

## New Client Checklist

Please bring the following items to our first meeting, if available:

- Most recent paystubs.
- Most recent federal and state income tax returns.
- Pension statements and/or booklets with your pension formula.
- Most recent Social Security benefit statements.
- Values of titled personal assets.
- Most recent investment statements, including 401(k), 403(b), IRA, traditional brokerage.
- Annuity statements.
- Our personal and financial data form, also included on our website. Please complete this if possible. Otherwise, we will gather this information during our first meeting.

We look forward to meeting with you!

Please call our office at 800-487-1786 if you should have any questions.

# FINANCIAL RESOURCE

— MANAGEMENT —

## Personal and Financial Data

First person: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Retirement Age: \_\_\_\_\_

Marital status: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Second person: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Retirement Age: \_\_\_\_\_

Marital status: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Will/Trust: \_\_\_\_\_ Type: \_\_\_\_\_ Last updated: \_\_\_\_\_

Living Will / Health Care Proxy / Power of Attorney: \_\_\_\_\_

Other estate planning documents: \_\_\_\_\_

### Income

Description	Person	Annual Amount
Salary – first person		
Salary – second person		
Self – employed income		
Alimony / Child support		
Social Security		
Investment Income		
Pension Income		

### Expenses

Description	Monthly Amount	Applicable Period	Description	Monthly Amount	Applicable Period
Housing (include property taxes)			Medical/Dental/Prescriptions		
Food (plus lunches)			Discretionary		
Cars/Transportation/Gas			Personal		
Entertainment			Charity		

### Debts

Description	Owner	Balance	Interest Rate	Term
Mortgage				
Auto Loan				
Credit Card				

<b>Children / Dependents / Grandchildren</b>		
Name	Birth Date	Relationship

<b>Investments</b>				
Liquid Assets (cash, CDs, money market funds, etc.)	Owner	Type	Current Value	Goal for Account
Tax Deferred Assets (IRA, 401k, Annuities)	Owner	Type	Current Value	Goal for Account
Other Assets	Owner	Type	Current Value	Goal for Account

<b>Insurance</b>			
Owner	Type (Long term care / Life / Disability)	Amount	Cash Value (if applicable)

<b>Other Assets</b>			
Description (land, 2nd home, rental property)	Owner	Estimated Value	Mortgage (if applicable)

Reason for Meeting: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Financial Goals:
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_