



Pegaesus Advisors Fact Finder

Personal and Confidential

Pegaesus Advisors, Inc.
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Please fill out this questionnaire as accurately and as completely as possible. We understand your time is valuable. We have made every effort to keep our fact finder as efficient for you as possible while still collecting as much detail as we can.

Please ENCLOSE or include statements when possible. You may estimate or make rough guesses where necessary

Additionally, the following documents may be needed should you choose to engage our services. If you have them readily available, please include them in this package.

- **Prior Year Tax Return**
- **Brokerage Account Statements**
- **Trust Account Statements**
- **Retirement Account Statements**
- **Loan Documents**
- **Most Recent Paycheck Stub**
- **Mutual Fund Statements**
- **Employee Benefits Booklet**
- **Insurance Statements**
- **Checking and Savings Statements**
- **Wills, Durable Power of Attorney, Health Care Proxy, HIPAA Authorization**
- **Beneficiary Selection Statements for IRAs, Employer Retirement Plans and Life Insurance**
- **Social Security Statements**
- **Business Documents: Buy/Sell, Deferred Compensation, Group Benefits**

If possible please send the completed fact finder to our office prior to our scheduled meeting.

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Thank you for completing this form! We appreciate your efforts. In addition, we hope that by pulling together all the requested information we have helped you take the first steps toward taking control of your financial future.

Personal Information

	Client 1	Client 2
Full Name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #	_____	_____
Date of Birth	____/____/____	____/____/____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Email Address	_____	_____
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employment Income	\$ _____	\$ _____
Other Pre-Retirement Income <i>(non investment)</i>	\$ _____	\$ _____
Citizenship	_____	_____
State of Residence	_____	_____

Enter children, grandchildren, other dependents or any other person whom you will give a Gift, designate as a Beneficiary or assign ownership of an insurance policy. Note: Date of Birth is only required for Children, Grandchildren and Other Dependents.

Name	Date of Birth	Relationship
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust

PART I • PLANNING GOALS AND OBJECTIVES

Financial Planning Goals:

What are the most important financial questions you are trying to answer? *Please comment on the financial planning advice you seek, being as specific as possible. The more we know about your goals, objectives concerns and needs, the better we will be able to serve you.*

Imagine you hire a financial planner today. What do you hope will be different in your financial life one year from now by working with this financial advisor?

What do you think the role of your financial advisor should be? Have you used a financial planner in the past?

Personal and Family Expenses

Category	Monthly Budget Amount	
	Current	
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing - Client		
Clothing - Spouse		
Clothing - Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare - Dental		
Healthcare - Medical		
Healthcare - Prescription		
Healthcare - Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation		
Self Improvement		
Student Loan Payment		
Vacation/Travel		
Other		

Personal Insurance Expenses

Category	Monthly Budget Amount	
	Current	
Disability for Client		
Disability for Spouse		
Life for Client		
Life for Spouse		
LTC for Client		
LTC for Spouse		
Medical for Client		
Medical for Spouse		
Umbrella Liability		
Other		

Taxes

Category	Monthly Budget Amount	
	Current	
Client Social Security		
Client 1 Medicare		
Client 2 Social Security		
Client 2 Medicare		
Federal Income		
State Income		
Local Income		
Other		

Income

Category	Monthly Budget Amount	
	Current	
Employment		
Other		

Home Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Second Home Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Additional Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Additional Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Social Security – Client 1 (PLEASE ENCLOSE STATEMENTS)

Age you may consider to begin taking Social Security ___

Social Security – Client 2

Age you may consider taking Social Security ___

Pension (PLEASE ENCLOSE STATEMENTS)

Whose Pension: Client 1 Client 2 Description: _____

Income Begins: Client 1Retires Client 2Retires Receiving Now Year _____

Amount of Benefit (estimate of pre-tax future value): \$ _____ Month Year

Survivor Benefit: _____%

Whose Pension: Client 1 Client 2 Description: _____

Income Begins: Client 1Retires Client 2Retires Receiving Now Year _____

Amount of Benefit (estimate of pre-tax future value): \$ _____ Month Year

Survivor Benefit: _____%

Notes:

Part-Time Employment

Whose Income: Client 1 Client 2 Description: _____

Income Begins: Retirement Receiving Now Year _____

Number of Years: _____

Income When Work Begins (pre-tax, today's dollars): \$ _____ Month Year

Annuity Income (PLEASE ENCLOSE STATEMENTS)

Whose Annuity: Client 1 Client 2 Description: _____

Year annuity payments start: _____

Value: \$ _____ Cost Basis: \$ _____

Amount of annuity payments (pre-tax, future value): \$ _____ Month Year

Exclusion Ratio: ___%

Annuity Type (Choose one option)

Joint Life

Income Guaranty: Period Certain Lifetime Only Installment Refund Cash Refund

If Period Certain, enter years: _____

Income to Spouse _____%

Single Life

Income Guaranty: Period Certain Lifetime Only Installment Refund Cash Refund

If Period Certain, enter years: _____

Specific Period

Enter years: _____

Rental Property Income

Whose Income: Client 1 Client 2 Description: _____

Income Begins: Receiving Now Year ____

Amount of Net Rental Income (*pre-tax rental income less expenses*): \$_____ Month Year

Notes:

Other Retirement Income

Whose Income: Client 1 Client 2 Description: _____

Income Begins: Retirement Receiving Now Year _____

Amount of Income (*pre-tax, today's dollars*): \$_____ Month Year

Is this income tax-free? No Yes

Whose Income: Client 1 Client 2 Description: _____

Income Begins: Client 1 Retires Client 2 Retires Receiving Now Year _____

Amount of Income (*pre-tax, today's dollars*): \$_____ Month Year

Is this income tax-free? No Yes

Other Irrevocable Trust Income

Whose Income: Client 1 Client 2 Description: _____

Income Begins: Client 1 Retires Client 2 Retires Receiving Now Year _____

Amount of Income (*pre-tax, today's dollars*): \$_____ Month Year

Is this income tax-free? No Yes

Notes

Employer Sponsored Plans (PLEASE ENCLOSE STATEMENTS)

Type of Plan: _____

Whose Plan: Client 1 Client 2

Description: _____

Current Total Value: \$_____

After Tax Value: \$_____

Income

Total income from this employer: \$_____

Your contributions:

Pre-tax contributions: Enter % of annual income _____% or Max Contribution Each Yr

After-tax contributions _____%

Employer Contributions

If your Employer matches your contributions, complete this section.

Employer will match this % of your contribution: _____%

Up until your contribution reaches this %: _____%

Then your employer will match this % of your contribution: _____%

Up until your total contribution reaches this %: _____%

Employer Contributions Limit

Maximum annual dollar limit : _____%

Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.

Additional Employer Contributions - Profit Sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: _____%

Contributions as dollar amount: \$_____ Grow annually by _____%

Notes:

Employer Sponsored Plans (PLEASE ENCLOSE STATEMENTS)

Type of Plan: _____

Whose Plan: Client 1 Client 2

Description: _____

Current Total Value: \$_____

After Tax Value: \$_____

Income

Total Income from this employer: \$_____

Your contributions:

Pre-tax contributions: Enter % of annual income _____% or Max Contribution Each Yr

After-tax contributions _____%

Employer Contributions

If your Employer matches your contributions, complete this section.

Employer will match this % of your contribution: _____%

Up until your contribution reaches this %: _____%

Then your employer will match this % of your contribution: _____%

Up until your total contribution reaches this %: _____%

Employer Contributions Limit

Maximum annual dollar limit : _____%

Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.

Additional Employer Contributions - Profit Sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: _____%

Contributions as dollar amount: \$_____ Grow annually by _____%

Notes:

Traditional IRA's (PLEASE ENCLOSE STATEMENTS)

Who is the owner: Client 1 Client 2

Description: _____

Current Value: \$_____

After Tax Value: \$_____

Annual Additions: (Check one)

Pre-Tax: Additions: \$_____

Maximum contribution each year

After-Tax: Additions: \$_____

Maximum contribution each year

Who is the owner: Client 1 Client 2

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Annual Additions: *(Check one)*

- Pre-Tax: Additions: \$ _____
- Maximum contribution each year
- After-Tax: Additions: \$ _____
- Maximum contribution each year

Inflate? No Yes

Notes:

Traditional IRA's (PLEASE ENCLOSE STATEMENTS)

Who is the owner: Client 1 Client 2

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Annual Additions: *(Check one)*

- Pre-Tax: Additions: \$ _____
- Maximum contribution each year
- After-Tax: Additions: \$ _____
- Maximum contribution each year

Who is the owner: Client 1 Client 2

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

Annual Additions: *(Check one)*

- Pre-Tax: Additions: \$ _____
- Maximum contribution each year
- After-Tax: Additions: \$ _____
- Maximum contribution each year

Notes:

SEPP IRA – (PLEASE ENCLOSE STATEMENTS)

Who is the owner: Client 1 Client 2

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

72(t) Distributions

Annual Distribution Amount: \$ _____ Year Distribution Began: _____

Who is the owner: Client 1 Client 2

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

72(t) Distributions

Annual Distribution Amount: \$ _____ Year Distribution Began: _____

Notes:

Roth IRA's (PLEASE ENCLOSE STATEMENTS)

Who is the owner: Client 1 Client 2

Description: _____

Current Value: \$ _____

Annual Additions: *(Check one)*

- Pre-Tax: Additions: \$ _____
- Maximum contribution each year

After-Tax: Additions: \$ _____

Who is the owner: Client 1 Client 2
Current Value: \$ _____

Description: _____

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____
 Maximum contribution each year
After-Tax: Additions: \$ _____

Notes:

Coverdell Accounts (PLEASE ENCLOSE STATEMENTS)

Who is the owner: Custodial
Current Value: \$ _____

Description: _____

Annual Additions: *(Check one)*

Additions: \$ _____
 Maximum contribution each year

Who is the owner: Custodial
Current Value: \$ _____

Description: _____

Annual Additions: *(Check one)*

Additions: \$ _____
 Maximum contribution each year

Notes:

529 Savings Plan (PLEASE ENCLOSE STATEMENTS)

Who is the owner: Client 1 Client 2
Beneficiaries/Percentage

Description: _____

Estate _____ %
Spouse _____ %

Other - _____ %
Other - _____ %

Current Value: \$ _____

Annual Additions: *(Check one)*

Additions: \$ _____

Who is the owner: Client 1 Client 2
Beneficiaries/Percentage

Description: _____

Estate _____ %
Spouse _____ %

Other - _____ %
Other - _____ %

Current Value: \$ _____

Annual Additions: *(Check one)*

Additions: \$ _____

Inflate? No Yes

Notes:

Annuities (PLEASE ENCLOSE STATEMENTS)

Who is the owner: Client 1 Client 2

Description: _____

Current Value: \$ _____

Cost Basis: \$ _____

Annual Additions: *(Check one)*

Additions: \$ _____

Who is the owner: Client 1 Client 2

Description: _____

Current Value: \$ _____

Cost Basis: \$ _____

Annual Additions: *(Check one)*

Additions: \$ _____

Who is the owner: Client 1 Client 2

Description: _____

Current Value: \$ _____

Cost Basis: \$ _____

Annual Additions: *(Check one)*

Additions: \$ _____

Notes:

Cash Value Life: Variable Life (PLEASE ENCLOSE STATEMENTS)

Owner: Client 1 Client 2

Insured: Client 1 Client 2 1st to Die 2nd to Die

Name or Description: _____

Beneficiaries & Death Benefit

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Current Value: \$ _____

Cost Basis: \$ _____

Insurance Amount: \$ _____

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____

Maximum contribution each year

After-Tax: Additions: \$ _____

Owner: Client 1 Client 2

Insured: Client 1 Client 2 1st to Die 2nd to Die

Name or Description: _____

Beneficiaries & Death Benefit

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Current Value: \$ _____

Cost Basis: \$ _____

Insurance Amount: \$ _____

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____

Maximum contribution each year

After-Tax: Additions: \$ _____

Notes:

Other Tax-Deferred

Who is the owner: Client 1 Client 2

Description: _____

Current Value: \$ _____

Cost Basis: \$ _____

Annual Additions: *(Check one)*

Additions: \$ _____

U.S. Savings Bond

Who is the owner: Client 1 Client 2

Description: _____

Current Value: \$ _____

Cost Basis: \$ _____

Annual Additions: *(Check one)*

Additions: \$ _____

Taxable Accounts (PLEASE ENCLOSE STATEMENTS)

Who is the owner: Client 1 Client 2 Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property

Other w/ Client 1 Other w/ Spouse

Current Value: \$ _____

Cost Basis: \$ _____

Annual Additions: *(Check one)*

Additions: \$ _____

Who is the owner: Client 1 Client 2 Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property

Other w/ Client 1 Other w/ Spouse

Current Value: \$ _____

Cost Basis: \$ _____

Annual Additions: *(Check one)*

Additions: \$ _____

Notes:

Tax-Free (PLEASE ENCLOSE STATEMENTS)

Who is the owner: Client 1 Client 2 Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property

Other w/ Client 1 Other w/ Spouse

Current Value: \$ _____

Cost Basis: \$ _____

Assign to Goal(s): *(Check one)*

Annual Additions: *(Check one)*

Additions: \$ _____

Who is the owner: Client 1 Client 2 Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property

Other w/ Client 1 Other w/ Spouse

Current Value: \$ _____

Cost Basis: \$ _____

Stock Options Plan (PLEASE ENCLOSE STATEMENTS)

Who is the owner: Client 1 Client 2

Stock Name: _____

Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Plan (PLEASE ENCLOSE STATEMENTS)

Who is the owner: Client 1 Client 2

Stock Name: _____

Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Restricted Stock Plan (PLEASE ENCLOSE STATEMENTS)

Who is the owner: Client 1 Client 2

Ticker: _____

Stock Name: _____

Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Plan

Who is the owner: Client 1 Client 2

Ticker: _____

Stock Name: _____

Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Personal and Business Assets

(Homes, Vehicles, Personal Property, Business Assets, Real Estate, etc.)

Owner: Client 1 Client 2 Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property

Other w/ Client 1 Other w/ Spouse

Description: _____

Current Value: \$ _____

Owner: Client 1 Client 2 Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property

Other w/ Client 1 Other w/ Spouse

Description: _____

Current Value: \$ _____

Owner: Client 1 Client 2 Joint Custodial
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client 1 Other w/ Spouse

Description: _____ Current Value: \$ _____

Notes:

Pension - Lump Sum Distribution

Owner: Client 1 Client 2 Description: _____

Current Value: \$ _____

Value of Distribution \$ _____ Value is: (Check one) Pre-tax After-tax

Deferred Compensation (Receiving Now) (PLEASE ENCLOSE STATEMENTS)

Owner: Client 1 Client 2 Description: _____

Current Value (today's dollars): \$ _____

Distribution Period

Number of Years: _____ Annual Payment (pre-tax) \$ _____

Owner: Client 1 Client 2 Description: _____

Current Value (today's dollars): \$ _____

Distribution Period

Number of Years: _____ Annual Payment (pre-tax) \$ _____

Notes:

Deferred Compensation (Future) (PLEASE ENCLOSE STATEMENTS)

Owner: Client 1 Client 2 Description: _____

Current Value (today's dollars): \$ _____

Contributions

Amount – Select Method

- None
 Percentage of Income Annual Income: \$ _____
% Contribution: _____

Dollar Amount \$ _____

Period

Start Year: _____

Distribution Period

Number of Years: _____ Annual Payment (pre-tax) \$ _____

Owner: Client 1 Client 2 Description: _____

Current Value (today's dollars): \$ _____

Contributions

Amount – Select Method

- None
 Percentage of Income Annual Income: \$ _____

% Contribution: _____

Dollar Amount \$ _____

Period

Start Year: _____

Distribution Period

Number of Years: _____

Annual Payment (pre-tax) \$ _____

Insurance- Cash Value (Universal/Variable/Whole/Other) (PLEASE ENCLOSE STATEMENTS)

Owner: Client 1 Client 2 Insured: Client 1 Client 2 1st to Die 2nd to Die

Description: _____

Current Cash Value: \$ _____ (before tax - today's dollars)

Beneficiaries & Death Benefit

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Death Benefit Amount: _____ Premium Amount: \$ _____ every _____

How long will premiums be paid?

Until insured dies Until policy terminates Year _____

When will this policy terminate?

When insured dies Year _____

Owner: Client 1 Client 2 Insured: Client 1 Client 2 1st to Die 2nd to Die

Description: _____

Current Cash Value: \$ _____ (before tax - today's dollars)

Beneficiaries/Percentage

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Death Benefit Amount: _____ Premium Amount: \$ _____ every _____

How long will premiums be paid?

Until insured dies Until policy terminates For this Number of Years _____

When will this policy terminate?

When insured dies Year _____

Notes

529 Savings Plan (PLEASE ENCLOSE STATEMENTS)

Owner: Client 1 Client 2 Description: _____

Current Value: \$ _____

Owner: Client 1 Client 2 Description: _____

Current Value: \$ _____

Future Assets Cash (Inheritance, Gift, Settlement, etc.)

Owner: Client 1 Client 2 Joint

If Joint, what kind? Survivorship Common Entirety Community Property

Other w/ Client 1 Other w/ Spouse

Description: _____

Year to Receive: _____

Future Value (after tax) \$ _____

Owner: Client 1 Client 2 Joint

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client 1 Other w/ Spouse

Description: _____

Year to Receive: _____

Future Value (after tax) \$ _____

Cash Value Life Policies Client 1 or Client 2 (PLEASE ENCLOSE STATEMENTS)

Investment Asset (Variable Life)

Owner: Client 1 Client 2

Insured: Client 1 Client 2 1st to Die 2nd to Die

Name or Description: _____

Beneficiaries & Death Benefit

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Current Value: \$ _____

Cost Basis: \$ _____

Insurance Amount: \$ _____

Annual Additions: (Check one)

Pre-Tax: Additions: \$ _____ Inflate? No Yes

Maximum contribution each year

After-Tax: Additions: \$ _____

Year Additions Begin: _____

Other Asset (Universal/Variable/Whole Life/Other Life)

Owner: Client 1 Client 2

Insured: Client 1 Client 2 1st to Die 2nd to Die

Description: _____ Current Cash Value: \$ _____ (before tax - today's dollars)

Beneficiaries/Percentage

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Death Benefit Amount: _____ Premium Amount: \$ _____ every _____

When will this policy terminate?

When insured dies Year _____

Notes:

Cash Value Life Policies owned by Trust or Other Person or Entity (PLEASE ENCLOSE STATEMENTS)

Cash Value Life (Universal/Variable/Whole Life/Other)

Owner: Irrevocable Trust Other Person or Entity

Insured: Client 1 Client 2 1st to Die 2nd to Die

Description/Company: _____ Current Cash Value: \$ _____ (before tax - today's dollars)

Beneficiaries/Percentage

Estate ____% Other - _____ % Other - _____ %

Spouse ____% Other - _____ % Other - _____ %

Death Benefit (deduct policy loans): _____ Premium Amount: \$ _____ every _____

How long will premiums be paid?

Until insured dies Until policy terminates For this Number of Years _____

When will this policy terminate?

When insured dies Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: Client 1 Spouse

Non-Cash Value Life Policies – All Owners (PLEASE ENCLOSE STATEMENTS)

Non-Cash Value Life (Term Life)

Owner: Client 1 Client 2 Irrevocable Trust Other Person or Entity

Insured: Client 1 Client 2 1st to Die 2nd to Die

Description/Company: _____

Beneficiaries/Percentage

Estate ___% Other - _____ % Other - _____ %

Spouse ___% Other - _____ % Other - _____ %

Death Benefit Amount: _____ Premium Amount: \$ _____ every _____

How long will premiums be paid?

Until policy terminates For this Number of Years _____

When will this policy terminate?

Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: Client 1 Spouse

Non-Cash Value Life (Group Term/Other)

Owner: Client 1 Client 2 Irrevocable Trust Other Person or Entity

Insured: Client 1 Client 2

Description/Company: _____

Beneficiaries/Percentage

Estate ___% Other - _____ % Other - _____ %

Spouse ___% Other - _____ % Other - _____ %

Death Benefit Amount: _____

Non-Cash Value Life Policies – All Owners (PLEASE ENCLOSE STATEMENTS)

Non-Cash Value Life (Group Term/Other)

Owner: Client 1 Client 2 Irrevocable Trust Other Person or Entity

Insured: Client 1 Client 2

Description/Company: _____

Beneficiaries/Percentage

Estate ___% Other - _____ % Other - _____ %

Spouse ___% Other - _____ % Other - _____ %

Death Benefit Amount: _____

Other Insurance Policies (PLEASE ENCLOSE STATEMENTS)

Disability (Group/Personal/Other)

Insured: Client 1 Client 2 Description/Co: _____
Premium Amount: \$ _____ every _____ Tax Status: Pre-Tax After-Tax
Monthly Benefit Amount: \$ _____ Elimination Period: _____ Months Years
Benefit Period (select one)
 Period of Time _____ per _____
 Until this Age _____
Inflation Option: (Check One) None Simple Compounded

Insured: Client 1 Client 2 Description/Co: _____
Premium Amount: \$ _____ every _____ Tax Status: Pre-Tax After-Tax
Monthly Benefit Amount: \$ _____ Elimination Period: _____ Months Years
Benefit Period (select one)
 Period of Time _____ per _____
 Until this Age _____
Inflation Option: (Check One) None Simple Compounded

Notes:

Other Insurance Policies (PLEASE ENCLOSE STATEMENTS)

Long Term Care (Home Care Only/Nursing Home Care/Other)

Insured: _____ Description/Co: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year
Benefit Period: (Check # of years or Lifetime) 1 2 3 4 5 6 7 8 9 10 Lifetime
Daily Benefit Amount: \$ _____ Elimination Period: _____ days
Inflation Option: (Check One) None Simple Compounded
If you selected Simple or Compounded, enter rate: _____%

Insured: _____ Description/Co: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year
Benefit Period: (Check # of years or Lifetime) 1 2 3 4 5 6 7 8 9 10 Lifetime
Daily Benefit Amount: \$ _____ Elimination Period: _____ days
Inflation Option: (Check One) None Simple Compounded
If you selected Simple or Compounded, enter rate: _____%

Medicare Supplement Insurance Policies

Insured: _____ Description/Co: _____
Type: (Check one) A B C D E F G H I J Other
Premium Amount: \$ _____ per Month Quarter Six Months Year

Insured: _____ Description/Co: _____
Type: (Check one) A B C D E F G H I J Other
Premium Amount: \$ _____ per Month Quarter Six Months Year

Property & Casualty Insurance Policies (Auto, Homeowners, Umbrella/Other)

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Liabilities (PLEASE ENCLOSE STATEMENTS)

(Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)

Description: _____
Whose debt? Client 1 Client 2 Joint
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client 1 Other w/ Spouse
Lender: _____ Outstanding balance: \$ _____
Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____
Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____
Whose debt? Client 1 Client 2 Joint
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client 1 Other w/ Spouse
Lender: _____ Outstanding balance: \$ _____
Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____
Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____
Whose debt? Client 1 Client 2 Joint
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client 1 Other w/ Spouse
Lender: _____ Outstanding balance: \$ _____
Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____
Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____
Whose debt? Client 1 Client 2 Joint
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client 1 Other w/ Spouse
Lender: _____ Outstanding balance: \$ _____
Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____
Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

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