



Financial Planning Checklist

At least one week before your appointment, we will need the information below so we can best prepare for our Discovery meeting.

1. MOST RECENT FEDERAL & STATE TAX RETURNS
2. MOST RECENT PAYSTUBS
3. CURRENT INCOME/ FINANCIAL STATEMENT PAGE 4
4. LIVING EXPENSES PAGE 5
5. ESTATE DOCUMENTS WILLS AND TRUSTS
6. CURRENT STATEMENTS BANK, MUTUAL FUND, BROKERAGE,
401K, INSURANCE POLICIES, ETC.
7. EMPLOYEE BENEFITS BOOKLET
8. LIFE/DISABILITY INSURANCE POLICIES
9. PHOTOCOPY OF DRIVER'S LICENSE

Feel free to bring any other documents you have that would give us a better picture of your financial position.

If you have estimated social security statements, please bring them.

Make sure you write down your most important questions you would like your financial professional to answer.

We look forward to assisting you with your Comprehensive Planning Process.

Personal Data

Client Name: _____

Client DOB: _____

Client SS# _____

Spouse Name: _____

Spouse DOB: _____

Spouse SS# _____

Home Address: _____

City: _____

State: _____

Zip: _____

Client Email: _____

Spouse's Email: _____

Client Employer: _____

Occupation: _____

Years with Company: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Employer Phone: _____

Spouse's Employer: _____

Occupation: _____

Years with Company: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Employer Phone: _____

Personal Data - continued

Client Place of Birth: _____

Country of Citizenship: _____

Driver's License#: _____

State of Issue: _____

Issue Date: _____

Expiration Date: _____

Mother's Maiden Name: _____

Spouse's Place of Birth: _____

Country of Citizenship: _____

Driver's License#: _____

State of Issue: _____

Issue Date: _____

Expiration Date: _____

Mother's Maiden
Name: _____

Personal Data - continued

Children's Information

Name: _____

DOB: _____

SS# _____

Married: _____

Children: _____

Name: _____

DOB: _____

SS# _____

Married: _____

Children: _____

Name: _____

DOB: _____

SS# _____

Married: _____

Children: _____

Name: _____

DOB: _____

SS# _____

Married: _____

Children: _____

Net Worth Statement

(C) = Client (S) = Spouse

ASSETS		LIABILITIES	
Checking Accounts	\$	Home Mortgage	\$
Savings Accounts	\$	Term: Int. Rate %	
Savings Bonds	\$	Home Equity/2 nd Mort.	\$
Money Market Accounts	\$	Car Loans	\$
Certificates of Deposit	\$	Term: Int. Rate %	
IRA 's (C)	\$	Credit Cards	\$
401K (C)	\$	Installment Loans	\$
ROTH IRA (C)	\$	Unpaid Taxes	\$
Pension/Profit Sharing (C)	\$	Loans against Life Ins.	\$
		Other Debts	\$
IRA 's (S)	\$		
401K (S)	\$		
ROTH IRA (S)	\$	TOTAL LIABILITIES	
Pension/Profit Sharing (S)	\$	Total Assets	\$
		Less Liabilities	\$
Annuities	\$	NET WORTH	\$
Mutual Funds (Non Retirement)	\$		
Bonds (Non-Retirement)	\$		
Stocks (Non-Retirement)	\$		
Other Securities:	\$	INCOME STATEMENT	
		INCOME	\$
		Salary (C)	\$
Home	\$	Pension (C)	\$
Other Real Estate	\$	Commissions (C)	\$
Automobile(s)	\$	Social Security (C)	\$
Personal Property	\$		
Life Insurance – Cash Value (non-death benefits)	\$		
Money Loaned to Others	\$	Salary (S)	\$
Business/Partnership	\$	Pension (S)	\$
Other Assets:	\$	Commissions (S)	\$
		Social Security (S)	\$
		Rental Income	\$
		Other Sources of Income	\$
TOTAL ASSETS	\$	TOTAL INCOME	\$

TOTAL LIFE INSURANCE DEATH BENEFITS: _____(C) _____(S)

Confidential Living Expenses

ITEMIZED EXPENSES	MONTHLY	ANNUAL	NOTES
Medical Expenses	\$	\$	
Real Estate Taxes	\$	\$	
Person Property Taxes	\$	\$	
Charitable Contributions	\$	\$	
Tax Preparation	\$	\$	
Non-Reimbursed Employee Exp.	\$	\$	
Ret. Plan Contributions (C)	\$	\$	
Ret. Plan Contributions (S)	\$	\$	
LIVING EXPENSES			
Food/Groceries/Household	\$	\$	
Telephone/Cell Phone	\$	\$	
Utilities	\$	\$	
Clothing	\$	\$	
Auto Maintenance	\$	\$	
Gasoline	\$	\$	
Home/Yard Maintenance	\$	\$	
Cable/Internet	\$	\$	
Entertainment/Dining Out	\$	\$	
Education	\$	\$	
Vacation	\$	\$	
Domestic Help	\$	\$	
Gifts/Birthdays/Christmas	\$	\$	
Child Care/Child Support	\$	\$	
Dues	\$	\$	
Subscriptions	\$	\$	
Recreational Activities	\$	\$	
Dry Cleaners	\$	\$	
Miscellaneous	\$	\$	
INSURANCE PAYMENTS			
Umbrella Insurance	\$	\$	
Life Insurance	\$	\$	
Auto Insurance	\$	\$	
Homeowners Insurance	\$	\$	
Disability Insurance	\$	\$	
Medical Insurance	\$	\$	
Long-Term Care Insurance	\$	\$	
DEBT SERVICE			
Mortgage Payment Principal & Interest Only	\$	\$	15 OR 30 YR? How Many Remaining?
Other/Home Equity Principal & Interest	\$	\$	
Auto Loan –Principal & Interest	\$	\$	How Many Years Remaining?
TOTALS	\$	\$	

Current Advisors

Attorney: _____

CPA: _____

Realtor: _____

Mortgage Broker: _____

Is there anyone you consult prior to making financial decisions? _____

Personal Goals Statement

**Rank the following financial Goals from 1 to 10 in terms of priority for you.
("1" is your highest priority and "10" is your lowest priority)**

_____ Continue my standard of living of \$ _____/year (today's dollars)

_____ Financial Independence by age/year _____/ _____

_____ Increase my net worth by _____%

_____ Reduce my tax burden

_____ Pay for _____% of college education for my children

_____ Provide for my family in the event of my (or my spouse's) death

_____ Buy a house \$ _____ Cost \$ _____ down payment

_____ Minimize the cost of Probate and Estate taxes

_____ Control the distribution of assets to my heirs

_____ Plan for Long-Term nursing home care for myself/spouse or parents

What two things about our current financial situation would you change?

1. _____

2. _____