

# Homework Packet



**ProAdvice Signature**  
MetLife® Financial Services

MetLife Securities, Inc  
200 Park Avenue, New York, NY 10166

# Financial Planning Overview

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## Introduction

Effective financial management depends on effective communication. Since the analysis and advice we provide you is based, in large part, on the information you have supplied, the accuracy and usefulness of the analysis will depend on the accuracy and completeness of the information.

Completing this form will give us the financial information needed to provide you with a good overview of your current financial situation. We will then discuss the first step toward control of your financial wellbeing.

We suggest you gather all financial records together before completing the form. If you need to look up information, it will be readily available. A close estimate is better than no figure at all.

For the questions that ask for a preference, give the most honest answer you can. There are no right or wrong answers. If you don't finish the form prior to our meeting, please come to the appointment anyway. We will work with you to make your financial situation as problem-free as possible.

# Vital Information

		Today's Date:	
<b>CLIENT</b>			
First Name:		Last Name:	
Date of Birth:		Retirement Age:	
Social Security #:		Sex: (circle one) Male / Female	
Employer:		Position/Title:	
Work Address:		Work Phone	Years With Employer:
Driver's License Number:		Driver's License Expiration:	
Home Address:		E-mail Address:	

<b>SECOND CLIENT</b>			
First Name:		Last Name:	
Date of Birth:		Retirement Age:	
Social Security #:		Sex: (circle one) Male / Female	
Employer:		Position/Title:	
Work Address:		Work Phone:	Years With Employer:
Driver's License Number:		Driver's License Expiration:	
Home Address (if not same as above):		E-mail Address:	
Are clients married: Y <input type="checkbox"/> N <input type="checkbox"/> If "no" additional information is required. Please see page 17.			

<b>MONEY MANAGEMENT ATTITUDES</b>	
My biggest financial worry is:	
My greatest financial success is:	
I am able to commit \$ _____ per month toward my financial goals or reducing my debt.	

# Dependents and Heirs

## CHILDREN

Name	Dependent? (Yes / No)	Date of Birth (MM/DD/YYYY)	Social Security #	Sex (Circle One)
	Y / N	___ / ___ / ____	____ - ____ - ____	M / F
	Y / N	___ / ___ / ____	____ - ____ - ____	M / F
	Y / N	___ / ___ / ____	____ - ____ - ____	M / F
	Y / N	___ / ___ / ____	____ - ____ - ____	M / F
	Y / N	___ / ___ / ____	____ - ____ - ____	M / F

## GRANDCHILDREN

Name	Date of Birth (MM/DD/YYYY)		Name	Date of Birth (MM/DD/YYYY)
	___ / ___ / ____			___ / ___ / ____
	___ / ___ / ____			___ / ___ / ____
	___ / ___ / ____			___ / ___ / ____
	___ / ___ / ____			___ / ___ / ____

## SUPPORT FOR OTHERS

Who (adult or disabled child, parents, day care, others)	How much? (circle monthly or annually)	How long?	At Whose Death?
<b>Adult Child or Disabled Child</b>	\$ _____ Per Month / Per Year		Client 2nd client Either
<b>Parent</b>	\$ _____ Per Month / Per Year		Client 2nd client Either
<b>Day Care</b>	\$ _____ Per Month / Per Year		Client 2nd client Either
<b>Others</b>	\$ _____ Per Month / Per Year		Client 2nd client Either

# Financial Attitudes

How many months of expenses do you think you should keep in savings for emergencies?	
If you inherited \$25,000 today, where would you put the money?	
Why?	
<b>Please answer the following questions by circling “Yes” or “No:”</b>	
Do you consider yourself to be a good money manager?	Yes/No
Do you consider yourself to be a conservative investor?	Yes/No
Do you consider yourself to be prepared for tomorrow?	Yes/No
Do you consider yourself to be a risk taker?	Yes/No
Do you consider yourself to be financially successful?	Yes/No
Do you consider yourself to be able to recover from losses?	Yes/No
Do you consider yourself to be in control of your financial affairs?	Yes/No
Do you consider yourself to be happy with your accumulation of assets, relative to the income you’ve earned over the last 10 years?	Yes/No
Do you expect any inheritances, legal settlements or gifts that may affect your financial plans?	Yes/No
If so, please explain and provide anticipated dollar amounts:	
Are you aware of upcoming changes in your life (lifestyle) which will directly affect your present financial situation (e.g., early retirement, divorce, child support)?	Yes/No
If so, please explain:	
Do either of you have any current health problems that may cause you to retire earlier than you wish?	Yes/No
If so, please explain:	

*The following questions aid us in defining your financial and investment objectives. Your responses will be used to help formulate any recommended plan of action.*

<b>How important to you are the following investment objectives? Please rank them from 1 to 6 in order of importance (1=most important, 6 = least important):</b>	
	Increase current income
	Diversify (i.e., spread risks among investments)
	Have cash available for emergencies or investment opportunities (i.e., liquidity)
	Accumulate funds that will keep pace with inflation or do better than inflation
	Use borrowed funds to increase return from my investments (i.e., leverage)
	Minimize the time I have to spend managing my investments

# Financial Objectives

<b>Rank these goals in order of importance (1=most important, 7 = least important):</b>	
	Retire comfortably
	Provide for my (our) children's education
	Achieve other specific goals (name them): _____ / _____ / _____ / _____
	Provide for survivors in the event of my (our) death(s)
	Protect my (our) resources in the event of a disability
	Obtain the greatest return on investments given my (our) risk profile
	Structure my estate to minimize estate taxes and provide for my (our) heirs

<b>EDUCATION FUNDING</b>					
Child's Name:					
Years until needed:					
Years of school:					
Type of school (circle one):	High School College Graduate	High School College Graduate	High School College Graduate	High School College Graduate	High School College Graduate
Anticipated annual cost (in today's \$):	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Current assets earmarked:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Current annual additions:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Is the money in the child's name?	Y / N	Y / N	Y / N	Y / N	Y / N
Annual amount set aside for child's education by others (i.e., grandparents)	\$ _____ per year	\$ _____ per year	\$ _____ per year	\$ _____ per year	\$ _____ per year
Current value of savings set aside by others	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

<b>RETIREMENT FUNDING</b>
How much spendable monthly income would you want at retirement (in today's dollars)? \$ _____

# Prioritization and Review of Goals (Review of Financial Road Map)

List the first 5 goals identified on the previous page in order of importance to you from 1 to 5. Then for each goal, rank the tactics you would consider, in order of priority, if you could not achieve it based on current assumptions.

Priority	Goal	Tactic	Rank (1- 4)	Parameters
1		Increase Return/Risk		Seek higher return; thereby increasing risk
		Delay Start Date		Delay up to ____ Years
		Save More		Up to an additional \$_____ per month
		Reduce Amount of Goal		Reduce goal up to ____ % of current goal or to \$_____.

2		Increase Return/Risk		Seek higher return; thereby increasing risk
		Delay Start Date		Delay up to ____ Years
		Save More		Up to an additional \$_____ per month
		Reduce Amount Goal		Reduce goal up to ____ % of current goal or to \$_____.

3		Increase Return/Risk		Seek higher return; thereby increasing risk
		Delay Start Date		Delay up to ____ Years
		Save More		Up to an additional \$_____ per month
		Reduce Amount of Goal		Reduce goal up to ____ % of current goal or to \$_____.

4		Increase Return/Risk		Seek higher return; thereby increasing risk
		Delay Start Date		Delay up to ____ Years
		Save More		Up to an additional \$_____ per month
		Reduce Amount of Goal		Reduce goal up to ____ % of current goal or to \$_____.

5		Increase Return/Risk		Seek higher return; thereby increasing risk
		Delay Start Date		Delay up to ____ Years
		Save More		Up to an additional \$_____ per month
		Reduce Amount of Goal		Reduce goal up to ____ % of current goal or to \$_____.

# Financial Objectives (cont'd)

OTHER GOAL FUNDING		
Description of Goal	Cost of Goal	Number of Years Until Goal
	\$	
	\$	
	\$	
	\$	

Expense	Who	How often does this occur?	How much is this expense? (in today's dollars)	How many years until this occurs again?
Client Automobile Upgrade	C 2nd Jt	Every ____ Years	\$	
2nd client Automobile Upgrade	C 2nd Jt	Every ____ Years	\$	
Vacation	C 2nd Jt	Every ____ Years	\$	
Other:	C 2nd Jt	Every ____ Years	\$	
Other:	C 2nd Jt	Every ____ Years	\$	

**Client:**

How often do you buy or lease a new automobile? \_\_\_\_\_

How long before you buy or lease your next vehicle? \_\_\_\_\_

What is the expected overall cost for the vehicle? \$ \_\_\_\_\_

How much cash will you need for this vehicle? \$ \_\_\_\_\_

**2nd client:**

How often do you buy or lease a new automobile? \_\_\_\_\_

How long before you buy or lease your next vehicle? \_\_\_\_\_

How much cash will you need for this vehicle? \$ \_\_\_\_\_

**Client/Family:**

How often do you plan on taking a vacation? \_\_\_\_\_

When do you plan on taking your next vacation? \_\_\_\_\_

How much do you usually spend per vacation? \$ \_\_\_\_\_

# Financial Objectives (cont'd)

<b>Premature Death/Debt Liquidation: If you were to die today, which debts would you like paid?</b>			
Debt	Amount	At Client's Death	At 2nd client's Death
Residence Mortgage	\$	Yes / No	Yes / No
	\$	Yes / No	Yes / No
	\$	Yes / No	Yes / No
	\$	Yes / No	Yes / No
	\$	Yes / No	Yes / No

<b>Premature Death/Survivor Income: What amount of <u>monthly family income, before tax</u>, would be required to pay bills?</b>		
	Upon Client's Death	Upon 2nd client's Death
When children are still at home:	\$	\$
When children are gone, survivor is not retired:	\$	\$
When survivor is retired:	\$	\$
If applicable, will non-employed client return to work?	Yes / No	Yes / No
If yes, what will estimated monthly earnings be?	\$	\$

<b>Disability: If you were to lose your income today, what is the minimum <u>monthly income, before tax</u>, that would be needed to pay both your fixed and variable expenses?</b>	
Client: \$ _____ / month	2nd client: \$ _____ / month

# Risk Tolerance

*Financial planning is a process that includes establishing your goals and time-horizon, and determining your attitude toward investing. Please answer all of the questions. Your answers to these questions determine your risk tolerance level and provide a suggested asset allocation. Remember, this is only a suggested allocation; the final decision is up to you.*

1. What is your investment time horizon?

- A. 2 – 5 years
- B. 6 – 12 years
- C. 13 years or more

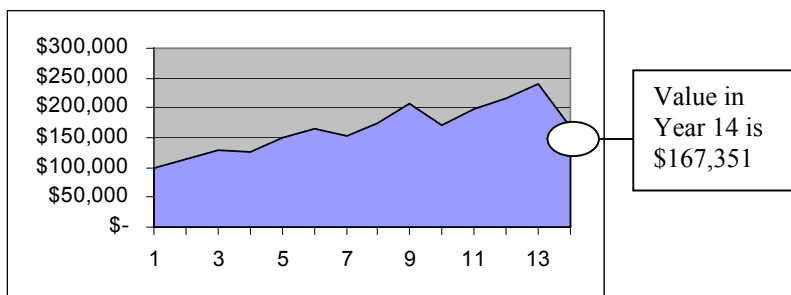
2. As the cost of living goes up, your money will buy less and less over time. This is called inflation. Which statement best describes how concerned you are about inflation?

- A. I am willing to take a lot of risk to have my investment portfolio grow much faster than inflation.
- B. I am willing to take moderate risk to have my investment portfolio grow faster than inflation.
- C. I am willing to take a small amount of risk to have my investment portfolio grow slightly faster than inflation.
- D. I am satisfied with having my investment portfolio keep pace with inflation, as long as I take very little risk.

3. Choose the answer that best describes your response to the following statement: I am comfortable with investments that will periodically decline in value, as long as there is a potential for high returns.

- A. Strongly disagree
- B. Disagree
- C. Somewhat agree
- D. Agree
- E. Strongly agree

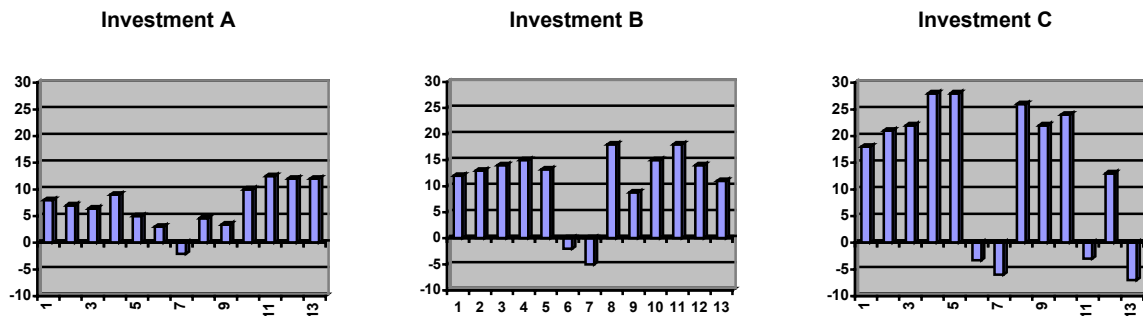
4. The graph below shows the returns of a hypothetical investment over the past fourteen years. This investment's performance has been comparable to other investments of this kind. If this investment was in your portfolio, and it is year 14, which action would you take?



- A. I would buy more of this investment, taking advantage of lower share prices.
- B. Based on its previous long-term performance, I would continue to hold the investment, expecting higher future returns.
- C. I would sell some of the investment to protect myself from further declines.
- D. I would immediately sell all of this investment.

# Risk Tolerance (cont'd)

5. The chart below shows annual returns for three hypothetical investments over a thirteen-year period. Given the volatility of the returns for these three investments, which would you choose?



- A. Investment A with a 7% average annual return.  
 B. Investment B with an 11% average annual return.  
 C. Investment C with a 14% average annual return.
6. For many investors, the possibility of losing money is an important concern. Which statement best describes your attitude toward investment losses?

- A. I check the value of my investments quite often so I can sell quickly if they begin to lose money.  
 B. Daily losses in the value of my investments make me uncomfortable, but do not cause me to immediately sell. However, if my investments suffer a substantial loss over a period of time, I would probably sell.  
 C. I realize that there may be large day-to-day changes in the value of my investments. However, I usually wait an entire year before making any changes.  
 D. Even if the value of my investments suffered large losses over a given year, I would continue to follow a consistent, long-term investment plan and stick with my portfolio.

7. You have to invest for one year and must choose one of the portfolios below. The portfolios that offer greater ending values also have a greater chance of loss. Which hypothetical portfolio would you choose?

What Can Happen to a Portfolio in One Year			
	Most Likely Rate of Return	Range of Returns (two thirds of the time)	Possible Loss (one in twenty years)
Portfolio A	6%	-1% to 13%	-6% or worse
Portfolio B	8%	-3% to 19%	-11% or worse
Portfolio C	10%	-6% to 25%	-17% or worse
Portfolio D	12%	-9% to 33%	-24% or worse
Portfolio E	14%	-15% to 43%	-35% or worse

- A. Portfolio A  
 B. Portfolio B  
 C. Portfolio C  
 D. Portfolio D  
 E. Portfolio E

# Risk Tolerance (cont'd)

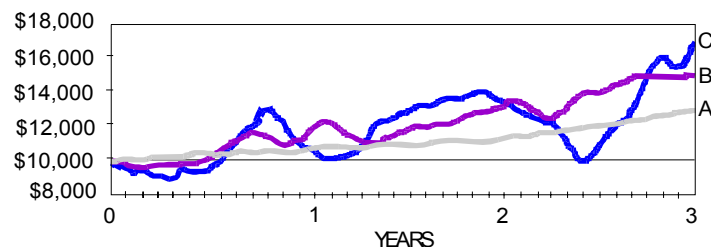
8. Which best describes your understanding/philosophy about investing?

- A. I don't have one.
- B. I understand the stock and bond markets and am interested in sophisticated investments. I want to maximize the growth of my investment and prefer the returns associated with a long-term investment in the stock market.
- C. I understand that the value of an investment in the stock market will change daily. I am, however, prepared to accept these fluctuations over an extended period of low or negative returns in order to earn a higher return over the mid to long term.
- D. I understand the stock and bond markets and I follow financial markets. I am willing to accept the fluctuations associated with an investment in the stock market for the potential to earn a higher return. I like the idea of being able to cash some of my investments in the shorter term.
- E. I would rather accept a lower rate of return to avoid the fluctuations in the value of an investment in the stock market.
- F. I would like to achieve above average return on my investment and I am willing to accept some movement in the value of my investment. However, the amount of fluctuation in the value that I am willing to tolerate is limited.

9. Which best describes your knowledge about investing?

- A. Limited
- B. Basic
- C. Good
- D. In-depth

10. With an original investment of \$10,000, which investment best represents your ability to withstand investment losses for the possibility of achieving higher long-term returns.



- A. Investment A
- B. Investment B
- C. Investment C

11. The value of your investments will fluctuate with changes in the financial markets. Which statement best describes your objective in relation to the specific financial goal identified?

- A. I must meet my financial goal within my specific timeframe.
- B. I hope to meet my financial goal by my target date. However, I do have some flexibility to wait 1 to 2 years longer than my original target date to meet the specific dollar requirement.
- C. My financial goal is something I am working toward but understand I may not achieve. If I have not met my specific target by the original target date, I will not be overly concerned. I will re-evaluate my position and either postpone the realization of that goal to some future time or eliminate it altogether.

# Income Information

\* Enter: A = Annually, Q = Quarterly, M = Monthly, B = Bi-Weekly, W = Weekly, O = One Time

Employment Income	Who	Amount	* Frequency	Age Begins	Age Ends	% Increase
Gross Employment Income	Client	\$				%
	2nd client	\$				%
Annual Bonus	Client	\$				%
	2nd client	\$				%
Self-Employment Income	Client	\$				%
	2nd client	\$				%

\*\* Enter: E = Employment, S = Self-Employment, N = Other Non-Taxable, T = Other Taxable, I = Inheritance

Investment and Other Income	Amount	** Type	* Frequency	Age Begin	Age End	Whose Age?	% Increase
Taxable Investment Income	\$						
Non-Taxable Investment Inc	\$						
Other:	\$					C 2nd	%
Other:	\$					C 2nd	%
Other:	\$					C 2nd	%
Other:	\$					C 2nd	%
Other:	\$					C 2nd	%
Other:	\$					C 2nd	%

Social Security Retirement Benefits	Client	2nd client
Are you eligible for Social Security Benefits? (circle one)	Yes / No	Yes / No
Should we include Social Security Benefits in your Retirement Analysis? (circle one)	Yes / No	Yes / No

\*\*\*Complete if benefit amount is unknown

Description	Who	Monthly Amount	Age Begins	Last Known Wages***
Social Security Benefit	Client	\$		\$
	2nd client	\$		\$

\*\*\*\*Complete if Joint-and-Survivor option elected

Pension Income	Monthly Amount	Age Begins	Survivor Percent****	Cost of Living Adjustment
Client	\$		%	%
2nd client	\$		%	%

# Expense Information

\*Frequency: enter A=Annually, Q=Quarterly, M=Monthly, B=Bi-Weekly (every 2 weeks), W=Weekly

Loan Payments (Principal & Interest Only)			Insurance Premiums		
Description	Amount	*Freq	Description	Amount	*Freq
Home Mortgage/Equity Loan	\$		Health	\$	
Second Home Mortgage	\$		Dental	\$	
Vehicle Loans	\$		Long Term Care	\$	
Credit Cards/Short-Term Debt	\$		Life	\$	
Business Loans	\$		Disability	\$	
Investment Loans	\$		Umbrella	\$	
Personal Property Loans	\$		Auto	\$	
Student Loans	\$		Homeowner's/Renter's	\$	

Housing Expenses			Transportation Expenses		
Description	Amount	Freq*	Description	Amount	Freq*
Rent	\$		Gas and Oil	\$	
Cable/Satellite Service	\$		Parking	\$	
Phone	\$		Tolls	\$	
Alarm Monitoring Fee	\$		Car Lease Payment	\$	
Trash	\$		Public Transportation	\$	
Water	\$		Registration Fee	\$	
Sewer	\$		License Fee	\$	
Gas	\$		Maintenance	\$	
Electric	\$		Repairs	\$	
Exterminator/Termite Contract	\$			\$	
Maintenance or Repairs	\$			\$	
Cleaning	\$			\$	
Association Fees	\$			\$	
Private Mortgage Ins (PMI)	\$			\$	
<b>AVERAGE MONTHLY HOUSING EXPENSES</b>	\$		<b>AVERAGE MONTHLY AUTO EXPENSES</b>	\$	

Food Expenses			Clothing Expenses		
Description	Amount	Freq*	Description	Amount	Freq*
Groceries	\$		Clothing/Shoes	\$	
Lunches	\$		Laundry/Dry Cleaning	\$	
<b>AVERAGE MONTHLY EATING EXPENSES</b>	\$		<b>AVERAGE MONTHLY CLOTHING EXPENSES</b>	\$	

# Expense Information (cont'd)

\* Enter A=Annually, Q=Quarterly, M=Monthly, B=Bi-Weekly (every 2 weeks), W=Weekly

Other Basic Expenses			Income Taxes		
Description	Amount	*Freq	Description	Amount	*Freq
Non-Reimbursed Dental Expenses	\$		State Income Taxes (Client)	\$	
Non-Reimbursed Medical Expenses	\$		Local Income Taxes (Client)	\$	
Non-Reimbursed Vision Expenses	\$		<b>AVERAGE MONTHLY INCOME TAX EXPENSE</b>	\$	
Non-Reimbursed Prescriptions	\$				
Bank Charges	\$				
Alimony/Child Support	\$		<b>Discretionary Expenses</b>		
Child/Dependent Care, Camp	\$		Cellular Phone	\$	
Safe Deposit Box Fee	\$		Gifts	\$	
Children's Allowance	\$		Charitable Gifts	\$	
Education	\$		Theatre, Entertainment	\$	
Hair Care/Toiletries	\$		Hobby/Craft Expenses	\$	
Non-Reimbursed Business Exp	\$		Meals, Dining Out	\$	
Organization Dues/Prof Svcs	\$		Misc. Spending Money	\$	
Postage	\$		Electronics	\$	
Pet Care/Boarding	\$		Vacations, Plane Fare	\$	
<b>AVERAGE MONTHLY OTHER BASIC EXPENSES</b>	\$		Books, Magazines, etc.	\$	
<b>Property Taxes</b>			Tobacco Products	\$	
Property Taxes	\$		Other Discretionary Expense	\$	
<b>AVERAGE MONTHLY PROPERTY TAXES</b>	\$		<b>AVERAGE MONTHLY DISCRETIONARY EXPS</b>	\$	

\*\* Enter one: R = Rent & Housing, T = Transportation, F = Food, C = Clothing, O = Other Basic, D = Discretionary

Other Expense Description	Amount	* Freq	** Type	Begin Age	End Age	Whose Age	% Increase
	\$					C 2nd	%
	\$					C 2nd	%
	\$					C 2nd	%
	\$					C 2nd	%
	\$					C 2nd	%
	\$					C 2nd	%

Savings	Amount	OR Amount
How much do you contribute to long-term investment accounts? (Do not include retirement plan contributions)	\$ _____ per Month	\$ _____ per Year

# Assets and Liabilities

*As an alternative to completing this form, you may submit to your planner statements for each of your investment accounts.*

\* Enter Type "T" = Taxable, "D" = Tax Deferred, "R" = Roth

Cash/Cash Equivalents			2-5 Year Fixed		
Description	Amount	*Type	Description	Amount	*Type
Checking Accounts	\$		CDs over 24 month maturity	\$	
Savings Accounts	\$		Government Bonds with maturity of 5 year or less	\$	
Credit Unions	\$		Treasury Bonds	\$	
CDs with 24 month maturity or less	\$		Agency Bonds	\$	
Money Markets	\$		2-5 Year Bond Funds	\$	
Other Cash Reserves	\$		Other 2-5 Year Fixed	\$	
Aggregate Bonds	\$		<b>High Yield Bonds</b>		
<b>Aggregate Bonds</b>			High Yield Bonds and Funds	\$	
Government Bonds and Funds	\$		<b>Stocks</b>		
Corporate Bonds and Funds	\$		Large Cap Stocks and Funds	\$	
Mortgage-backed Securities	\$		Mid Cap Stocks and Funds	\$	
Asset-backed Securities	\$		Small Cap Stocks and Funds	\$	
Other Aggregate Bonds	\$		International Stocks and Funds	\$	

Other Investment Asset Description	Amount	*Type	Growth Rate	Reallocate Yes or No?
	\$		%	Yes / No
	\$		%	Yes / No

Retirement Plan Contributions	Client	Annual % Increase	2nd client	Annual % Increase
Traditional IRA	\$		\$	
Roth IRA	\$		\$	
Self-Employment (Keogh, SEP, SIMPLE)	\$	%	\$	%
Employee's Contributions (401k, 403b, 457, SIMPLE, SEP)	\$	%	\$	%
Employer's Contributions (401k, 403b, 457, SIMPLE, SEP)	\$	%	\$	%

# Assets and Liabilities (cont'd)

With respect to your investment accounts, how much is owned by:		
	Tax Deferred	Roth
Client:	\$	\$
2nd client:	\$	\$

Other than insurance and retirement plans, what percentage of the assets are owned by:			
Client:	%	2nd client:	%

	Asset's Current Market Value	Current Balance of Liability	Liability Interest Rate
Residence (Mortgage)	\$	\$	%
Second Residence (Mortgage)	\$	\$	%
Business	\$	\$	%
Personal Property	\$	\$	%
Vehicle(s)	\$	\$	%
Credit Cards/Short-Term Debt		\$	%
Investment Loans		\$	%

Amount being gifted to charity at death:			
Client:	\$	2nd client:	\$

Do you have wills?		
Client:	Yes / No	Location:
2nd client:	Yes / No	Location:

# Unmarried Couples Addendum

Tax Information for Second Client	
Filing status	<input type="checkbox"/> Single <input type="checkbox"/> Head of Household
Number of exemptions	
Itemized deductions	
Credits	
Annual amount paid in state and local income taxes.	

Dependent Income Tax	
Child 1 through Child 5: Please follow the same sequence used to list dependent children in the Dependents/Education section.	
	Whose Tax Return?
Child 1	Client    2 <sup>nd</sup> Client
Child 2	Client    2 <sup>nd</sup> Client
Child 3	Client    2 <sup>nd</sup> Client
Child 4	Client    2 <sup>nd</sup> Client
Child 5	Client    2 <sup>nd</sup> Client

Child's Social Security Benefit	
Child 1 through Child 5: Please follow the same sequence as above.	
	Indicate on whose social security record a child is eligible to receive social security survivor benefits.
Child 1	Client <input type="checkbox"/> Second Client <input type="checkbox"/> Both <input type="checkbox"/>
Child 2	Client <input type="checkbox"/> Second Client <input type="checkbox"/> Both <input type="checkbox"/>
Child 3	Client <input type="checkbox"/> Second Client <input type="checkbox"/> Both <input type="checkbox"/>
Child 4	Client <input type="checkbox"/> Second Client <input type="checkbox"/> Both <input type="checkbox"/>
Child 5	Client <input type="checkbox"/> Second Client <input type="checkbox"/> Both <input type="checkbox"/>

# Requested Documents Checklist

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Clients: \_\_\_\_\_ Planner: \_\_\_\_\_

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

The documents listed below will be needed in order to help me to complete my fact gathering. While you may not have every document listed, the task is easiest if you assemble those that you do have before we start to work. Please gather these documents and bring them with you to the initial interview.

## Investment Statements

- Stocks
- Bonds
- Mutual Funds
- Real Estate
- Limited Partnerships
- Dividend/Interest Statements
- Other \_\_\_\_\_

## Insurance Policies

- Life
- Disability
- Medical & Hospitalization
- Automobile & Homeowners
- Annuities
- Umbrella
- Long Term Care
- Other \_\_\_\_\_

## Employee Benefits

- Pension/Profit-Sharing
- Employee Stock Ownership
- Insurance Benefits
- Employee Benefit Book
- Other \_\_\_\_\_

## Retirement Plans

- IRA, Keogh
- 401(k)
- Social Security Statement
- Company Plans
- Annual Benefits Statement
- Other \_\_\_\_\_

## Income Tax Return

- Last Year: 2003 or \_\_\_\_\_
- Two Years Ago: 2002 or \_\_\_\_\_
- Three Years Ago: 2001 or \_\_\_\_\_
- Other \_\_\_\_\_

## Expenses

- Checkbook & Cash Receipts
- Credit Card Statements
- Mortgage Records
- Auto Loans
- Personal/Family Budget
- Other \_\_\_\_\_

## Estate items

- Wills/Codicils
- Trust Agreements
- Trust Tax Return
- Gift/Estate Tax Return
- Power of Attorney Agreements
- Other \_\_\_\_\_

## Miscellaneous Documents

- Divorce Settlements or Decrees
- Including Alimony & Child Support
- Prenuptial Agreements
- Appraisals of Personal Property
- Notes Payable
- Notes Receivable
- Purchase/Sale/Lease
- Pay Stubs
- Advisors
- Location of Documents
- Other \_\_\_\_\_

## Business Documents

- Valuations
- Buy-Sell Agreement & Tax Return
- Partnership Agreement & Tax Return
- Employment Agreement
- Deferred Comp. Agreement
- Financial Statements
- Incorporation Papers
- By-Laws
- Corporate Tax Returns
- (S-corp, C-corp, LLC)
- Other \_\_\_\_\_