

Name: _____

Date: _____



Financial Document Checklist

Please provide a copy of the most recent statement from each of these applicable accounts.

Retirement Statements

- 401(k) Yes No
Pension Plans Yes No
SEP or Simple Plans Yes No
IRA Accounts Yes No
Roth IRA Accounts Yes No

Investment Accounts

- Brokerage Accounts Yes No
Mutual Funds Yes No
529 College Savings Yes No
Private Investments Yes No

Annuities

- Fixed Yes No
Variable Yes No
Indexed Yes No

Bank Accounts

- Checking Yes No
Savings Yes No
CD's Yes No

Company Benefits

- Stock Options Yes No
Restricted Stock Yes No
Deferred Compensation Yes No
Healthcare Savings (HSA) Yes No
Summary of Benefits Statement Yes No
Flexible Spending Account Yes No
Benefits Plan Documents Yes No
Other Company Benefit Yes No

Real Estate

- Primary Residence Yes No
Second Home Yes No
Vacation Home Yes No
Rental Property Yes No

Secured Debt (Mortgages)

- Primary Residence Yes No
Second Mortgage Yes No
Other Property Yes No

Personal Debt

- Credit Card(s) Yes No
Lines of Credit Yes No
Auto Yes No

Insurance

- Life Yes No
Disability Yes No
Health Yes No
Long-Term Care Yes No
Home/Auto/Liability Yes No

Tax, Legal, & Other Documents

- Previous 2 Paystubs Yes No
2 Years of Tax Returns Yes No
Wills Yes No
P.O.A./Healthcare Directive Yes No
Trust Documents Yes No
Divorce Decree & Supplements Yes No
Pre-Nuptial Agreements Yes No
Closely Held Business Yes No

Income

Please enter estimated annual income for each category.

<u>Annual Income</u>			
<u>Client #1</u>		<u>Client #2</u>	
Base Salary	\$	Base Salary	\$
Cash Bonus	\$	Cash Bonus	\$
Other: _____	\$	Other: _____	\$

Savings

Please enter an estimated amount & frequency for each category (ex. Roth IRA: \$5,000/year)

<u>Retirement Savings</u>			
<u>Client #1</u>		<u>Client #2</u>	
Traditional IRA	\$	Traditional IRA	\$
Roth IRA	\$	Roth IRA	\$
Employer Plan (401k/403b, 457, etc.)	\$	Employer Plan (401k/403b, 457, etc.)	\$
	%		%
Employer Match	\$	Employer Match	\$
	%		%
Profit Sharing	\$	Profit Sharing	\$
Company Stock Options	\$	Company Stock Options	\$
Deferred Comp	\$	Deferred Comp	\$

<u>Other Savings</u>			
Cash Reserves	\$	Educational Savings	\$
Non-Retirement	\$	Other: _____	\$
Other: _____	\$	Other: _____	\$

Standard of Living Expenses

Please enter an estimated **monthly** dollar amount for each category of expenses you anticipate this year. It may be helpful to look historically at what you spent in prior months for each category.

<u>Life</u>	<u>Auto</u>
Cell Phone \$	Fuel \$
Charitable Giving \$	Insurance \$
Child Activities \$	Registration/Tags \$
Child Care \$	Repairs/Maintenance \$
Clothing \$	Parking/Tolls \$
Dining Out/Entertainment \$	Other: _____ \$
Gifts \$	Other: _____ \$
Groceries \$	<u>Home</u>
Hobbies \$	Association Fee \$
Medical-Out of Pocket \$	Cleaning Services \$
Medical-Prescriptions \$	Furniture/Furnishings \$
Memberships/Subscriptions \$	Garbage \$
Personal Care \$	Insurance \$
Pets \$	Internet/TV \$
Professional Services \$	Maintenance \$
Recreation \$	Mortgage/Rent \$
Travel/Vacation \$	Property Tax \$
Other: _____ \$	Utilities \$
Other: _____ \$	Other: _____ \$
Other: _____ \$	Other: _____ \$