

Goal	Estimated Cost	Target Date	Amount Saved
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

GOALS FOR THE NEXT TEN YEARS:

These goals may include such things as the purchase of a new car, the down payment on a house, a family vacation, or an increase in your contributions to the church or charity.

Goal	Estimated Cost	Target Date	Amount Saved
	\$		\$
	\$		\$
	\$		\$
	\$		\$

GOALS FOR THIS YEAR:

Your goals for this year may include such things as setting up an estate plan, reducing your installment debts, buying a new washing machine, beginning some new family project or hobby, or just a new way to stay within budget guidelines.

Goal	Estimated Cost	Target Date	Amount Saved
	\$		\$
	\$		\$
	\$		\$
	\$		\$

How much are you willing to save monthly to reach your goals? \$ _____

1. LIFE INSURANCE (Personal or employer provided)

Policy Type (Whole, UL, VUL, Term)	Policy Owner	Insured Name	Primary Beneficiary	Premium/Frequency	Face Amount
				\$ /	\$
				\$ /	\$
				\$ /	\$
				\$ /	\$
				\$ /	\$

Notes:

2. DISABILITY INSURANCE (Personal or employer provided)

Policy Type (Short-term, long-term)	Insured Name	Premium/Frequency	Waiting Period (e.g., 90 or 180 days)	Benefit Period (e.g., 5 years, age 65)	Benefit Amount (e.g., \$2,000/month)
		\$ /			\$ /
		\$ /			\$ /
		\$ /			\$ /
		\$ /			\$ /

Notes:

3. LONG-TERM CARE INSURANCE (Personal or employer provided)

Provider	Insured Name	Premium/Frequency	Waiting Period (e.g., 90 or 180 days)	Benefit Period (e.g., 3 years)	Benefit Amount (e.g., \$150/daily)
		\$ /			\$ /
		\$ /			\$ /
		\$ /			\$ /
		\$ /			\$ /

Notes:

4. OTHER POLICIES (e.g., business owner/professional)

Type of Policy (Errors and omissions, key person, commercial liability, malpractice)	Insured Name	Premium/Frequency	Policy Owner	Deductible	Coverage Amount
		\$ /		\$	\$
		\$ /		\$	\$
		\$ /		\$	\$
		\$ /		\$	\$

Notes:

Do you have a will that satisfies your current objectives? No Yes Year: _____ State: _____

Do you have a trust that satisfies your current objectives? No Yes Year: _____ State: _____

Do you have medical directive that satisfies your current objectives? No Yes Year: _____ State: _____

Do you have a financial power of attorney that satisfies your current objectives? No Yes Year: _____ State: _____

A. Updating Your Existing Plan - If applicable, please note how & why you would like to update your existing plan.

--

B. Fiduciaries

Whether you wish to nominate new fiduciaries OR are fine with the fiduciaries nominated under your current documents, please list them in the space below. Please note that for each role, it is already assumed where applicable that you would name yourself first and your spouse (if any) second:

1. TRUSTEE(s) and/or PERSONAL REPRESENTATIVE

	Name	Relationship	Address	Phone #
Choice #1				
Choice #2				
Choice #3				
Choice #4				

2. AGENT UNDER DURABLE POWER OF ATTORNEY or MEDICAL DIRECTIVE

	Name	Relationship	Address	Phone #
Choice #1				
Choice #2				
Choice #3				

3. GUARDIAN FOR MINOR CHILDREN or INCAPACITED DEPENDANT

	Name	Relationship	Address	Phone #
Choice #1				
Choice #2				
Choice #3				

C. Instructions at Disability

If you are incapacitated, would you prefer to be cared for at home as much as possible? Yes No

If you are incapacitated, would you want your income and principal to be used to pay for the care and support of your spouse (in addition to yourself)? Yes No

If you are incapacitated, would you want your income and principal to be used to pay for the care and support of other family members (in addition to yourself)? Yes No

Is your income and principal protected by disability or long-term care coverage? Yes No

D. Instructions at Death

1. PRIMARY BENEFICIARIES (Who do you want to give your estate to after you and your spouse pass away?)

Name of Person/Organization	Relationship	Address	Amount or %

2. CONTINGENT BENEFICIARIES (Whom do you want to receive your estate if your primary beneficiaries do not survive?)

Name of Person/Organization	Relationship	Address	Amount or %

3. SPECIFIC GIFTS TO INDIVIDUAL/ORGANIZATIONS

Name of Person/Organization	Relationship	Address	Description of Gift

4. DEPENDANTS WITH SPECIAL NEEDS (Do any of your dependents require special care or receive government benefits?)

Name of Person	Age	Relationship	Explanation

5. INHERITANCE (Do you want your beneficiaries to receive their inheritance in installments, at a certain age or all at once? You can also keep the assets in trust to protect them.)

6. DISINHERITING (Are there any relatives that you specifically do not want to receive anything from your estate?)

Section Seven - Other

Additional information that would help us help you: