

Grace Financial Services
7700 Edgewater Drive, Suite 520 Oakland, CA 94621
Telephone: (510)635-7615 Fax: (510)635-3062

PERSONAL INVENTORY SHEET

Personal Data

Your Name:	Sex	Birth date	Social Security Number
Spouse Name:	Sex	Birth date	Social Security Number
Address: City, State, Zip	Home Telephone:		Email Address:

Dependents

Name:	Sex	Birth date	Social Security Number
Name:	Sex	Birth date	Social Security Number
Name:	Sex	Birth date	Social Security Number

Employment

Occupation:	Occupation:
Employer Name:	Employer Name:
Address City, State Zip	Address City, State Zip
Telephone	Telephone
Type of Business	Type of Business
Date Began Employment	Date Began Employment

Advisors

Name	Address	City, State Zip	Telephone
Accountant			
Attorney			
Insurance Agent			

Planning Considerations

- What is your Financial Objectives? ☐ Income Now ☐ Income at Retirement ☐ Income Tax Deferral/Reduction ☐ Liquidity ☐ Freedom from Management ☐ Safety of Principal ☐ Asset Growth ☐ Other
- Do you consider yourself a ☐ Conservative, ☐ Moderate, ☐ or Liberal Investor? (check one)
- Are any of your assets earmarked for future use? ☐ No ☐ Yes (if yes, please explain below)
- Do you feel your investments and savings are keeping pace with inflation? ☐ No ☐ Yes
- Have you or your spouse ever been rated or restricted for life or disability insurance? ☐ No ☐ Yes
- Does any member of your family currently have health or a history of health problems? ☐ No ☐ Yes
- Do you have a will? ☐ No ☐ Yes (if yes, Date of Will: _____)

Please provide any additional information, if necessary.

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CASH FLOW SHEET

Taxable Income

Salary	\$
Bonus	
Dividends	
Interest	
Proceeds from Securities	
Rental Income	
Trust Income	
Social Security	
Pension	
Alimony	
Child Support	
Unemployment, Disability Insurance	
Other Taxable Income	

Total Taxable Income \$

Non-Taxable Income

Name:	\$
Name:	
Name:	

Total Non-Taxable Income \$

Total Income \$

Fixed Expenses

Mortgage/Rent	\$
Gas/Electricity	
Telephone	
Water	
Garbage	
Real Estate Tax	
Home Owners Insurance Premium	
Automobile Insurance Premium	
Medical/Disability Insurance Premium	
Life Insurance Premium	
Automobile Loan	
Loans	
Other	

Total Fixed Expenses \$

Flexible Expenses

Food/Beverage	\$
Clothing	
Laundry/Cleaning	
Personal Care	
Credit Cards	
Entertainment/Recreation	
Travel/Vacations	
Gifts/Donations	
Health Care (Doctors, medicine)	
Child Care	
Savings/Investments	
Retirement Savings	
Personal Allowance	
Gasoline/Transportation	
Other	

Total Flexible Expenses \$

Tax Expenses

Federal Income Tax	\$
State Income Tax	
FICA/Medicare/OASDI	
Self-Employment Tax	

Total Tax Expenses \$

Total Expenses \$

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BALANCE SHEET

Assets

	Current Value	Interest Rate	Maturity Date
Cash			
Cash on hand	\$		
Checking account			
Savings account			
Cash value in Life Insurance			
Money Markets Name			
Money Markets Name			

Tax-Free

Credit Unions			
Certificate of Deposits			
Certificate of Deposits			
Certificate of Deposits			

Fixed Assets

Corporate Bonds/Name:			
Government Bonds/Name:			
Fixed Annuities/Name:			
Preferred Stocks/ Name:			
Mutual Funds/ Name:			

Equity Assets

Common Stocks/Name:			
Mutual Funds/Name:			
Business Interests/Name:			
Variable Annuities/ Name:			

Real Estate

Residential			
Additional Properties			
Additional Property			

Retirement

Pension/ Name:			
IRA			
Keogh			

Personal Property

Automobiles			
Household Furnishing			
Art, Collectibles			
Clothing, Jewelry			

Total Assets \$ _____

Net Worth (Assets minus Liabilities) \$ _____

Liabilities

	Current Balance	Interest Rate
Charge Accounts		
Credit Cards		
Credit Cards		
Credit Cards		
Credit Cards		
Credit Cards		

Loans

Life Insurance		
Automobile		
Home Improvement		
Education		
Education		

Real Estate

Mortgage: 1st		
Mortgage: 2nd		
Additional Properties		

Miscellaneous Debts

Other Name		
Other Name		
Other Name		
Other Name		
Other Name		
Other Name		
Other Name		
Other Name		
Other Name		
Other Name		
Other Name		

Total Liabilities \$ _____

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INSURANCE PROTECTION

PERSONAL LIFE

Insured	Owner	Company and Policy Number	Type	Face Amount	Premium	Issue Age	Cash Value	Loans	Interest	Dividends

GROUP LIFE

Insured	Face Amount	Premium	Portable

GROUP LONG TERM DISABILITY

Insured	Income	Waiting Period	Premium	Portable

PERSONAL DISABILITY INCOME

Insured	Owner	Company and Policy Number	Premium	Issue Age	Monthly Income	Waiting Period	Benefit Period

MEDICAL

Insured	Owner	Company and Policy Number	Premium	Deductible	Co-Insurance	Stop-Loss Limit	Maximum Benefit	Family Deductibles

PROPERTY AND CASUALTY

Please note Homeowner or Renter	Company and Policy Number	Premium	Deductible	Dwelling	Personal Property	Liability	Med. Payments

AUTOMOBILE

Company and Policy Number	Autos	Premium	Deductible	Liability	Comp.	Collision	Medical Payments	Uninsured Motorist

Securities offered through Royal Alliance Associates, Inc. member FINRA and SIPC. Investor