DOCUMENT LIST

We would like to gather as much information from you as possible so that we can make informed, strategic recommendations regarding your financial plan. Please provide the documents that are relevant to you and your goals. Copies are acceptable; but, if you provide originals, we will promptly return them to you.

ACCOUNT STATEMENTS

- ☐ Bank accounts (Savings, Checking, CDs)
- ☐ Brokerage statements (Trusts, individual, joint accounts, etc.)
- ☐ Retirement Plans (IRA, Roth IRA, 401k, 403b, 457 etc.)
- ☐ Annuities
- ☐ 529 Plans

TAX AND INCOME INFORMATION

- ☐ Federal and State income tax returns (Forms 1040) for the two most recent years
- ☐ Two most recent paycheck stubs
- ☐ Trust federal income tax return (Forms 1041 and K-1) from which you receive income or principal
- ☐ Most recent gift tax return filed

OTHER ASSETS/ INVESTMENTS AND LIABILITIES

- ☐ Mortgage note(s) for all real estate owned, including residence(s)
- ☐ Note(s) for other loans, and current balance(s)
- ☐ Other Real Estate Owned (Investment, Rental, Commercial)

INSURANCE DOCUMENTS

Insurance policies, and most recent premium notices for the following:

- ☐ Homeowner's or Renter's
- ☐ Automobile
- ☐ Excess Personal Liability
- ☐ Marine or Aircraft Umbrella Liability
- ☐ Rental Property
- ☐ Life
- ☐ Disability
- ☐ Long Term Care

EMPLOYER STATEMENTS

- ☐ Employer Benefit Summary (disability, health, life)
- ☐ Deferred compensation and Supplemental Executive Retirement Plan agreements
- ☐ Stock Awards Statement (options, restricted stock, ESPP, etc.)
- ☐ Pension

ESTATE PLANNING DOCUMENTS

- ☐ Wills
- ☐ Trust Agreement(s)
- ☐ Power(s) of Attorney
- ☐ Durable Powers of Attorney for Health Care or Health Care Proxies
- ☐ Living Will(s) and/ or Health Insurance Portability and Accountability Act (HIPAA) Authorizations
- ☐ Family Trusts of which you are a beneficiary

RETIREMENT PLAN DOCUMENTS

- ☐ Most recent Social Security statement(s)—accessible online through mySocialSecurity

OBJECTIVES QUESTIONNAIRE

Thank you for giving us the opportunity to prepare a financial plan for you. Please provide your answers next to each question. Some questions may not be relevant to your particular situation; please indicate these by marking them "N/A."

FINANCIAL CONCERNS

1. What are your biggest financial concerns?
   - ______
   - ______
   - ______
   - ______

EARNINGS & SAVINGS

2. What is your current/expected earned income for the year (i.e. wages, salary, tips, bonus, etc.)?

   $ ______

3. When do you plan to retire?

   ______

4. Will you retire completely at that time or work part-time for a while?

   ______

5. Annual Retirement Savings:

   401(k)/403(b)/PSP—Your Contribution: ______

   401(k)/403(b)/PSP—Employer Match: ______

6. Estimated Annual Savings Outside of Retirement Plan Contributions:

   Roth or Traditional IRA: ______

   Joint/Individual/Trust: ______

   Other: ______

7. Inheritance—do you expect an inheritance? If so, estimated value and timing, if known?

8. Any other income we should consider (for example rental or other real estate, family trusts, etc...)

SPENDING & GOALS

Please provide the following information for your Household. Do not include state or federal income taxes.

9. What are you currently spending each year, not including income tax?

   $

   Does this include your mortgage?

   ☐ Yes

   ☐ No

   Does this include health care expenses?

   ☐ Yes

   ☐ No

10. How much do you anticipate spending annually in retirement, not including income tax, in today's dollars?

    $

11. Do you foresee any of the following major expenditures before or during retirement that would not be included in the "standard" retirement spending mentioned above?

Expenditure	Cost	Timing and/or Frequency
Travel	$	
Wedding	$	
New Home Purchase	$	
Home Remodel	$	
Car	$	
Other:	$	

12. If you intend to help pay for college- what might you anticipate contributing toward (private/public, undergrad/graduate degrees, costs per year or amount per student)?

13. Do you have a goal to regularly gift to charity, and how much should we assume?

14. Do you have any desire to gift money to family or friends while you are alive? If so, what do those gifts look like?

15. Are you considering downsizing your home or selling real estate owned in the future?

You may disregard the follwing section if you shared statements with us.

SOCIAL SECURITY

16. Are you receiving Social Security? If so, what is your monthly benefit amount?

$

17. If you are not receiving Social Security, what is the expected monthly benefit at your full retirement age?

$

PENSIONS

18. Do you expect to receive any pension income in retirement?

☐ Yes

☐ No

CORIENT

19. What is the estimated monthly benefit amount?

$

20. When does the benefit start? (At retirement, age 65, etc.)

21. Does it have a cost-of-living adjustment?

22. Does it offer a lump sum distribution?

23. Does it have a survivor benefit?

24. Which survivor benefit option will you likely choose?

☐ 50%
☐ 75%
☐ 100%

LIABILITY & INSURANCE COVERAGE

25. Do you have an umbrella liability policy? If so, what is the amount of your umbrella liability policy?

$

26. Do you have long term care insurance?

CORIENT

BUSINESS OWNERSHIP (IF APPLICABLE)

27. Do you own any portion of a business?

28. What is the approximate market value of your ownership interest?

$

29. Do you expect to sell your interest? If so, when?

30. How will payment be made? (Lump sum or installment payments)

31. If lump sum, what is the amount of the lump sum that you anticipate receiving after taxes and expenses?

32. If installment payments, what is the amount of the installment payment that you anticipate receiving after taxes and expenses? Over how many years?