



# INTRODUCTION

The **Wealth Assessment** is the first step in our analysis of your financial portfolio. This will help us gather financial information, become aware of your concerns, organize and prioritize your goals and develop a well thought out strategy to achieve your plans and objectives. Our goal is to help you to build your bridge between the realities of today and your goals for a better tomorrow.

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## CLIENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State of Issue: \_\_\_\_\_

☐ Single

☐ Married

☐ Divorced

☐ Separated

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

### • EMERGENCY CONTACT *(currently not living with you)* •

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### • DEPENDENTS *(If Applicable)* •

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## CLIENT BENEFICIARY INFORMATION

### • PRIMARY BENEFICIARY •

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

### • CONTINGENT BENEFICIARY •

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

*If extra space is needed for additional beneficiary, please provide on a separate sheet of paper.*

*\*Per Stirpes – A stipulation that, should a beneficiary predecease the will maker, the beneficiary's share of the inheritance will go to his or her heirs.*

## CO-CLIENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status:

- ☐ Single  
☐ Married  
☐ Divorced  
☐ Separated

Driver's License: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

State of Issue: \_\_\_\_\_

SSN: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

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● **EMERGENCY CONTACT** *(currently not living with you)* ●

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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● **DEPENDENTS** *(If Applicable)* ●

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## CO-CLIENT BENEFICIARY INFORMATION

### • PRIMARY BENEFICIARY •

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

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Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

### • CONTINGENT BENEFICIARY •

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_ % Do you want to add *Per Stirpes*\* Stipulation? ☐ YES ☐ NO

*If extra space is needed for additional beneficiary, please provide on a separate sheet of paper.*

*\*Per Stirpes – A stipulation that, should a beneficiary predecease the will maker, the beneficiary's share of the inheritance will go to his or her heirs.*

"GOOD PLANS SHAPE GOOD DECISIONS. THAT'S WHY GOOD PLANNING HELPS TO MAKE ELUSIVE DREAMS COME TRUE."

- GEOFFREY FISHER -



## GOALS

Imagine the future you'd like to bring more within reach. What matters most to you?

In the next few pages take a few minutes to define your goals and ambitions. By identifying what is most important you can start the process of creating a customized plan and working on bridging the gap between your current financial situation and your future goals.



## FINANCIAL PLANNING GOALS

### • RETIREMENT GOAL •

#### 1. When would you like to retire?

Enter your Ideal Age – the earliest age you might like to retire. Then enter an Acceptable Age – the latest you could retire and still be satisfied.

##### RETIREMENT AGE

**CLIENT:** Ideal Age \_\_\_\_\_ Acceptable Age \_\_\_\_\_

**CO-CLIENT:** Ideal Age \_\_\_\_\_ Acceptable Age \_\_\_\_\_

##### RETIREMENT LIVING EXPENSE

Enter an approximate amount that you would need for living expenses during retirement (e.g. food, clothes, utilities, etc.)

**IDEAL AMOUNT:** \$\_\_\_\_\_ per year

**ACCEPTABLE AMOUNT:** \$\_\_\_\_\_ per year

#### 2. Do you plan to move to a different State during Retirement?

☐ YES ☐ NO

If so, where \_\_\_\_\_

#### 3. Do you plan on selling your home at retirement?

☐ YES ☐ NO

If no, when would you sell your primary home? \_\_\_\_\_

#### 4. Do you plan on working part-time during retirement?

☐ YES ☐ NO

If yes, who will be working during retirement? \_\_\_\_\_

How many hours? \_\_\_\_\_

Total Gross income from part-time work \_\_\_\_\_

How many years do you plan on working part-time? \_\_\_\_\_



## EDUCATION GOALS

Provide information about college expense that will be funded from your investment portfolio.

| CHILD NAME & DATE OF BIRTH | UNDERGRADUATE                             |                                  | GRADUATE                                  |                                  |
|----------------------------|---|----------------------------------|---|----------------------------------|
|                            | <input type="checkbox"/> Public-In-State  | <input type="checkbox"/> 2-years | <input type="checkbox"/> Public-In-State  | <input type="checkbox"/> 2-years |
|                            | <input type="checkbox"/> Public-Out-State | <input type="checkbox"/> 4-years | <input type="checkbox"/> Public-Out-State | <input type="checkbox"/> 4-years |
|                            | <input type="checkbox"/> Private          |                                  | <input type="checkbox"/> Private          |                                  |
|                            | Specific college name (if identified):    |                                  | Specific college name (if identified):    |                                  |
|                            | How much would you like to fund?<br>\$    |                                  | How much would you like to fund?<br>\$    |                                  |
|                            | <input type="checkbox"/> Public-In-State  | <input type="checkbox"/> 2-years | <input type="checkbox"/> Public-In-State  | <input type="checkbox"/> 2-years |
|                            | <input type="checkbox"/> Public-Out-State | <input type="checkbox"/> 4-years | <input type="checkbox"/> Public-Out-State | <input type="checkbox"/> 4-years |
|                            | <input type="checkbox"/> Private          |                                  | <input type="checkbox"/> Private          |                                  |
|                            | Specific college name (if identified):    |                                  | Specific college name (if identified):    |                                  |
|                            | How much would you like to fund?<br>\$    |                                  | How much would you like to fund?<br>\$    |                                  |
|                            | <input type="checkbox"/> Public-In-State  | <input type="checkbox"/> 2-years | <input type="checkbox"/> Public-In-State  | <input type="checkbox"/> 2-years |
|                            | <input type="checkbox"/> Public-Out-State | <input type="checkbox"/> 4-years | <input type="checkbox"/> Public-Out-State | <input type="checkbox"/> 4-years |
|                            | <input type="checkbox"/> Private          |                                  | <input type="checkbox"/> Private          |                                  |
|                            | Specific college name (if identified):    |                                  | Specific college name (if identified):    |                                  |
|                            | How much would you like to fund?<br>\$    |                                  | How much would you like to fund?<br>\$    |                                  |
|                            | <input type="checkbox"/> Public-In-State  | <input type="checkbox"/> 2-years | <input type="checkbox"/> Public-In-State  | <input type="checkbox"/> 2-years |
|                            | <input type="checkbox"/> Public-Out-State | <input type="checkbox"/> 4-years | <input type="checkbox"/> Public-Out-State | <input type="checkbox"/> 4-years |
|                            | <input type="checkbox"/> Private          |                                  | <input type="checkbox"/> Private          |                                  |
|                            | Specific college name (if identified):    |                                  | Specific college name (if identified):    |                                  |
|                            | How much would you like to fund?<br>\$    |                                  | How much would you like to fund?<br>\$    |                                  |
|                            | <input type="checkbox"/> Public-In-State  | <input type="checkbox"/> 2-years | <input type="checkbox"/> Public-In-State  | <input type="checkbox"/> 2-years |
|                            | <input type="checkbox"/> Public-Out-State | <input type="checkbox"/> 4-years | <input type="checkbox"/> Public-Out-State | <input type="checkbox"/> 4-years |
|                            | <input type="checkbox"/> Private          |                                  | <input type="checkbox"/> Private          |                                  |
|                            | Specific college name (if identified):    |                                  | Specific college name (if identified):    |                                  |
|                            | How much would you like to fund?<br>\$    |                                  | How much would you like to fund?<br>\$    |                                  |



Tell us about other goals that will be funded with withdrawals from your investment portfolio. Make each goal a need/want/wish, with a description, an annual cost and how often it will occur. Also, indicate the importance by putting a number from 1-10 (10 being the highest).

- 8 -

Please take this opportunity to reflect why you are in search of a financial advisor. Briefly list and describe any concerns about your current financial situation.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## ESTATE & TAX PLANNING

### • ESTATE PLANNING •

Many people assume their family will automatically inherit the assets they leave behind, however without a will, those assets can be held in probate court and distributed according to their state's law. Make sure you have the right documents in place so your estate will be executed according to your wishes.

1. Have you implemented an estate planning? ☐ YES ☐ NO

If yes, check all that apply:

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Will(s)     | <input type="checkbox"/> Medical Power-of-Attorney           | <input type="checkbox"/> Insurance Trust   |
| <input type="checkbox"/> Trust(s)    | <input type="checkbox"/> Living Will or Healthcare Directive | <input type="checkbox"/> Power-of-Attorney |
| <input type="checkbox"/> Other _____ |  |  |

2. Do you anticipate an inheritance? ☐ YES ☐ NO

If so, how much approximately \$ \_\_\_\_\_

### • TAX PLANNING •

Tax planning is an important part of managing assets, please take a moment and answer the following questions.

1. Do you currently have tax-loss carry forward? ☐ YES ☐ NO

If so, please provide amount:

Long Term: \$ \_\_\_\_\_ Short Term: \$ \_\_\_\_\_

2. Do you receive an annual tax refund? ☐ YES ☐ NO

If so, approximate amount? \$ \_\_\_\_\_

3. Do you pay quarterly taxes? ☐ YES ☐ NO

If so, how much? \$ \_\_\_\_\_

4. What is your current Alternative Minimum Tax status?

Subject to AMT: ☐ YES ☐ NO

## RISK MANAGEMENT

### LIFE INSURANCE POLICIES *(individual or employer provided coverage)*

#### 1. Client – Life Insurance Policies

|                        |                                 |              |               |
|------------------------|---------------------------------|--------------|---------------|
| Insurance Company Name | Individual or Employer provided | Monthly Cost | Death Benefit |
| Insurance Company Name | Individual or Employer provided | Monthly Cost | Death Benefit |
| Insurance Company Name | Individual or Employer provided | Monthly Cost | Death Benefit |

#### 2. Co-Client – Life Insurance Policies

|                        |                                 |              |               |
|------------------------|---------------------------------|--------------|---------------|
| Insurance Company Name | Individual or Employer provided | Monthly Cost | Death Benefit |
| Insurance Company Name | Individual or Employer provided | Monthly Cost | Death Benefit |
| Insurance Company Name | Individual or Employer provided | Monthly Cost | Death Benefit |

#### NOTES:

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### DISABILITY INSURANCE POLICIES *(individual or employer provided coverage)*

#### 1. Client – Disability Insurance Policies

|                        |                                 |              |                |
|------------------------|---------------------------------|--------------|----------------|
| Insurance Company Name | Individual or Employer provided | Monthly Cost | Benefit Amount |
| Insurance Company Name | Individual or Employer provided | Monthly Cost | Benefit Amount |
| Insurance Company Name | Individual or Employer provided | Monthly Cost | Benefit Amount |

## 2. Co-Client – Disability Insurance Policies

|                        |                                 |              |                |
|------------------------|---------------------------------|--------------|----------------|
| Insurance Company Name | Individual or Employer provided | Monthly Cost | Benefit Amount |
| Insurance Company Name | Individual or Employer provided | Monthly Cost | Benefit Amount |
| Insurance Company Name | Individual or Employer provided | Monthly Cost | Benefit Amount |

### NOTES:

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## LTC INSURANCE POLICIES

### 1. Client – Long Term Care Insurance

|                                |                                 |                |                      |
|--------------------------------|---------------------------------|----------------|----------------------|
| Insurance Company Name         | Monthly or Daily Benefit Amount | Benefit Period | Inflation Protection |
| Monthly or Annual Premium Cost |                                 |                |                      |

### 2. Co-Client – Long Term Care Insurance

|                                |                                 |                |                      |
|--------------------------------|---------------------------------|----------------|----------------------|
| Insurance Company Name         | Monthly or Daily Benefit Amount | Benefit Period | Inflation Protection |
| Monthly or Annual Premium Cost |                                 |                |                      |

### NOTES:

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## INCOME SOURCES

1. What is your total annual household income? \$ \_\_\_\_\_
2. How does this figure break down?

|                             | CLIENT   | CO-CLIENT |
|-----------------------------|----------|-----------|
| <b>SALARY</b>               | \$ _____ | \$ _____  |
| TOTAL PAY PERIODS IN A YEAR |          |           |
| COMMISSIONS                 | \$ _____ | \$ _____  |
| BONUS                       | \$ _____ | \$ _____  |
| PENSION                     | \$ _____ | \$ _____  |
| REAL ESTATE INCOME:         | \$ _____ |           |
| ALIMONY/CHILD SUPPORT:      | \$ _____ |           |

3. **SOCIAL SECURITY:** Social Security Statement can be obtained at <http://www.ssa.gov/myaccount/>

|   | CLIENT   | CO-CLIENT  |
|---|--|--|
| Age to begin taking SS:                         | _____  | _____  |
| Amount (monthly) \$:                            | _____  | _____  |
| Are you eligible for SS from previous marriage? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Please provide details of any other sources of income:

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Please list any short, intermediate or any long term debt. Examples may include: Mortgages, Equity loan, Student loan, Credit Card, Vehicle, Judgment, etc.

[illegible]

## EXPENSES

Understanding monthly expenses helps analyze your spending patterns. The result of this analysis establishes the lifestyle you wish to maintain during retirement.

Complete the columns below, as follows:

### CURRENT MONTHLY EXPENSES:

- Enter all your current monthly expenses in the **Current Monthly Expenses** column.

### RETIREMENT EXPENSES:

- Place a check mark for all expenses that **will not** continue during retirement in the **Retirement Expenses** column.
- If an expense will increase or decrease during retirement (from the amount listed under **Current Monthly Expenses**), enter the new monthly expense amount in the **Retirement Expenses** column.
- If there are new expenses (not listed in **Current Monthly Expenses**) add the monthly expense in the **Retirement Expenses** column.

Add any expenses that are not listed under the "Other" category.

| CATEGORY                            | CURRENT MONTHLY EXPENSES | RETIREMENT EXPENSES |
|-------------------------------------|--------------------------|---------------------|
| <i>Example: Charitable Donation</i> | \$50.00                  | \$150.00            |
| <i>Example: Child Care</i>          | \$500.00                 |                     |
| Alimony                             |                          |                     |
| Bank Charges                        |                          |                     |
| Books/Magazines                     |                          |                     |
| Business Expense                    |                          |                     |
| Care for Parent/Other               |                          |                     |
| Cash – Miscellaneous                |                          |                     |
| Cell Phone                          |                          |                     |
| Charitable Donations                |                          |                     |
| Child Activities                    |                          |                     |
| Child Allowance/Expense             |                          |                     |
| Child Care                          |                          |                     |
| Child Support                       |                          |                     |
| Child Tutor                         |                          |                     |
| Clothing – Spouse                   |                          |                     |
| Clothing – Children                 |                          |                     |
| Club Dues                           |                          |                     |
| Credit Card Debt Payment            |                          |                     |
| Dining                              |                          |                     |
| Education                           |                          |                     |
| Entertainment                       |                          |                     |
| Gifts                               |                          |                     |
| Groceries                           |                          |                     |
| Healthcare – Dental                 |                          |                     |
| Healthcare – Medical                |                          |                     |
| Healthcare – Prescription           |                          |                     |
| Healthcare – Vision                 |                          |                     |
| Hobbies                             |                          |                     |
| Household Items                     |                          |                     |
| Laundry/Dry Cleaning                |                          |                     |
| Personal Care                       |                          |                     |
| Personal Loan Payment               |                          |                     |
| Pet Care                            |                          |                     |
| Public Transportation               |                          |                     |
| Recreation                          |                          |                     |
| Self-Improvement                    |                          |                     |
| Vacation/Travel                     |                          |                     |
| Other:                              |                          |                     |
| Other:                              |                          |                     |
| Other:                              |                          |                     |



| CATEGORY                   | CURRENT MONTHLY EXPENSES | RETIREMENT EXPENSES |
|----------------------------|--------------------------|---------------------|
| <b>HOME EXPENSES</b>       |                          |                     |
| First Mortgage             |                          |                     |
| Second Mortgage            |                          |                     |
| Equity Line                |                          |                     |
| Real Estate Tax            |                          |                     |
| Rent                       |                          |                     |
| Homeowner's Insurance      |                          |                     |
| Association Fees           |                          |                     |
| Electricity                |                          |                     |
| Gas/Oil                    |                          |                     |
| Trash Pickup               |                          |                     |
| Water/Sewer                |                          |                     |
| Cable/Satellite TV         |                          |                     |
| Internet                   |                          |                     |
| Telephone (land line)      |                          |                     |
| Lawn Care                  |                          |                     |
| Maintenance – Major Repair |                          |                     |
| Maintenance - Regular      |                          |                     |
| Furniture                  |                          |                     |
| Household Help             |                          |                     |
| Other:                     |                          |                     |
| Other:                     |                          |                     |
| Other:                     |                          |                     |

|                    |                          |
|--------------------|--------------------------|
|                    | CURRENT MONTHLY EXPENSES |
| <b>GRAND TOTAL</b> |                          |

| CATEGORY                 | CURRENT MONTHLY EXPENSES | RETIREMENT EXPENSES |
|--------------------------|--------------------------|---------------------|
| <b>TAXES</b>             |                          |                     |
| Client FICA              |                          |                     |
| Client Medicare          |                          |                     |
| Co-Client FICA           |                          |                     |
| Co-Client Medicare       |                          |                     |
| Federal Income           |                          |                     |
| State Income             |                          |                     |
| Local Income             |                          |                     |
| Disability for Co-Client |                          |                     |
| Life for Client          |                          |                     |
| Life for Co-Client       |                          |                     |
| LTC for Client           |                          |                     |
| LTC for Co-Client        |                          |                     |
| Medical for Client       |                          |                     |
| Medical for Co-Client    |                          |                     |
| Umbrella Liability       |                          |                     |
| Other:                   |                          |                     |
| Other:                   |                          |                     |
| Other:                   |                          |                     |
| <b>VEHICLE EXPENSES</b>  |                          |                     |
| Loan Payment             |                          |                     |
| Lease Payment            |                          |                     |
| Insurance                |                          |                     |
| Personal Property Tax    |                          |                     |
| Fuel                     |                          |                     |
| Repairs/Maintenance      |                          |                     |
| Parking/Tolls            |                          |                     |
| Docking/Storage          |                          |                     |
| Other:                   |                          |                     |
| Other:                   |                          |                     |
| Other:                   |                          |                     |



"THE INTELLIGENT INVESTOR IS LIKELY TO NEED CONSIDERABLE  
WILL POWER TO KEEP FROM FOLLOWING THE CROWD."

- BENJAMIN GRAHAM -

## PROFESSIONAL TEAM

We often collaborate with other professional that our clients work with, such as accountants, attorneys, etc. Please provide information for your professional team.

| NAME OF PROFESSIONAL | TITLE | FIRM NAME | ADDRESS | TELEPHONE | EMAIL ADDRESS |
|----------------------|-------|-----------|---------|-----------|---------------|
|                      |       |           |         |           |               |
|                      |       |           |         |           |               |
|                      |       |           |         |           |               |
|                      |       |           |         |           |               |
|                      |       |           |         |           |               |
|                      |       |           |         |           |               |
|                      |       |           |         |           |               |





"LONG RANGE PLANNING DOES NOT DEAL  
WITH FUTURE DECISIONS, BUT WITH  
THE FUTURE OF PRESENT DECISIONS."

- PETER DRUCKER -

## ADDITIONAL INFORMATION

Please provide copies of your personal documents listed below. If originals are provided, we will make copies and return the original to you.

- ☐ **Paystubs** (*one month*)
- ☐ **Investment Account Statements** (*brokerage, mutual fund, variable annuity, 529 Plan, etc*)
- ☐ **Retirement Account Statements** (*401k, 403b, IRA's*)
- ☐ **Pension Plan Information**
- ☐ **Insurance Policies, employer provided or individual** (*life, disability, LTC*)
- ☐ **Mortgage Statement with payment amount interest rate, loan period, and current balance**  
(*if information is not on the statement, please write on it*)
- ☐ **Additional loan statements** (*home equity, auto, etc.*) **with payment amount, interest rate, loan period, and current balance**
- ☐ **Credit Card statement** (*if it has a carry forward balance*)
- ☐ **Employee Benefit Statement**
- ☐ **Tax Return** (*previous year*)
- ☐ **Legal documents** (*will, trusts, buy/sell agreements*)