

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				

Children / Dependents / Grandchildren		
Name	Birth Date	Relationship

Investments				
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

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

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

Reason for Meeting: _____

- Financial Goals:
- _____
 - _____
 - _____
 - _____

Signature: _____ Date: _____

Signature: _____ Date: _____