

Document Checklist

Name: _____

In order to prepare a financial planning analysis, please provide the following documents for review. We will keep your documents secure and return them to you.

_____ About You Form

_____ Document Checklist

_____ Property Addresses

_____ Personal Property List, automobiles etc.

_____ Current Investment Statements

_____ 401K

_____ IRA

_____ Non-Retirement Accounts

_____ 529 College Savings

_____ Deferred Compensation

_____ Current Bank Account Statements

**Including CDs, checking, savings, etc.*

_____ Corporate Documents, i.e. Article of incorporation, buy/sell agreements.

List of entities owned or in which you are a partner.

_____ Profit & Loss statement

_____ Employee Census

_____ Property and Casualty Insurance Statements

_____ Homeowners Insurance

_____ Auto Insurance

_____ Personal Liability Insurance

_____ Life Insurance Policies

_____ Most recent premium notice

_____ Disability Income Insurance Policies

_____ Most recent premium notice

_____ Long-Term Care Insurance Policies

_____ Most recent premium notice

_____ Employee Benefits Manual/Medical Insurance

**Please request from your HR department*

Document Checklist

Name: _____

_____ Mortgage statements for each property

_____ Original mortgage notes and documents from closing if recently purchased or refinanced

_____ Other Liabilities

_____ Student Loan Statements

*Be sure to include interest rate, date of loan distribution, and current balance.

_____ Personal Loan Statements

_____ Credit Card Statements (most recent)

_____ Tax Returns (3 years)

*Including any business returns and K-1, as well as other sources of income.

_____ Most Recent Paycheck Stub

_____ Social Security Statements

_____ Living Expenses Worksheet

_____ Other future expenses (i.e.: college, new home, new auto, vacation, etc.)

_____ Trusts and Partnerships

_____ Trust documents

_____ List of trustees if applicable

_____ Wills and Gifting

_____ Copy of wills

_____ Copy of powers of attorney

_____ Copy of medical directives

_____ Charities: Information about organizations you currently support, or would like to leave a legacy with that you feel will be helpful to us in creating your plan.

_____ Objectives Questionnaire

_____ Risk Tolerance Questionnaire

Other documents may be requested that apply to your situation.

Please be assured that we take every precaution to maintain confidentiality of all information obtained from you and your advisors. We will use your information to respond to you and your concerns, regarding the reason you contacted us. We will not share your information with any party outside of our organization, other than as necessary to fulfill your request.