plan

Prepare, Learn, Act...Now!

Personal Financial Overview

After completing this overview, please send it to:
LGFCU
Financial Planner
323 West Jones Street, Suite 600
Raleigh, NC 27603

Phone: 800.344.4846
Fax: 919.755.0193
E-mail: financialplanner@lgfcu.org
Web: www.plan.lgfcu.org

You may receive a follow-up call to confirm the information you have provided. We thank you for your participation and hope this service is helpful in meeting your financial goals.

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About This Overview

Helping members learn how to manage their money is an important part of why LGFCU exists. Therefore, we offer financial planning counseling and services to our members through our Financial Services staff and our ***plan*** program. Prepare, Learn, Act…Now!, or ***plan***, is a series of tools for individuals and human resources personnel to utilize in helping local government employees, volunteers and their families achieve financial success.

This workbook provides a way to clarify your true financial picture. The information can then be used to evaluate your financial condition. From there, various options may be discussed and a financial plan laid out that best suits your individual needs.

Personal Financial Wellness is provided as a courtesy to LGFCU members and those eligible for membership. From the data provided, we can analyze the information and provide you with options on a course of action.* LGFCU does not offer specific investment advice, nor will we recommend a specific course of action. Our goal is to inform and educate, empowering you to make the right decisions to achieve your long-term financial goals.

Depending on services desired, a copy of your pay stub, recent credit report or other material may be requested.

** For questions regarding pension plans or other employer-sponsored retirement plans, contact your benefits administrator. LGFCU is not affiliated with any government-sponsored retirement system and has no access to that information.*

Personal Financial Overview

Please check the following services that interest you.

- ❑ Financial Check Up
- ❑ Debt Reduction
- ❑ Goal Planning
  - ❑ Retirement
  - ❑ Education
  - ❑ Trust/Investment Services* *(fee may apply)*
  - ❑ Other ___________________________________

Member Information
Name
Address
City/State/Zip
Home Phone
Work Phone
E–mail Address
Employer
Date of Birth
Social Security #
Spouse/Partner Information
Name
Work Phone
E-mail Address
Employer
Date of Birth
Social Security #

**Trust services offerred through MEMBERS® Trust Company.*

Your Income Information	
Your Gross Income	$
Federal Tax Deductions	$
State Tax Deductions	$
Social Security Deductions	$
Medicare Deductions	$
Credit Union Deductions	$
Other Deductions	$
NET (TAKE HOME) PAY	$
Other Income (child support, etc.)	$
Federal Tax Refund (last year)	$
State Tax Refund (last year)	$
How often do you get paid?	❑ Weekly ❑ Semi-Monthly ❑ Bi-weekly ❑ Monthly
Spouse/Partner Income Information	
Your Gross Income	$
Federal Tax Deductions	$
State Tax Deductions	$
Social Security Deductions	$
Medicare Deductions	$
Credit Union Deductions	$
Other Deductions	$
NET (TAKE HOME) PAY	$
Other Income (child support, etc.)	$
Federal Tax Refund (last year)	$
State Tax Refund (last year)	$
How often do you get paid?	❑ Weekly ❑ Semi-Monthly ❑ Bi-weekly ❑ Monthly

Note: Items in parenthesis are examples, your particular items may vary.

Assets (What I Own)		
Cash & Equivalents		
Cash on Hand		$
Total Checking Account(s) Balance		$
Share (Savings) Account(s) Balance		$
Money Market/CD Account(s) Balance		$
Life Insurance Cash Value		$
U.S. Savings Bonds		$
Money Owed to Me		$
Invested Assets		
Stocks & Mutual Funds		$
Bonds		$
Government Securities		$
IRAs		$
Pension or Profit Sharing (if vested)		$
401(k) Retirement Plan		$
457 or 403(b) Plan		$
Other Investments		$
Personal Property (Estimate Current Market Value)		
Real Estate		$
Household Furnishings		$
Valuables (jewelry, tools, etc.)		$
Automobile Make/Year	**Miles**	$
Automobile Make/Year	**Miles**	$
Other Vehicle(s)		$

Monthly Expenses	
Expense	**Monthly Amount**
Savings/Retirement/General	$
Household Rent/Storage	$
Food (Groceries, Vending Machines)	$
Telephone/Communications	$
Cable/Internet	$
Electricity/Gas/Oil	$
Water/Sewer/Garbage Collection	$
Dependent Care (Child/Elderly)	$
Transportation (Gas/Oil)	$
Medical Prescriptions	$
Insurance (Life/Health/Disability/Auto)	$
Gifts/Donations (Church/Charity)	$
Clothing	$
Personal (Tobacco/Toiletries/Dry Cleaning)	$
Entertainment (Movies/Video Rentals)	$
Dining Out	$
Child Support/Alimony	$
Other (Please list)	$
	$
	$
	$
	$
	$
Total Monthly Expenses	**$**

Note: Items in parenthesis are examples, your particular items may vary.

Periodic Expenses	
Expense	**Annual Amount**
Automobile Maintenance	$
Automobile License	$
Automobile Insurance & Deductible	$
Gifts (Birthdays, Holidays)	$
Vacation/Special Entertainment	$
Property Taxes/Property Insurance	$
Household Repair/Pest Control	$
Medical/Dental Deductible	$
Income Tax preparation	$
Estimate Tax Owed	$
Tuition/Books/Fees	$
Parking	$
Clothing Purchased	$
Beauty/Barber Shop	$
Subscriptions/Dues	$
Financial Institution Service Fees	$
Veterinarian Bill/Pet Grooming	$
Home Improvements	$
Other (Please list)	$
	$
	$
	$
	$
	$
	$
Total Periodic Expenses	**$**

Note: Items in parenthesis are examples, your particular items may vary.

Debt Information

(Please include all installment loans, store accounts, credit cards, medical bills and mortgage.)

Creditor	Balance	Monthly Payment	APR

Goal Planning

My Goals			
Goal	**Deadline**	**Amount Needed**	**Amount Saved**
Buy new car	1 yr	$2,000	$100
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$

Which best describes your investments?

❑ Conservative
(CDs, Money Market, Bonds or Mutual Funds consisting of these)

❑ Moderate
(Balanced Funds, Income Stock/Mutual Funds)

❑ Aggressive
(International Stock/Mutual Funds, Emerging Growth Stock/Mutual Funds)

Education Planning Questionnaire			
	Example	**1st Child**	**2nd Child**
Name	*Michael*		
Current Age	7		
Age to start college	18		
Public	✓		
Private			
	3rd Child	**4th Child**	**5th Child**
Name			
Current Age			
Age to start college			
Public			
Private			

Current savings for education: $__________________

Retirement Planning Questionnaire		
	Member	Spouse
Expected Retirement Age		
Current Yearly Gross Income		

How much do you wish to draw monthly at retirement? $ ______________________

Do you wish to include Social Security Income in this analysis? ❑ Yes ❑ No

Income Tax Filing Status (Please check one)

❑ Married filing jointly
❑ Married filing separately
❑ Single
❑ Head of Household

Sources of Your Expected Retirement Income	
Sources	Monthly Amount
Salary/Employment	
Pension/Retirement System	
Other: Please specify	

Sources	Current Balance	Annual Contributions
IRA		
401(k)		
Deferred Compensation		

Sources of Expected Retirement Income (Spouse)	
Sources	**Monthly Amount**
Salary/Employment	
Pension/Retirement System	
Other: Please specify	

Sources	Current Balance	Annual Contributions
IRA		
401(k)		
Deferred Compensation		

Other

- ❑ Do you have a will?
- ❑ Do you have healthcare directives?
- ❑ Are your beneficiaries current?

/ To improve the lives of our members /

LGFCU
LOCAL GOVERNMENT
FEDERAL CREDIT UNION

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