

CHECKLIST

The following exercise helps us to evaluate your financial picture, highlighting how monies are being distributed and where inefficiencies may exist. Tending to this checklist with detail and accuracy will allow us to most effectively tailor our planning process to your financial needs.

DOCUMENT CHECKLIST (CHECK BOXES)

	YOURSELF	SPOUSE
- Personal income tax returns - 2 years	<input type="checkbox"/>	<input type="checkbox"/>
- Business tax returns	<input type="checkbox"/>	<input type="checkbox"/>
- Copy of drivers license (for Patriot Act)	<input type="checkbox"/>	<input type="checkbox"/>
- Copy of Resident Alien/Green Card (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
- Paycheck stub(s)	<input type="checkbox"/>	<input type="checkbox"/>
- Mortgage statement	<input type="checkbox"/>	<input type="checkbox"/>
- Home equity loan	<input type="checkbox"/>	<input type="checkbox"/>
- Debt statements		
- Auto loan	<input type="checkbox"/>	<input type="checkbox"/>
- Credit card	<input type="checkbox"/>	<input type="checkbox"/>
- Student loan	<input type="checkbox"/>	<input type="checkbox"/>
- Line of credit	<input type="checkbox"/>	<input type="checkbox"/>
- Current statements for each savings and checking accounts	<input type="checkbox"/>	<input type="checkbox"/>
- Investment accounts	<input type="checkbox"/>	<input type="checkbox"/>
- 401(K) / IRA / TSA / Roth / other retirement plans	<input type="checkbox"/>	<input type="checkbox"/>
- Mutual funds / stock and bond accounts	<input type="checkbox"/>	<input type="checkbox"/>
- Brokerage statements	<input type="checkbox"/>	<input type="checkbox"/>
- UTMA / UGMA	<input type="checkbox"/>	<input type="checkbox"/>
- College savings plans	<input type="checkbox"/>	<input type="checkbox"/>
- Company-Provided Group Benefits	<input type="checkbox"/>	<input type="checkbox"/>
- Legal Documents	<input type="checkbox"/>	<input type="checkbox"/>
- Will	<input type="checkbox"/>	<input type="checkbox"/>
- Living Will and Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
- Trust agreement / charitable trust agreements	<input type="checkbox"/>	<input type="checkbox"/>
- Social Security statements	<input type="checkbox"/>	<input type="checkbox"/>
- Policy overview pages		
- Auto insurance	<input type="checkbox"/>	<input type="checkbox"/>
- Homeowner's or renter's policies	<input type="checkbox"/>	<input type="checkbox"/>
- Umbrella liability policy	<input type="checkbox"/>	<input type="checkbox"/>
- Life insurance policies	<input type="checkbox"/>	<input type="checkbox"/>
- Disability policies	<input type="checkbox"/>	<input type="checkbox"/>
- Medical policies	<input type="checkbox"/>	<input type="checkbox"/>
- Business Buy/Sell and Operating Agreements	<input type="checkbox"/>	<input type="checkbox"/>
- Business Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>
- Business Financial Statements	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL INFO

SHADED AREA IS OPTIONAL

DUE BY _____

DATE RECEIVED _____

BACKGROUND INFORMATION

	NAME	DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY	U.S. CITIZEN
YOURSELF	_____	_____	_____	_____	_____
SPOUSE	_____	_____	_____	_____	_____
CHILD	_____	_____	_____	_____	_____
CHILD	_____	_____	_____	_____	_____
CHILD	_____	_____	_____	_____	_____
CHILD	_____	_____	_____	_____	_____

IF NOT U.S. CITIZEN

Are you a Resident Alien? _____ Do you have a visa? _____ If so, what type? _____

Expiration date: _____ Do you intend to become a U.S. Citizen? _____

If so, by when? _____

RESIDENCE

Address _____

How long have you lived here? _____

Previous address (if less than 2 years): _____

BUSINESS

	YOURSELF	SPOUSE
COMPANY NAME	_____	_____
OCCUPATION	_____	_____
ADDRESS	_____	_____
HOW LONG HAVE YOU WORKED HERE?	_____	_____
PREVIOUS ADDRESS IF LESS THAN 2 YEARS:	_____	_____
	_____	_____

PERSONAL INFO (CONT.)

SHADED AREA IS OPTIONAL

CONTACT INFORMATION

	YOURSELF	SPOUSE
WORK PHONE		
HOME PHONE		
MOBILE PHONE		
WORK E-MAIL		
PERSONAL E-MAIL		

Which is your preferred method of contact?

INCOME INFORMATION

BASE SALARY		
BONUS		
COMMISSIONS		
STOCK OPTIONS		
OTHER OUTSIDE INCOME		

Do you supervise anyone?

What are your daily work practices (i.e. supervising, administrative, computer work, travel, phones, sales)? List in order of importance.

How many times a year do you get paid?

What month of the year is your bonus paid?

Are you expecting any changes in your income structure within the next year?

Do you have any children that you pay child support to? What is the schedule?

SAVINGS/RETIREMENT

SHADED AREA IS OPTIONAL

ANNUAL DEPOSITS	ACCOUNT TYPE	YOURSELF	SPOUSE	CHILDREN	EXPECTED RETURN
\$ _____	SAVINGS ACCOUNT	\$ _____	\$ _____	\$ _____	_____
\$ _____	CHECKING ACCOUNTS	\$ _____	\$ _____	\$ _____	_____
\$ _____	SAVINGS BONDS	\$ _____	\$ _____	\$ _____	_____
\$ _____	CERTIFICATE OF DEPOSIT	\$ _____	\$ _____	\$ _____	_____
\$ _____	MONEY MARKET FUND	\$ _____	\$ _____	\$ _____	_____
QUALIFIED (RETIREMENT) ACCOUNTS					
\$ _____	TRADITIONAL IRA	\$ _____	\$ _____	\$ _____	_____
\$ _____	401(K) CURRENT/ 403(b) / SEP	\$ _____	\$ _____	\$ _____	_____
	MATCH \$	\$ _____	\$ _____	\$ _____	_____
\$ _____	401(K) FROM PREVIOUS EMPLOYER	\$ _____	\$ _____	\$ _____	_____
\$ _____	Roth IRA	\$ _____	\$ _____	\$ _____	_____
\$ _____	529 OR EDUCATION PLANS	\$ _____	\$ _____	\$ _____	_____
\$ _____	OTHER	\$ _____	\$ _____	\$ _____	_____
\$ _____	OTHER	\$ _____	\$ _____	\$ _____	_____
\$ _____	OTHER	\$ _____	\$ _____	\$ _____	_____

Are you comfortable with the amount you are saving on a monthly basis?

If achieving your goals was possible, how much additional monies can you comfortably save?

Will anyone subsidize your children’s education or will you subsidize anyone else’s?

INVESTMENTS

SHADED AREA IS OPTIONAL

ANNUAL DEPOSITS	ACCOUNT TYPE	YOURSELF	SPOUSE	CHILDREN	EXPECTED RETURN
\$ _____	STOCKS	\$ _____	\$ _____	\$ _____	_____
\$ _____	MUTUAL FUNDS	\$ _____	\$ _____	\$ _____	_____
\$ _____	GOVERNMENT SECURITIES, T BILLS NOTES, BONDS, GNMA, CMO, ETC.	\$ _____	\$ _____	\$ _____	_____
\$ _____	CORPORATE BONDS	\$ _____	\$ _____	\$ _____	_____
\$ _____	MUNICIPAL BONDS	\$ _____	\$ _____	\$ _____	_____
\$ _____	ANNUITIES	\$ _____	\$ _____	\$ _____	_____

Are you satisfied with the performance of your current investments?

Why did you choose the particular investments that you own?

Who helped you choose the investments?

NOTES:

REAL ESTATE

SHADED AREA IS OPTIONAL

	YEAR PURCHASED	PURCHASE PRICE PRICE	CAPITAL IMPROVEMENTS	CURRENT MARKET VALUE
YOUR RESIDENCE				
OTHER HOME				
OTHER HOME				
OTHER HOME				
LAND				
LAND				
BUSINESS PROPERTY				
OTHER				
OTHER				
OTHER				

Do you own any income producing real estate?

Do you plan on buying any additional real estate in the near future? If not, would you like to?

NOTES:

DEBT

SHADED AREA IS OPTIONAL

MORTGAGE DEBT	UNPAID BALANCE	PAYMENT	ADDITIONAL PAYMENTS	MONTHS REMAINING	INTEREST RATE/ FIXED OR VARIABLE
YOUR RESIDENCE					
OTHER HOME					
OTHER HOME					
OTHER HOME					
LAND					
LAND					
BUSINESS PROPERTY					
OTHER					
OTHER					
OTHER					

Do you plan on making additional principle payments in the future?

CONSUMER DEBT	UNPAID BALANCE	PAYMENT	ADDITIONAL PAYMENTS	MONTHS REMAINING	INTEREST RATE/ FIXED OR VARIABLE
AUTO LOAN					
AUTO LOAN					
STUDENT LOAN					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
LINE OF CREDIT					
OTHER					
OTHER					

How did this debt originate?

Do you have a plan in place to clear this debt?

INSURANCE

SHADED AREA IS OPTIONAL

VEHICLE INSURANCE

	VEHICLE ONE	VEHICLE TWO	VEHICLE THREE	VEHICLE FOUR
INSURANCE COMPANY				
MAKE & MODEL DESCRIPTION				
ANNUAL PREMIUM - Policies are issued for 6 months				
LIABILITY LIMITS	/ /	/ /	/ /	/ /
COMPREHENSIVE/COLLISION DEDUCTIBLE	/	/	/	/

PROPERTY INSURANCE

	PRIMARY RESIDENCE	SECOND HOME	OTHER PROPERTY
INSURANCE COMPANY			
ANNUAL PREMIUM			
DWELLING COVERAGE			
LIABILITY LIMIT			

	COMPANY	LIABILITY	DEDUCTIBLE	PREMIUM
EXCESS COVERAGE				
FLOOD				
PERSONAL ARTICLES				

LIABILITY INSURANCE

	INSURANCE COMPANY	LIABILITY LIMIT	POLICY DEDUCTIBLE	ANNUAL PREMIUM
PERSONAL LIABILITY UMBRELLA POLICY				

Do you have a property or casualty Insurance Agent?

HEALTH/MEDICAL INSURANCE

	INSURANCE COMPANY	CO-PAY DEDUCTIBLE	ANNUAL PREMIUM	ADDITIONAL COVERAGES
<input type="checkbox"/> GROUP <input type="checkbox"/> INDIVIDUAL				<input type="checkbox"/> PRESCRIPTION
<input type="checkbox"/> HMO/PPO <input type="checkbox"/> INDEMNITY				<input type="checkbox"/> VISION
				<input type="checkbox"/> DENTAL

Do you have multiple options for Health Insurance available through your employer?

Do you have a Health Savings Account or Flexible Spending Account?

INSURANCE (CONT.)

SHADED AREA IS OPTIONAL

LIFE INSURANCE	POLICY ONE	POLICY TWO	POLICY THREE	POLICY FOUR
INSURED				
OWNER				
NAME OF INSURANCE COMPANY				
AMOUNT OF COVERAGE				
ANNUAL PREMIUM				
TYPE OF COVERAGE (TERM, PERMANENT, OR GROUP)				

How did you determine the amount and type of Life Insurance you own?

Do you have any medical conditions that we should be aware of?

DISABILITY INSURANCE	POLICY ONE	POLICY TWO	POLICY THREE	POLICY FOUR
INSURED				
NAME OF INSURANCE COMPANY				
AMOUNT OF COVERAGE				
ANNUAL PREMIUM				
TYPE OF COVERAGE (PERSONAL OR GROUP)				

How did you determine the amount of Disability Insurance you own?

Would a loss of income be a significant problem?

INSURANCE (CONT.)

SHADED AREA IS OPTIONAL

LONG TERM CARE	POLICY ONE	POLICY TWO	POLICY THREE	POLICY FOUR
INSURED				
NAME OF INSURANCE COMPANY				
DAILY BENEFIT				
ANNUAL PREMIUM				

Have you considered Long Term Care? If so, why?

Do your parents have LTC? If not, is it possible that your parents will need your financial support?

Do you think it's possible that you will have to rely on your children for financial support?

LEGAL DOCUMENTS

Do you have a will and/or trust?

Are both sets of parents living?

Will there be a significant inheritance given to either you or your children?

Who will manage the legacy of your estate moving forward?

If you are a business owner, do you have a buy-sell agreement?

ADDITIONAL INFORMATION

SHADED AREA IS OPTIONAL

How would you rate yourself on a scale of 1 to 10, with 10 being the best your financial picture could possibly look?

Do you use online banking?

How do you organize your financial life?

Do you regularly use cash to pay expenses?

Do you have any non-recurring expenditures planned in the near future? (i.e. furniture, new car, home, etc...)?

Have you videotaped your home and removed the tape from the premises?

Are you familiar with online meetings?

Do you have any preference to meeting online or in person?

Who do you trust for financial advice?

Do you have an Accountant?

Do you have an Attorney?

What social groups do you belong to?

ADDITIONAL INFORMATION (CONT.)

SHADED AREA IS OPTIONAL

Have you ever worked with a Financial Advisor?

Have you had any negative experiences with any Financial Professionals?

Do you have any biases to any specific financial products or services?

What is your greatest financial concen?

What obstacles exist that have stopped you from reaching your financial goals?

Do you think that your current retirement plan will allow you to retire when you want to?

Do you have any charitable giving plans or desires?

What are the top three things you would like to focus on while working together?

NOTES

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, typical of notebook or composition paper. The background is white, and there are no margins, text, or other markings present.