

PERSONAL DATA

Name (file no.)						
Spouse's name						
Legal home address						
Business address	<i>Client</i>					
	<i>Spouse</i>					
Phone	Home		Business: <i>Client</i> <i>Spouse</i>			
Dates of counseling sessions	<i>Initial Interview</i>					
Dates Checklist for Financial Planning Review was sent						

Consultants for Financial and Business Planning*

		Name	Address	Phone
Attorney	personal			
	business			
Accountant	personal			
	business			
Trust officer				
Other bank officer				
Life insurance agent				
Property and liability insurance agent				
Securities broker				
Primary financial consultant				

*Indicate source of client with a check.

Notes

PERSONAL DATA (continued)

Client and Spouse

	Date of Birth	Social Security Number	Occupation	Amount of Support by Client/Spouse	Health Problems/Special Needs
Client*					
Spouse*					

*If not U.S. citizen, indicate nationality.

Children†/Grandchildren

†Indicate whether by prior marriage, adopted, or stepchild.

Client's Parents, Siblings†

Spouse's Parents, Siblings†

†If possible, obtain addresses, phone numbers, and social security numbers of family members, especially those who are, or may become, beneficiaries, executors, guardians, etc.

Notes

PERSONAL DATA (continued)

Marital status	<input type="checkbox"/> Married <input type="checkbox"/> divorced <input type="checkbox"/> widowed (check appropriate status)			date:
	Any former marriages? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, to whom? client: _____ spouse: _____			
	Are you paying alimony? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, amount: _____ Are you paying child support? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, amount: _____			
	Are there prenuptial or postnuptial agreements? <input type="checkbox"/> yes <input type="checkbox"/> no			
Estate plan	Do you have a basic estate plan? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe briefly.			
Wills	Do you have a will? <input type="checkbox"/> yes <input type="checkbox"/> no			date of will:
	Does your spouse have a will? <input type="checkbox"/> yes <input type="checkbox"/> no			date of will:
Executor nominations	Who has been named as executor in your will? Name: _____ Address: _____ Phone: _____		in your spouse's will? Name: _____ Address: _____ Phone: _____	
Guardian nominations	Have guardians been named for your children? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, who? Name: _____ Address: _____ Phone: _____			
Trust/trustee nominations	Have you created grantor, Clifford, insurance, or testamentary trusts? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, who is the trustee?			
	Who are the beneficiaries?			
	Has your spouse created grantor, Clifford, insurance, or testamentary trusts? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, who is the trustee?			
	Who are the beneficiaries?			
Custodianships	Have you or your spouse ever made a gift under the Uniform Gifts to Minors Act? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, in which state?			
	Who is the custodian?			
	Who are the donees?			
Trust beneficiary	Are you or any members of your immediate family beneficiaries of a trust? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, who? Amount expected:			
Gifts/inheritances	Do you, your spouse, or your children expect to receive gifts/inheritances? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, who? How much? _____ from whom? _____ when? _____			
Education	What is the level of your education?			
	What is the level of your spouse's education?			
Military service benefits	Are you or your spouse eligible for any benefits deriving from military service? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain.			

FINANCIAL OBJECTIVES

Rank from 1 to 8 the importance of having adequate funds in order to do the following:

- _____ maintain/expand standard of living
- _____ enjoy a comfortable retirement
- _____ take care of self and family during a period of long-term disability
- _____ invest and accumulate wealth
- _____ reduce tax burden
- _____ provide college education for children
- _____ take care of family in the event of death
- _____ develop an estate distribution plan
- _____ any others important to you (specify)

Do you have a formal monthly budget? ☐ yes ☐ no If yes, indicate amount:

How much do you save annually? in what form? why?

How much do you think you should be able to save annually? for what purpose?

How much do you invest annually? in what form? why?

How much do you think you should be able to invest annually? for what purpose?

FACTORS AFFECTING YOUR FINANCIAL PLAN

Have you or your spouse ever made substantial gifts to family members or to tax-exempt beneficiaries? ☐ yes ☐ no
If yes, give details.

What special bequests are intended, including charity?

Are you satisfied with your previous investment results? ☐ yes ☐ no
Explain.

Are there any investments you feel committed to (for past performance, family, or social reasons)? ☐ yes ☐ no
If yes, explain.

Is your spouse good at handling money? ☐ yes ☐ no

If you die, would your spouse be able to manage family finances? ☐ yes ☐ no

In the event of your death, what is your estimate of the emotional and economic maturity of your children?

In the event of your death or of divorce, what are your feelings about the possible remarriage of your spouse?

At what age would you like to retire?

Tax considerations aside, in what manner would you want your estate distributed?

What do you think financial planning should do for you?

OBJECTIVES REQUIRING ADDITIONAL INCOME/CAPITAL

Do your children attend public or private schools?	
If private, annual cost: (elementary)	(secondary)
Do you plan for your children to attend private schools later? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, when?	

Education Fund

Name of Child	Age	No. Years until College	Estimated 4-Year Cost		Estimated Graduate School Costs	Capital Allocated	Monthly Income Allocated
			If Private	If Public			

Support for Family Member(s)

Name	Age	Relation	Estimated Cost	Estimated Period of Funding	Capital Allocated	Monthly Income Allocated

Other Objectives

Objective	Target Date	Estimated Cost	Estimated Period of Funding	Capital Allocated	Monthly Income Allocated

Notes

SOURCES OF INCOME

Annual Income

	Client	Spouse*	Dependent Children*
Salary, bonus, etc.			
Income as business owner (self-employment)			
Real estate rental			
Dividends			
Investments (public stock, mutual funds, etc.)			
Close corporation stock			
Interest			
Investments (bonds, money market funds, T-bills, etc.)			
Savings accounts, certificates of deposit			
Loans, notes			
Trust income			
Life insurance settlement options			
Child support/alimony			
Other sources (specify)			
Other sources			
Other sources			
Other sources			
Total annual income			

*If spouse or children are employed, give details here.

Income Tax Last Year

Federal			
State			
Local			
Total income tax paid last year			
Estimated quarterly tax this year			

Future Annual Income Estimate

Next year			
Three years			
Five years			
How often do you expect a salary increase or bonus?			
On the average, how much of a salary increase or bonus do you expect annually?			
Has your total annual income fluctuated significantly during the past three years?			

CASH-MANAGEMENT STATEMENT

Annual Income

	Current Yr.	Projections for Subsequent Years				
	19____	Assumptions	19____	19____	19____	19____
Salary, bonus, etc.						
Income as business owner (self-employment)						
Real estate rental						
Dividends						
Investments						
Close corporation stock						
Interest income						
Investments						
Savings accts., CDs						
Loans, notes, etc.						
Trust income						
Life insurance settlement options						
Child support/alimony						
Other sources (specify) _____						
Total annual income						

Annual Expenditures: Fixed

Housing (mortgage/rent)						
Utilities and telephone						
Food						
Clothing and cleaning						
Income and social security taxes						
Property taxes						
Transportation (auto/commuting)						
Medical/dental/drugs/health insurance						
Debt repayment						
House upkeep/repairs/maintenance						
Life, property and liability insurance						
Child support/alimony						
Current education expenses						
Total fixed expenses						

Annual Expenditures: Discretionary

Recreation/entertainment/travel						
Contributions/gifts						
Household furnishings						
Education fund						
Savings						
Investments						
Other (specify) _____						
Total discretionary expenses						
Total annual expenditures						
Net income (total annual income minus total annual expenditures)						

INVENTORY OF ASSETS

Cash, Near-Cash Equivalents

[illegible]

*Children, custodial accounts, trusts, etc.

U.S. Govt., Municipal, Corporate Bonds, and Bond Funds: Issuer, Maturity, Call Dates

Subtotal									

Preferred Stock: Issuer, Maturity, Call Dates

Subtotal									

Common Stock: Issuer, Listed (L), Unlisted (U), Nonmarketable (NM)

[illegible]

Warrants and Options: Issuer, Expiration Date

Subtotal									

Mutual Funds and Type: Growth (G), Income (I), Balanced (B), Indexed (IX), Speculative (S)[illegible]

INVENTORY OF ASSETS

Cash, Near-Cash Equivalents

Annual Yield		Amount Available for Liquidity	Amount of Indebtedness	Location, Description, Client's Reasons for Holding Asset, etc.	Items
%	\$				
					Checking accounts/cash
					Savings accounts
					Money-market funds
					Treasury bills
					Commercial paper
					Short-term CDs
					Cash value, life insurance
					Accum. divs., life insurance
					Savings bonds
					Other (specify)
					Subtotal

U.S. Govt., Municipal, Corporate Bonds, and Bond Funds: Issuer, Maturity, Call Dates

					Subtotal

Preferred Stock: Issuer, Maturity, Call Dates

					Subtotal

Common Stock: Issuer, Listed (L), Unlisted (U), Nonmarketable (NM)

					Subtotal

Warrants and Options: Issuer, Expiration Date

					Subtotal

Mutual Funds and Type: Growth (G), Income (I), Balanced (B), Indexed (IX), Speculative (S)

					Subtotal

INVENTORY OF ASSETS (continued)

Real Estate

[illegible]

Long-term, Nonmarketable Assets

Long-term CDs									
Vested retirement benefits									
Annuities									
HR-10 plan (Keogh)									
IRAs									
Mortgages owned									
Land contracts									
Limited partnership units									
Other (specify)									
Subtotal									

Personal Assets

Household furnishings									
Automobile(s)									
Recreational vehicles									
Boats									
Jewelry/furs									
Collections (art, coins, etc.)									
Hobby equipment									
Other (specify)									
Subtotal									

Miscellaneous Assets

Interest(s) in trust(s)								
Receivables								
Patents, copyrights, royalties								
Other (specify)								
Subtotal								
Totals of all columns								

INVENTORY OF ASSETS (continued)

Real Estate

Annual Yield		Amount Available for Liquidity	Amount of Indebtedness	Location, Description, Client's Reasons for Holding Asset, etc.	Items
%	\$				
					Personal residence
					Seasonal residence
					Investment (residential)
					Investment (commercial)
					Land
					Other (specify)
					Subtotal

Long-term, Nonmarketable Assets

					Long-term CDs
					Vested retirement benefits
					Annuities
					HR-10 plan (Keogh)
					IRAs
					Mortgages owned
					Land contracts
					Limited partnership units
					Other (specify)
					Subtotal

Personal Assets

					Household furnishings
					Automobile(s)
					Recreational vehicles
					Boats
					Jewelry/furs
					Collections (art, coins, etc.)
					Hobby equipment
					Other (specify)
					Subtotal

Miscellaneous Assets

					Interest(s) in trust(s)
					Receivables
					Patents, copyrights, royalties
					Other (specify)
					Subtotal
					Totals of all columns

BUSINESS INTEREST

General Information

Full legal name	Phone
Address	
Business now operates as <input type="checkbox"/> proprietorship <input type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> S corporation	
When does the fiscal year end?	
What accounting method is used?	
What is the principal business activity?	
In what year did this business begin operation?	
If it began other than as a corporation, what is the date of incorporation?	state of incorporation?
Classes of stock	No. authorized shares No. outstanding shares
What is your function in the business?	
Do you have an employment contract?	

Present Owners*

	Insurability Problem?		Form of Business	
			Corporation	Partnership
	Yes	No		
(A) <i>Client</i>	<input type="checkbox"/>	<input type="checkbox"/>	owns _____ % common _____ % preferred _____ %	
(B)	<input type="checkbox"/>	<input type="checkbox"/>	owns _____ % common _____ % preferred _____ %	
(C)	<input type="checkbox"/>	<input type="checkbox"/>	owns _____ % common _____ % preferred _____ %	
(D)	<input type="checkbox"/>	<input type="checkbox"/>	owns _____ % common _____ % preferred _____ %	
(E)	<input type="checkbox"/>	<input type="checkbox"/>	owns _____ % common _____ % preferred _____ %	

*Indicate relationship to client by blood or marriage.

Key Employees (other than present owners)

	Insurability Problem			Insurability Problem	
	Yes	No		Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

BUSINESS INTEREST (continued)

Disposition of Business Interest

Do you want your business interest retained or sold if you retire? <input type="checkbox"/> yes <input type="checkbox"/> no become disabled? <input type="checkbox"/> yes <input type="checkbox"/> no die? <input type="checkbox"/> yes <input type="checkbox"/> no
IF RETAINED Who will own your interest and how will the person(s) acquire it? Who will replace you in your job?
IF SOLD Who will buy your interest? How is purchase price to be determined? What is the funding arrangement? Do you have a buy-sell agreement? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, is it a cross-purchase, entity-purchase, or "wait-and-see" type of agreement? Where is it located?

Valuation of Business Interest

Estimate the lowest price for which the entire business might be sold as a going concern today.
What is the lowest price you would accept for your interest today?
If you were not an owner, what is your estimate of the highest price you would pay today for the entire business as a going concern?
What is the highest price you would pay to buy the interest of your coowners today?
Has an impartial valuation of the business been made? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when? What valuation method was used? What value was established?
What is the average business indebtedness? <div style="display: flex; justify-content: space-between;"> Estimate the highest it has ever been. Estimate the lowest it has ever been. </div>
Are there patents, special processes, or leased equipment/real property used by but not owned by the business? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, who owns what, and under what terms is each used or leased?
What are prospects for growth, sale, merger, or going public?

Survivor Control (letters in parentheses refer to owners named above on page 12)

IF (A) DIES	IF (B) DIES	IF (C) DIES	IF (D) DIES	IF (E) DIES
B wants _____ % control	A wants _____ %	A wants _____ %	A wants _____ %	A wants _____ %
C wants _____ % control	C wants _____ %	B wants _____ %	B wants _____ %	B wants _____ %
D wants _____ % control	D wants _____ %	D wants _____ %	C wants _____ %	C wants _____ %
E wants _____ % control	E wants _____ %	E wants _____ %	E wants _____ %	D wants _____ %
_____ wants _____ % control	wants _____ %	wants _____ %	wants _____ %	wants _____ %

EMPLOYEE CENSUS DATA *

	Sex	Marital Status	Name			Date of Birth			Date Em- ployed†			Full-time‡	Hourly	Salaried	Earnings		Member of Collective Bargain Unit?	Occupation or Job Title
			Last	First	M.I.	Month	Day	Year	Month	Day	Year				Annual Salary or Wage	Additional Compen- sation		
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
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18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		

*It is suggested that the client request this data directly from bookkeeper or other appropriate person.

†The date of its incorporation is also the date of employment of former proprietors or partners of a business.

‡A full-time employee is one who works 1 000 or more hours per year.

INVENTORY OF LIABILITIES

Outstanding Obligations of Client or Spouse	Original Amount	Maximum Credit Available	Present Balance	Monthly/ Annual Repayment	Effective Interest Rate	Payments Remaining/ Maturity Date	Secured?	Insured?
Retail charge accounts								
Credit cards								
Family/personal loans								
Securities margin loans								
Investment liabilities								
Bank loans								
Life insurance policy loans								
Income tax liability								
Federal								
State								
Local								
Property taxes								
Mortgage(s)								
Family member support								
Child support/alimony								
Other (specify)								
Total								

Are there any other liabilities your estate might be called upon to pay? ☐ yes ☐ no
If yes, explain.

Do you foresee any future liabilities (business expansion, new home, etc.)? ☐ yes ☐ no
If yes, explain.

LIFE INSURANCE BENEFITS*

Item	Policy 1	Policy 2	Policy 3
Policy number			
Name of insurance company			
Issue age			
Insured			
Owner of policy			
Type of policy			
Annual premium			
Net annual outlay by client			
Current cash value			
Extra benefits (e.g. waiver of premium, accidental death, etc.)			
Amount of base policy			
Dividends (value & option)			
Term rider(s)			
Loan outstanding			
Net amount payable at death			
Primary beneficiary and settlement option elected			
Secondary beneficiary and settlement option elected			

Item	Policy 4	Policy 5	Policy 6
Policy number			
Name of insurance company			
Issue age			
Insured			
Owner of policy			
Type of policy			
Annual premium			
Net annual outlay by client			
Current cash value			
Extra benefits (e.g., waiver of premium, accidental death, etc.)			
Amount of base policy			
Dividends (value & option)			
Term rider(s)			
Loan outstanding			
Net amount payable at death			
Primary beneficiary and settlement option elected			
Secondary beneficiary and settlement option elected			

*Policies and most recent policy anniversary premium notices should be examined for the information recorded on this page.

HEALTH INSURANCE BENEFITS*

Medical/Dental Benefits

	Policy 1	Policy 2	Policy 3	Policy 4
Type of policy				
Policy number				
Name of insurance company or other provider				
Insured				
Annual cost to client				
Type of continuance or renewal provision				
Deductible				
Percentage participation				
Stop-loss limit				
Inside limits				
Overall maximum				

Disability Income Benefits

Policy number				
Name of insurance company or other provider				
Insured				
Annual cost to client				
Type of continuance or renewal provision				
Definition of disability				
Monthly disability income				
Accident				
Sickness				
Partial disability provision				
Waiting period				
Accident				
Sickness				
Benefit period				
Accident				
Sickness				

*Policies should be examined for the information recorded on this page.

PROPERTY AND LIABILITY INSURANCE COVERAGE*

Homeowners Insurance

	Principal Residence	Seasonal Residence	Other Property
Policy number			
Name of insurance company			
Address of property			
HO form # (or other type of policy)			
Coverage on dwelling			
Replacement cost of dwelling			
Replacement cost of contents			
Liability limits			
Endorsements			
Deductibles			
Annual cost			

Automobile Insurance

	Auto #1	Auto #2	Auto #3 (or other vehicles, trailers)
Policy number			
Name of insurance company			
Automobile make/year			
Liability limits			
No-fault/medical benefits			
Uninsured motorist			
Collision/deductible			
Comprehensive/deductible			
Annual cost			

Other Property/Liability Insurance

	Policy 1	Policy 2	Policy 3
Type of policy			
Policy number			
Name of insurance company			
Property covered			
Limits			
Annual cost			

Umbrella Liability Insurance

Policy number	
Name of insurance company	
Liability limits	
Retention	
Annual cost	

*Policies should be examined for the information recorded on this page.

EMPLOYMENT-RELATED BENEFITS CHECKLIST

Name and address of client's employer _____

Name and address of spouse's employer _____

Who can provide detailed information on employee benefits for you and your spouse?

Client Name _____ Spouse Name _____

Title _____ Title _____

Department _____ Department _____

Phone _____ Phone _____

	Benefit now provided for client?		Benefit now provided for spouse?		Information/Comments
	Yes	No	Yes	No	
Life and Health Insurance					
Death benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accidental death/dismemberment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Travel accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medical expense benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Short-term disability income (sick pay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Long-term disability income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retirement Benefits/Deferred Compensation*					
Qualified pension plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Qualified profit-sharing plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nonqualified deferred-compensation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salary reduction plan (401k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Simplified employee pension (SEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stock bonus plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employee stock-ownership plan (ESOP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employee stock-purchase plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Incentive stock-option plan [§422A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Restricted stock plan [§83(b)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phantom stock plan [§83(a)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tax-deferred annuity plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salary continuation after death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Miscellaneous Benefits					
Excess medical reimbursement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Split-dollar life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Auto/homeowners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Legal expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Company car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Educational reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Club membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

EMPLOYMENT-RELATED RETIREMENT BENEFITS/DEFERRED COMPENSATION

Type	Employee's Annual Contribution	Benefits to Client			Benefits to Survivors			
		Lump-sum Pmts.	Monthly Income		Beneficiary	Lump-sum Pmts.	Monthly Income	
			Amount	Beginning/Ending			Amount	Beginning/Ending
Qualified pension plan								
Qualified profit-sharing plan								
Nonqualified deferred-compensation plan								
Salary reduction plan (401k)								
Stock bonus plan								
Employee stock-ownership plan (ESOP)								
Employee stock-purchase plan								
Incentive stock-option plan [§422A]								
Restricted stock plan [§83(b)]								
Phantom stock plan [§83(a)]								
Tax-deferred annuity plan								
Salary continuation after death								
Other (specify)								
Other (specify)								

Explain and describe pertinent details for planning purposes here (e.g., anticipated benefits not yet in place; client's views on relevance, need, and feasibility of these benefits; problems associated with implementing benefits; etc.).

Social Security Benefits

What are the estimated retirement benefits (in current dollars)? client only:	client and spouse:
What are the estimated disability benefits the client is eligible for if disabled today? client only:	client and family:
What are the estimated survivors' benefits payable to the client's family if death should occur today?	

RISK/RETURN PROFILE

On a scale from 0 to 5, with 5 representing a strong preference and 0 representing an aversion, indicate your preference for the following instruments of savings and investment by circling the appropriate number.

Savings account	0	1	2	3	4	5
Money-market fund	0	1	2	3	4	5
U.S. government bond	0	1	2	3	4	5
Corporate bond	0	1	2	3	4	5
Mutual fund (growth)	0	1	2	3	4	5
Common stock (growth)	0	1	2	3	4	5
Mutual fund (income)	0	1	2	3	4	5
Municipal bond	0	1	2	3	4	5
Real estate (direct ownership)	0	1	2	3	4	5
Variable annuity	0	1	2	3	4	5
Limited partnership unit (real estate, oil and gas, cattle, equipment leasing)	0	1	2	3	4	5
Commodities, gold, collectibles	0	1	2	3	4	5

On a scale from 0 to 5, circle the number to the right of each of the items below that most accurately reflects your own financial concerns; 5 indicates a very strong concern and 0 indicates no concern.

Liquidity	0	1	2	3	4	5
Safety of principal	0	1	2	3	4	5
Capital appreciation	0	1	2	3	4	5
Current income	0	1	2	3	4	5
Inflation protection	0	1	2	3	4	5
Future income	0	1	2	3	4	5
Tax reduction/deferral	0	1	2	3	4	5

Planner's comments and observations

INCOME AND LUMP-SUM NEEDS FOR DISABILITY, RETIREMENT, AND DEATH

	Client	Spouse/ Children
Disability Income Needs		
Monthly income needed in current dollars	\$ _____	\$ _____
Retirement Income Needs		
Monthly income needed in current dollars	\$ _____	\$ _____
Survivors' Income Needs*		
Monthly income needed in current dollars for surviving family members during the following periods after death:		
Adjustment period (adjustment of standard of living in a transitional period, as needed)	\$ _____	\$ _____
Until youngest child is self-supporting (number of years _____)	\$ _____	\$ _____
After youngest child is self-supporting	\$ _____	\$ _____
Survivors' Lump-sum Needs*		
Last expenses (final illness and funeral)	\$ _____	\$ _____
Emergency fund	\$ _____	\$ _____
Mortgage cancellation fund (if appropriate)	\$ _____	\$ _____
Notes and loans payable	\$ _____	\$ _____
Accrued taxes (income, real estate, etc., if not withheld)	\$ _____	\$ _____
Children's education (if not already funded)	\$ _____	\$ _____
Estate settlement costs and taxes (if not provided by liquidity)	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Total lump-sum needs in current dollars	\$ _____	\$ _____

*Some survivors' needs may be met by either periodic income or lump-sum payments or by some combination of the two approaches. Double counting in both categories should be avoided.

Notes

AUTHORIZATION FOR INFORMATION

TO: _____

Please provide any information that is in your possession and that is asked for in connection with a survey of my/our financial affairs to

(client's signature)

(spouse's signature)

(date)

TO: _____
(company)

Please provide any information that is in your possession and that is requested by _____

_____ concerning the following policies of which I am the owner:

Policyowner's
Authorization

(signature of policyowner)

(date)

Notes

AUTHORIZATION FOR INFORMATION

TO: _____

Please provide any information that is in your possession and that is asked for in connection with a survey of my/our financial affairs to

(client's signature)

(spouse's signature)

(date)

TO: _____
(company)

Please provide any information that is in your possession and that is requested by _____

_____ concerning the following policies of which I am the owner:

Policyowner's
Authorization

(signature of policyowner)

(date)

Notes

RECEIPT FOR DOCUMENTS

Insurance Policies: Life, Health, Property and Liability

Company	Policy Number	<input checked="" type="checkbox"/>	Company	Policy Number	<input checked="" type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

Original policies checked ☒ above have been received for review and analysis; they will be returned upon completion of analysis or client request.

_____ (planner)

_____ (address)

_____ (phone)

_____ (date)

All original policies and documents checked in this receipt have been returned to me.

_____ (client)

_____ (date)

Personal/Family Documents (copies)

Date

- ☐ Tax returns (3-5 years) _____
- ☐ Wills (client and spouse) _____
- ☐ Trust instruments _____
- ☐ Financial statements _____
- ☐ Personal/family budgets _____
- ☐ Sale/purchase contract _____
- ☐ Current insurance offers _____
- ☐ Current investment offers _____
- ☐ Deeds, mortgages, land contracts _____
- ☐ Guardian nominations _____
- ☐ Leases (as lessor or lessee) _____
- ☐ Notices of awards, elections _____
- ☐ Power of attorney/appointment _____
- ☐ Separation/divorce/nuptial _____
- ☐ Patents/copyrights/royalties _____
- ☐ Employee benefits statement _____
- ☐ Other (specify) _____
- ☐ Other (specify) _____

Business Documents (copies)

Date

- ☐ Tax returns (3-5 years) _____
- ☐ Financial statements (3-5 years) _____
- ☐ Deferred-compensation plan _____
- ☐ HR-10 plan (Keogh) _____
- ☐ Individual retirement account (IRA) _____
- ☐ Simplified employee pension (SEP) _____
- ☐ Pension/profit-sharing plan _____
- ☐ Tax-deferred annuity _____
- ☐ Stock-option/purchase agreement _____
- ☐ Buy-sell agreements _____
- ☐ Employment agreement _____
- ☐ Employee benefits booklet _____
- ☐ Articles of incorporation _____
- ☐ Merger/acquisition agreement _____
- ☐ Partnership agreement _____
- ☐ Company patents _____
- ☐ Equipment leasing agreement(s) _____
- ☐ Other (specify) _____

OBSERVATIONS FROM COUNSELING SESSIONS

As soon after counseling sessions as possible the financial planner should record impressions and observations about the client in terms of the following:

Personal appearance _____

Appearance of office or home _____

Personal interests (sports, hobbies, music, etc.) _____

Civic-mindedness _____

Political awareness _____

Financial sophistication _____

College ties _____

Decision-making ability _____

Level of personal goals _____

Consistency of verbal and nonverbal behaviors _____

Condition of health _____

Mental/emotional maturity _____

Attitude toward spouse _____ parents _____

children _____ other family members _____

Financial risk-taking propensity _____

Attitude toward financial counseling/planning _____

Investment decisions client has made and why _____

Client's financial status (self-made or inherited) _____

Concern with taking care of self during retirement _____

Concern with family after own death _____

Concern with self and family during disability _____

Concern with self right now _____

Concern with self and family right now _____

Other pertinent observations, particularly concerning spouse:

TAX-PLANNING CHECKLIST*

Individual Planning

	At Present		Advisable	
	Yes	No	Yes	No
1. Does the client itemize rather than utilize the standard deduction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all personal and dependency exemptions being taken (children, parents, foster children, etc.)? [§§151, 152]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are maximum deductions for all expenses related to the production of income being taken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. a. Is optimum utilization being made of retirement plans for tax advantage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has the appropriate type(s) of plan been chosen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are contributions to charitable and other tax-exempt organizations being used as fully as the client is disposed to use them? [§170]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the client's real property investments being fully used for tax advantages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the impact of the alternative minimum tax being considered for transactions involving tax-preference items? [§55]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are income and deductions being directed to specific years to avoid drastic fluctuation by				
a. accelerating income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. postponing deductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. postponing income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. accelerating deductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. avoiding constructive receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. To reduce estate taxes				
a. have incidents of life insurance ownership been assigned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. is a life insurance trust being used? [§§2035, 2042]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have installment sales of investments, residences, or other property been arranged to minimize tax? [§453]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is investment in tax-exempt instruments being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is income being shifted to lower-bracket taxpayers through outright gifts or other lifetime transfers such as family partnerships or irrevocable trusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is a qualified minors [2503(c)] trust being used effectively for income shifting or other tax advantage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have gifts been made under the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are gift/sale leasebacks being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*All code section references are to the Internal Revenue Code of 1986 as amended.

TAX-PLANNING CHECKLIST (continued)

Individual Planning (continued)

	At Present		Advisable	
	Yes	No	Yes	No
16. Have alternative distribution methods for qualified plans been analyzed for tax consequences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are capital-loss offsets being used to reduce total income subject to tax?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are qualified plan distributions, rollovers to another qualified plan, or IRAs advisable for the client in the near future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are contributions to a new or existing IRA advisable if				
a. the client can make deductible contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. the client can make only nondeductible contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Have like-kind exchanges of property been compared with sale and repurchase and utilized when more advantageous? [§1031]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is the client paying substantial amounts of nondeductible loan interest that should be consolidated under deductible home equity loans? [§163]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Have returns of capital on investment been distinguished from taxable income? (For example, has the client's basis in the investment been ascertained and any special tax treatment to which that investment is entitled determined?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the client suited for tax-advantaged investments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Indicate any situation unique to this client that does not appear above.				

TAX-PLANNING CHECKLIST (continued)

Estate Planning

	At Present		Advisable	
	Yes	No	Yes	No
1. Have the client and spouse considered electing not to fully use the marital deduction if such an election is tax advantageous to their cumulative estates? [§2056]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have life insurance policies been properly positioned to minimize estate taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the estate appear to have sufficient liquidity to fund postmortem expenses and estate/inheritance tax liabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has optimum use been made of generation-skipping transfer exemptions? [§§2601-2663]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have testamentary charitable dispositions and their advantages been explored? [§2055]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are lifetime gifting programs being used to shift ownership of assets from the client's estate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. a. Is the client's will current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the will dispose of estate assets in accordance with the client's wishes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the value of each estate asset been explored in order to obtain an estimate of potential estate tax liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has it been determined that the client can qualify for estate tax deferral? [§6166]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If the client qualifies for the requisite percentage of ownership in a corporation, can §303 be utilized to assure sale-or-exchange treatment for stock redeemed to pay administration expenses and estate taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have the client's personal planning objectives, feelings, and thoughts been given equal weight with tax planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has an existing estate plan been evaluated as to the impact of the current unified credit, marital deduction, and gift tax exclusion? [§§2010, 2056, 2503, 2523]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has consideration been given to the potential consequence of certain transfers made within 3 years of death? [§2035]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have rules on valuation of certain property (e.g., family farms and real property used in a closely held business) been considered? [§2032A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. a. Is there any reversionary interest or power of appointment not on the client's balance sheet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If so, has it been examined for its potential tax impact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Indicate any situation unique to this client that does not appear above.				

TAX-PLANNING CHECKLIST (continued)

Estate Planning

	At Present		Advisable	
	Yes	No	Yes	No
1. Have the client and spouse considered electing not to fully use the marital deduction if such an election is tax advantageous to their cumulative estates? [§2056]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have life insurance policies been properly positioned to minimize estate taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the estate appear to have sufficient liquidity to fund postmortem expenses and estate/inheritance tax liabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has optimum use been made of generation-skipping transfer exemptions? [§§2601-2663]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have testamentary charitable dispositions and their advantages been explored? [§2055]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are lifetime gifting programs being used to shift ownership of assets from the client's estate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. a. Is the client's will current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the will dispose of estate assets in accordance with the client's wishes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the value of each estate asset been explored in order to obtain an estimate of potential estate tax liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has it been determined that the client can qualify for estate tax deferral? [§6166]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If the client qualifies for the requisite percentage of ownership in a corporation, can §303 be utilized to assure sale-or-exchange treatment for stock redeemed to pay administration expenses and estate taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have the client's personal planning objectives, feelings, and thoughts been given equal weight with tax planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has an existing estate plan been evaluated as to the impact of the current unified credit, marital deduction, and gift tax exclusion? [§§2010, 2056, 2503, 2523]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has consideration been given to the potential consequence of certain transfers made within 3 years of death? [§2035]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have rules on valuation of certain property (e.g., family farms and real property used in a closely held business) been considered? [§2032A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. a. Is there any reversionary interest or power of appointment not on the client's balance sheet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If so, has it been examined for its potential tax impact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Indicate any situation unique to this client that does not appear above.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TAX-PLANNING CHECKLIST (continued)

Business Planning

	At Present		Advisable	
	Yes	No	Yes	No
1. Are maximum allowable deductions for all expenses being taken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are expiring carryovers of credits, net operating losses, and charitable contributions being effectively used through timing of income and deductions? [§§38, 39, 46, 170, 172]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a. Is optimum use being made of retirement plans for tax advantage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has the appropriate type(s) of plan been chosen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are contributions to charitable and other tax-exempt organizations being used as fully as the client is disposed to use them? [§§170, 501]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. a. Is the form of client's business or investment being fully utilized to maximize personal deductions and credits (e.g., corporation, partnership, trust, S corp.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are the business's investments being fully used to maximize deductions and credits to the shareholder(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are income and deductions being directed to specific years to avoid drastic fluctuation by				
a. accelerating income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. postponing deductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. postponing income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. accelerating deductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. avoiding constructive receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the full range of deductible employment fringe benefits being explored and used within the client's limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are gift/sale leasebacks being utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have alternative distribution methods for qualified plans been analyzed for tax consequences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is sale-or-exchange treatment possible for redemption of equity in a closely held corporation? [§§301, 302, 303, 318]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have nonqualified retirement or deferred-compensation plans been considered? [§83]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are stock options possible and advantageous? [§422A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have simplified employee pensions (SEPs) been compared with other forms of deferred compensation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are qualified plans designed for maximum employee advantage during employment as well as at retirement? (For example, do they permit loans and rollovers from other plans, etc.?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TAX-PLANNING CHECKLIST (continued)

Business Planning (continued)

	At Present		Advisable	
	Yes	No	Yes	No
15. a. Have buy-sell plans to take effect at death been developed and formalized by legal agreements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, have they been appropriately funded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have lifetime transfer methods been considered to facilitate the orderly continuation of the business, for example, in case of disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are employment contracts being used effectively to support the reasonableness of executive compensation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Indicate any situation unique to this client that does not appear above.				

FINANCIAL POSITION STATEMENT

Assets

		Projections for Subsequent Years			
Cash, Near-Cash Equivalents	Current Value	Assumptions	19__	19__	19__
Checking accounts/cash					
Savings accounts					
Money-market funds					
Treasury bills					
Commercial paper					
Short-term CDs					
Life insurance, cash value					
Life insurance, accumulated dividends					
Savings bonds					
Other (specify)					
Subtotal					
Other Financial Assets					
U.S. government bonds					
Municipal bonds					
Corporate bonds					
Preferred stock					
Common stock					
Nonmarketable securities					
Warrants and options					
Mutual funds					
Investment real estate					
Long-term CDs					
Vested retirement benefits					
Annuities					
HR-10 plan (Keogh)					
Individual retirement acct. (IRA)					
Mortgages owned					
Land contracts					
Limited partnership units					
Interest(s) in trust(s)					
Receivables					
Patents, copyrights, royalties					
Value of business interest					
Other (specify)					
Subtotal					

FINANCIAL POSITION STATEMENT (continued)

Assets (continued)

Assets (continued)	Current Value	Projections for Subsequent Years			
		Assumptions	19____	19____	19____
Personal Assets					
Personal residence					
Seasonal residence					
Automobile(s)					
Recreation vehicles					
Household furnishings					
Boats					
Jewelry/furs					
Collections					
Hobby equipment					
Other (specify)					
Subtotal					
Total assets					

Liabilities

Charge accts./credit cards					
Family/personal loans					
Margin/bank/life ins. loans					
Income taxes (fed., state, local)					
Property taxes					
Investment liabilities					
Mortgage(s)					
Child support					
Alimony					
Other (specify)					
Other (specify)					
Other (specify)					
Other (specify)					
Total liabilities					

Net Worth

Total assets minus total liabilities					
--------------------------------------	--	--	--	--	--

INCOME AND LUMP-SUM RESOURCES FOR DISABILITY, RETIREMENT, AND DEATH

Sources of Funds	For Disability			For Retirement			For Death		
	Lump-sum Pmts.	Monthly Income		Lump-sum Pmts.	Monthly Income		Lump-sum Pmts.	Monthly Income	
		Amount	Beginning/ Ending		Amount	Beginning/ Ending		Amount	Beginning/ Ending
Continuing income (p. 6)*									
Income of spouse									
Social security benefits									
Pension plan									
Profit-sharing plan									
HR-10 plan (Keogh)									
Individual retirement account (IRA)									
Nonqualified deferred compensation									
Other retirement benefits/ deferred compensation									
Group life insurance									
Personal life insurance									
Annuities									
Group short-term disability income									
Group long-term disability income									
Personal disability income insurance									
Asset liquidation									
Proceeds of sale of business interest									
Other (specify)									
Other (specify)									
Other (specify)									
Totals									

*Be sure to adjust for income sources from p. 6 of the Fact Finder that will terminate or decrease if client or spouse dies, retires, or is disabled.

CHECKLIST FOR FINANCIAL PLANNING REVIEW

Change in	Has Occurred	Is Expected		Has Occurred	Is Expected
1. Marital status			9. Property ownership		
Marriage	<input type="checkbox"/>	<input type="checkbox"/>	Purchase in joint ownership	<input type="checkbox"/>	<input type="checkbox"/>
Separation	<input type="checkbox"/>	<input type="checkbox"/>	Purchase, client owned	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>	Purchase, spouse owned	<input type="checkbox"/>	<input type="checkbox"/>
Remarriage	<input type="checkbox"/>	<input type="checkbox"/>	Purchase, dependent owned	<input type="checkbox"/>	<input type="checkbox"/>
2. Number of dependents			Transfer to joint ownership	<input type="checkbox"/>	<input type="checkbox"/>
Increase	<input type="checkbox"/>	<input type="checkbox"/>	Transfer to client	<input type="checkbox"/>	<input type="checkbox"/>
Decrease	<input type="checkbox"/>	<input type="checkbox"/>	Transfer to spouse	<input type="checkbox"/>	<input type="checkbox"/>
3. Health status			Transfer to dependent	<input type="checkbox"/>	<input type="checkbox"/>
Client	<input type="checkbox"/>	<input type="checkbox"/>	Transfer to trustee	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	10. Liabilities		
Dependent	<input type="checkbox"/>	<input type="checkbox"/>	Leases executed	<input type="checkbox"/>	<input type="checkbox"/>
4. Residence	<input type="checkbox"/>	<input type="checkbox"/>	Mortgage increase	<input type="checkbox"/>	<input type="checkbox"/>
5. Occupation			Lawsuit against	<input type="checkbox"/>	<input type="checkbox"/>
Client	<input type="checkbox"/>	<input type="checkbox"/>	Judgment against	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Unsecured borrowing	<input type="checkbox"/>	<input type="checkbox"/>
Dependent	<input type="checkbox"/>	<input type="checkbox"/>	Cosigning of notes	<input type="checkbox"/>	<input type="checkbox"/>
6. Family financial status			11. Business ownership		
Borrowing	<input type="checkbox"/>	<input type="checkbox"/>	New business formation	<input type="checkbox"/>	<input type="checkbox"/>
Lending	<input type="checkbox"/>	<input type="checkbox"/>	Interest purchase	<input type="checkbox"/>	<input type="checkbox"/>
Gifts over \$1,000 received	<input type="checkbox"/>	<input type="checkbox"/>	Sale of interest	<input type="checkbox"/>	<input type="checkbox"/>
Gifts over \$1,000 made	<input type="checkbox"/>	<input type="checkbox"/>	Transfer of interest	<input type="checkbox"/>	<input type="checkbox"/>
Purchase of property	<input type="checkbox"/>	<input type="checkbox"/>	Reorganization among owners	<input type="checkbox"/>	<input type="checkbox"/>
Sale of property	<input type="checkbox"/>	<input type="checkbox"/>	Liquidation	<input type="checkbox"/>	<input type="checkbox"/>
Investments	<input type="checkbox"/>	<input type="checkbox"/>	Change of carrier	<input type="checkbox"/>	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>	<input type="checkbox"/>	Termination or lapse	<input type="checkbox"/>	<input type="checkbox"/>
Deferred income	<input type="checkbox"/>	<input type="checkbox"/>	Surrender	<input type="checkbox"/>	<input type="checkbox"/>
Pension plan	<input type="checkbox"/>	<input type="checkbox"/>	12. Legal document status		
Tax-deferred annuity	<input type="checkbox"/>	<input type="checkbox"/>	Change in last will	<input type="checkbox"/>	<input type="checkbox"/>
Dependent's income	<input type="checkbox"/>	<input type="checkbox"/>	Change in trust	<input type="checkbox"/>	<input type="checkbox"/>
7. Sources of income			Buy-sell agreement	<input type="checkbox"/>	<input type="checkbox"/>
As employee	<input type="checkbox"/>	<input type="checkbox"/>	Agreement to defer income	<input type="checkbox"/>	<input type="checkbox"/>
From self-employment	<input type="checkbox"/>	<input type="checkbox"/>	13. Insurance status		
From tax-exempt employer	<input type="checkbox"/>	<input type="checkbox"/>	Life insurance	<input type="checkbox"/>	<input type="checkbox"/>
From investments	<input type="checkbox"/>	<input type="checkbox"/>	Health insurance	<input type="checkbox"/>	<input type="checkbox"/>
Inventions, patents, copyrights	<input type="checkbox"/>	<input type="checkbox"/>	Group insurance	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies, avocations	<input type="checkbox"/>	<input type="checkbox"/>	Other employer plan	<input type="checkbox"/>	<input type="checkbox"/>
8. Income tax status			Property insurance	<input type="checkbox"/>	<input type="checkbox"/>
From single to joint return	<input type="checkbox"/>	<input type="checkbox"/>	Liability insurance	<input type="checkbox"/>	<input type="checkbox"/>
From joint to single return	<input type="checkbox"/>	<input type="checkbox"/>	Change of plan	<input type="checkbox"/>	<input type="checkbox"/>
Capital gains	<input type="checkbox"/>	<input type="checkbox"/>	14. Attitudes toward others		
Capital losses	<input type="checkbox"/>	<input type="checkbox"/>	In family	<input type="checkbox"/>	<input type="checkbox"/>
Substantial contributions	<input type="checkbox"/>	<input type="checkbox"/>	In business	<input type="checkbox"/>	<input type="checkbox"/>
Unreimbursed casualty loss	<input type="checkbox"/>	<input type="checkbox"/>	In accepting professional advice	<input type="checkbox"/>	<input type="checkbox"/>
Sick pay received	<input type="checkbox"/>	<input type="checkbox"/>	15. Interest in		
Unreimbursed medical expenses	<input type="checkbox"/>	<input type="checkbox"/>	Idea previously discussed	<input type="checkbox"/>	<input type="checkbox"/>
Tax-impact investment(s)	<input type="checkbox"/>	<input type="checkbox"/>	Plans seen or heard about	<input type="checkbox"/>	<input type="checkbox"/>