Checklist of Items Required to Begin Financial Planning Process

_________ Complete the **Personal Data Summary**

_________ Complete the **Cash Flow Summary**

_________ Complete the **Initial Financial Asset Inventory**

_________ Complete the **Net Worth Summary** (Please include the purchase price, current basis and market value of your home. Include date of purchase, original mortgage balance, monthly payment and rate) Include this information for any other properties you might own.

_________ Complete the **Pension/Retirment Plan Summary**

_________ Provide copies of latest Federal & State Income Tax Returns as well as current pay stubs and year end pay stubs

_________ Provide copies of most recent premium notices and declarations from Homeowners, Automobile, and Umbrella Liability Insurance policies (Dwelling, Property, Earthquake, etc.)

_________ Do you have Wills, Codicils to Wills, and Trusts? If so list what documents and date last updated.

_________ Provide copies of current Company Benefit Statements (401(k), ESOP, Employee Stock Purchase Plans, Deferred Compensation Plans, etc.)

_________ Provide copies of last two consecutive check stubs for each employed person

_________ Provide copies of latest brokerage statements for all your investments

_________ Complete **Client Goal Profile**

_________ Complete **Investment Guidelines Questionniare**

_________ Provide a copy of each of your Social Security benefits and/or your benefits based on your spouse's work record.
You can order statements from Social Security at 1 (800) 772-1213 or on the internet at www.ssa.gov
You can find your Medicare information at www.medicare.gov

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Client Personal Data Form

Home Phone ______________________ Husband's Work ____________________ Wife's Work ______________________
Home Email ______________________ Husband's Work ____________________ Wife's Work ______________________
Palm Pilot Email &/or Cell Phone(s) ____

Addresses

Home ____ ______________________ ____________________
Number & Street City, State Zip Code

Husband's
Work ____ ______________________ ____________________
Number & Street City, State Zip Code

Wife's
Work ____ ______________________ ____________________
Number & Street City, State Zip Code

Dates of Marriage, Wills, and Trusts, & Desired Financial Independence Date

________________ ________________ ________________ ________________ ________________
Husband's DFID Wife's DFID Marriage Last Will Trust

Names, and Birthdates

____ ________________
Husband's Name Birthdate

____ ________________
Wife's Name Birthdate

____ ________________
First Child's Name Birthdate

____ ________________
Second Child's Name Birthdate

____ ________________
Third Child's Name Birthdate

____ ________________
Fourth Child's Name . Birthdate

Additional Family Members

Relationship	Name	Telephone Number	Address, City, State, Zip

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Employment Information

What is your current position?

Husband ____

Wife ____

Annual base salary:

Husband ____

Wife ____

Commission/bonuses:

Husband ____

Wife ____

Stock options:

Husband ____

Wife ____

Will your income differ significantly from last year?

Husband ____

Wife ____

Do you expect any raises?

Husband ____

Wife ____

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Cash Flow Summary

Annual Expenses	2005 Actual	2006 Projected	Base Assumption	Notes and Questions
Deductions				
Medical/Dental (Non-Reimb)				
Property Taxes				
Deductible Interest				
Charitable Contributions				
Casualty/Theft Losses				
Unreimbursed Business Expenses				
Miscellaneous Deductions				
Household				
Child Support/Day Care				
Clothing				
Dry Cleaning/Laundry				
Groceries/Sundries				
Homeowners/Renters Insurance				
Household Maintenance				
Mortgage/Rent				
Utilities				
Auto				
Auto/Transportattion Expenses				
Auto Insurance				
Auto Payments/Replacements				
Discretionary				
Club Dues/Vacation Homes				
Recreation/Travel				
Education				
Home Furnishings				
Personal Allowances				
Books/Entertainment				
Personal Gifts				
Svgs/Invstmnt/Debt Reduction				
Other				
Life & Disability Insurance				
Umbrella Liability Insurance				
Major Expenses				
Unclassified 1				
Unclassified 2				
Unclassified 3				

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Non-Recurring Expenses

Non-Recurring Expenses	Goal Date	Goal Amount	Annual Contribution	Notes
Home Improvements				
Major Purchases/ Investments				
Special Vacations				
Special Events/Weddings				
Childrens' Education				
Other				

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Initial Financial Asset Inventory

Description of Asset	Amount	Title	Questions, Comments, Maturity Dates, Etc.
Checking & Savings Accounts			
Sub-Total			
Money Market Funds & Accounts			
Sub-Total			
Certificates of Deposit			
Sub-Total			
Life Insurance Policies			
Sub-Total			
IRA's/Tax Deferred Annuities			
Sub-Total			
401(k)'s/Corporate Savings Plans/Option Plans			
Sub-Total			
Taxable Investment Accounts/List by Brokerage Firm			
Sub-Total			
Rental Properties			
Sub-Total			

Initial Financial Asset Inventory

Inventory Instructions

Use this form to list all securities, bank accounts, brokerage accounts, etc. showing institution names, account amounts, title (Husband (H), Wife (W), Joint (J), Custodial (C), or Trust (T). The last column is for listing additional information, questions or maturity dates (if applicable). Should you need more space, feel free to cross out unneeded categories or attach additonal sheets of paper. **The main purpose of this form is to get all the items/accounts listed.** Please attach a copy of all your 401(k) and brokerage statements to this form. Attach bank statement copies only if the account holdings includes stocks, bonds or mutual funds. Amounts may be rounded off to the nearest dollar. Subtotal each section and carry it over to the next form, the **Net Worth Summary**.

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Net Worth Summary

This summary should be completed after the Initial Financial Asset Inventory. The sub-totals from the Inventory report should be entered in the matching assset description lines on the next two pages. The reference numbers next to the sub-totals on the Inventory corrspond to the reference numbers on this report. Also, please indicate in the Comments column any items were obtained as bequests or gifts since marriage or were separate property prior to marriage.

Description	Amount	Title	Comments/Questions
Assets			
Personal Assets			
Primary Residence			
Other Personal Residences			
Household Furnishings			
Jewelry			
Vehicles			
Other Personal Assets			
Collectables			
Gems/Precious Metals/Collections			
Cash & Cash Equivalents			
Checking & Savings Accounts			
Money Market Funds & Accounts			
Certificates of Deposit			
Life Insurance Cash Value			
Other			
Retirement Assets			
IRA's/Taxed Deferred Annuities			
401(k)'s/Corporate Plans			
Taxable Investments			
Mutual Funds/Stocks/Bonds			
Rental Properties & Undeveloped Land			
Business Assets/Business Owners			
Business Ventures			
Limited Partnerships			
Liabilities			
Personal Liabilities			
Mortgage on Primary Residence			
Automoblile Loans			
Credit Cards/Charge Cards			
Other/Installment Loans/Indebtedness			
Investment & Business Liabilities			
Investment Mortgages			
Bank Loans			
Other Loans			
Debt/Margin Loans			
Judgements/Liens			

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Risk Management Data

Health Status

What is your personal assessment of your current health status?

Client 1 ____________________
Client 2 ____________________

Have you experienced any major health issues?
If yes, please briefly explain (approx date, duration, etc.):

Client 1 ____________________
Client 2 ____________________

Have you or a member of your family received or claimed disability income benefits?

Client 1 ____________________
Client 2 ____________________

Have you ever been declined or rated for life or health insurance?

Client 1 ____________________
Client 2 ____________________

Property Casualty

Do you have a pilot's license? **Client 1** ____________ **Client 2** ____________

Do you own a motorcycle, boat, jet ski or ATV?

____

Have you had any tickets or auto accidents in the last 6 years?
If so, were you able to attend traffic school?

Client 1 ____________________
Client 2 ____________________

Have you claimed any losses on your homeowner's policies in the last 10 years?

____

If yes, have any of those claims been for water damage?

____

Have you ever been the target of a lawsuit?

____

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