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General Information: Self

Contact Information					
○ Mr. ○ Ms. ○ Mrs. ○ Dr.	- First Name		le	 Last	
Address Line 1					
Address Line 2					
City		State	Zip Code	Country	
Home Phone	Work Phone		Mobile Phone		Pager
Fax	E-mail				
Personal Information					
⊝ Male ⊝ Female Date	e of Birth	SSN			State in Which You File Your Taxes
Marital Status			Wedding Anniversary		Expected Retirement Age
Driver's License Number			Driver's License Expirat	ion Date	State in Which Driver's License Issued
Professional Information					
Employment Status		Number of Years at Current Job	Employer Name		
 Occupation			Job Description		

### General Information: Partner

Contact Information					
OMr. OMs. OMrs. C	DrFirst Name	Mic	ldle	Last	
Address Line 1					
Address Line 2					
City		State	Zip Code	Country	
Home Phone	Work Phone		Mobile Phone		Pager
Fax	E-mail				
Personal Information					
○ Male ○ Female	Date of Birth	SSN			State in Which You File Your Taxes
Expected Retirement Age	Driver's License Number		Driver's License Exp	piration Date	State in Which Driver's License Issued
Professional Informatio	n				
Employment Status		Number of Years at Current Job	Employer Name		
Occupation			Job Description		

### General Information: Other Members of Your Household

General Information					
○ Mr. ○ Ms. ○ Mrs. ○ Dr. First	Name	Middle		- Last	
Address					
City	State		Zip Code	Country	Phone Number
Relation to Self		(Yes/No)	Date of Birth	SSN	
Marital Status	Occupation				
○Mr. ○Ms. ○Mrs. ○Dr. First	Name	Middle		Last	
Address					
City	State		Zip Code	Country	Phone Number
Relation to Self			Date of Birth	SSN	
Marital Status	Occupation	Occupation			
○Mr. ○Ms. ○Mrs. ○Dr. First	Name	Middle		Last	
Address					
City	State		Zip Code	Country	Phone Number
Relation to Self	Dependent		Date of Birth	SSN	
Marital Status	Occupation				

### General Information: Other Members of Your Household

General Information					
○ Mr. ○ Ms. ○ Mrs. ○ Dr. Firs	st Name	Middle		Last	
Address					
City	State		Zip Code	Country	Phone Number
Relation to Self		t (Yes/No)	Date of Birth	SSN	
Marital Status	Occupatio	n			
○ Mr. ○ Ms. ○ Mrs. ○ Dr. Firs	st Name	Middle		Last	
Address					
City	State		Zip Code	Country	Phone Number
Relation to Self		t	Date of Birth	SSN	
Marital Status	Occupatio	n			
OMr. OMs. OMrs. ODr					
Firs	et Name	Middle		Last	
Address					
City	State		Zip Code	Country	Phone Number
Relation to Self		t	Date of Birth	SSN	
Marital Status	Occupatio	n			

Assets: Taxable

Accounts			
Account Name		Ticker Symbol Investment Type (Bank Account, Mi	utual Fund, Stock, etc.)
Account Number	Market Value	Monthly Contribution Start Year	End Year
Account Owner		Account Goal (Accumulation, Retirement, Education, etc.)	
Account Name		Ticker Symbol Investment Type	
Account Number	Market Value	Monthly Contribution Start Year	End Year
Account Owner		Account Goal	
Account Name		Ticker Symbol Investment Type	
Account Number	Market Value	Monthly Contribution Start Year	End Year
Account Owner		Account Goal	
Account Name		Ticker Symbol Investment Type	
Account Number	Market Value	Monthly Contribution Start Year	End Year
Account Owner		Account Goal	
Account Name		Ticker Symbol Investment Type	
Account Number	Market Value	Monthly Contribution Start Year	End Year
Account Owner		Account Goal	

Assets: Taxable

Accounts				
Account Name		Ticker Symbol	Investment Type (Bank Accord	unt, Mutual Fund, Stock, etc.
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner		Account Goal (Accumu	llation, Retirement, Education	, etc.)
Account Name		Ticker Symbol	Investment Type	
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner		Account Goal		
Account Name		Ticker Symbol	Investment Type	
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner		Account Goal		
Account Name		Ticker Symbol	Investment Type	
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner		Account Goal		
Account Name		Ticker Symbol	Investment Type	
Account Number	Market Value	Monthly Contribution	Start Year	End Year
Account Owner		 Account Goal		

Employer-Sponsored F	Retirement Plans				
	- Plan Name		Investment Company		
Employee Contribution	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount \$	Start Date	End Date
	Annual Contribution %	% of Company Stock	Portion of Guaranteed Investment C	ontract (GIC) \$	_
	Match%	of first%, the	en% of	%	
Company Stock	Publicly Traded (Yes/No)	Balance (\$ or Shares)			
Current Loan	Frequency of Payment	Payoff Year	Payment		
Future Loan	Length	Start Year	Loan Amount		
	Loan Owner				
	Plan Name		Investment Company		
Employee Contribution	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount	Start Date	End Date
	Annual Contribution	% of Company Stock	Portion of Guaranteed Investment C	ontract (GIC)	_
	Match%	of first%, the	en% of	%	
Company Stock	Publicly Traded	Balance			
Current Loan	Frequency of Payment	Payoff Year	Payment		
Future Loan	Length	Start Year	Loan Amount		
	Loan Owner				

Employer-Sponsored I	Retirement Plans				
	Plan Name		Investment Company		
Employee Contribution	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount \$	Start Date	End Date
	Annual Contribution %	% of Company Stock	Portion of Guaranteed Investment Co	ontract (GIC) \$	_
	Match%	of first%, then	% of	%	
Company Stock	Publicly Traded (Yes/No)	Balance (\$ or Shares)			
Current Loan	Frequency of Payment	Payoff Year	Payment		
Future Loan	Length	Start Year	Loan Amount		
	Loan Owner				
	Plan Name		Investment Company		
Employee Contribution	% of Salary Pre-Tax	% of Salary Post-Tax	Catch-up Amount	Start Date	End Date
	Annual Contribution	% of Company Stock	Portion of Guaranteed Investment Co	ontract (GIC)	_
	Match%	of first%, then	% of	%	
Company Stock	Publicly Traded	Balance			
Current Loan	Frequency of Payment	Payoff Year	Payment		
Future Loan	Length	Start Year	Loan Amount		
	Loan Owner				

IRAs				
IRA Name		 Ticker Symbol	- IRA Type	
ma Name		nickel Symbol	ша туре	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal (e.g., Retirement)		Beneficiary		
IRA Owner				
IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal		Beneficiary		
IRA Owner				
IRA Name		Ticker Symbol	- IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal		Beneficiary		
IRA Owner				
IRA Name		Ticker Symbol	IRA Type	
Account Number	Current Market Value	Annual Contribution	Start Year	End Year
IRA Goal		Beneficiary		
IRA Owner				

Personal Property, Business	es, and Other Assets			
Asset Name		Asset Type	Beneficiary	
Current Market Value	Cost Basis	Asset Owner		
Asset Name		Asset Type	Beneficiary	
Current Market Value	Cost Basis	Asset Owner		
Asset Name		Asset Type	Beneficiary	
Current Market Value	Cost Basis	Asset Owner		
Asset Name		Asset Type	Beneficiary	
Current Market Value	Cost Basis	Asset Owner		
Asset Name		Asset Type	Beneficiary	
Current Market Value	Cost Basis	Asset Owner		
Asset Name		Asset Type	Beneficiary	
Current Market Value	Cost Basis	Asset Owner		

### Liabilities

Liability				
Name			Туре	Collateralized (Yes/No)
Principal/Balance		APR %	Original Amount	Current Market Value
Start Date	End Date	Payment Amount	○ Monthly ○ Annually ○ Lump Sum	
Lender Name			Borrower	
Name			Туре	Collateralized
Principal/Balance		APR %	Original Amount	Current Market Value
Start Date	End Date	Payment Amount	O Monthly O Annually O Lump Sum	
Lender Name			Borrower	
Name				Collateralized
		_		
Principal/Balance		APR %	Original Amount  O Monthly O Annually O Lump Sum	Current Market Value
Start Date	End Date	Payment Amount	○ Monthly ○ Annually ○ Lump Sum	
Lender Name			Borrower	

### Income: Present

Employment, In	nvestment Income,	Alimony, Child Support, and Other Income				
Income Name			Income Type			
income ivame			псоте туре			
Start Date	End Date		Amount	O Monthly	O Annually	O Lump Sum
Recipient			Annual Adjustment (% or \$)	○ Monthly	○ Annually	O Lump Sum
			-			
Income Name			Income Type			
Start Date	End Date	 Tax Status	Amount	O Monthly	○ Annually	O Lump Sum
otari bato	Elia Bato	idi otata	Alloune			
Recipient			Annual Adjustment	O Monthly	O Annually	O Lump Sum
Income Name			Income Type			
Start Date	End Date	Tax Status	Amount	○ Monthly	O Annually	O Lump Sum
			-	○ Monthly	○ Annually	O Lump Sum
Recipient			Annual Adjustment			
Incomo Nomo			Income Tune			
Income Name			Income Type			
Start Date	End Date	Tax Status	Amount	○ Monthly	O Annually	O Lump Sum
Recipient			Annual Adjustment	○ Monthly	O Annually	O Lump Sum
Income Name			Income Type			
Ctt D :		Toy Chatus	America	○ Monthly	○ Annually	O Lump Sum
Start Date	End Date	Tax Status	Amount			
Recipient			Annual Adjustment	O Monthly	O Annually	O Lump Sum

### Income: Future

Pensions			
Pension Name			Annual Pension Income
r dilididir Namo			, white it is the control of the con
Start Year	Tax Status (Taxable, Tax-Deferred	, Tax-Free)	Cost of Living Adjustment (COLA) Benefit (Yes/No)
Owner			_
Pension Name			Annual Pension Income
Start Year	Tax Status		Cost of Living Adjustment (COLA) Benefit
Owner			
Pension Name			Annual Pension Income
Start Year	Tax Status		Cost of Living Adjustment (COLA) Benefit
Owner			_
Social Security			
	Annaha Callana	- Desirient	
Annual Amount	Age to Collect	Recipient	
Annual Amount	Age to Collect	Recipient	
Annual Amount	Age to Collect	Recipient	

Income: Future

Working During Retirement, Expected W	indfalls, etc.			
Income Name		Start Year	End Year	
Annual Income Dollars Before Tax	Annual Adjustment (% or \$)	Income Owner		
Income Name		Start Year	End Year	
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner		
Income Name		Start Year	End Year	
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner		
Income Name		Start Year	End Year	
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner		
Income Name		Start Year	End Year	
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner	Liiu Teal	
Income Name		Start Year	End Year	
Annual Income Dollars Before Tax	Annual Adjustment	Income Owner		

## Expenses

- · · · · -				
Retirement Expenses				
% of Salary or Dollar Amo	unt		Retirement Year	Retirement Age
Recipient				
% of Salary or Dollar Amo	unt		Retirement Year	Retirement Age
·				
 Recipient			_	
Education Expenses				
Student Name			School Name	
Birth Year	College Start Year	College End Year	Current Cost (Tuition/Board)	Annual Growth Rate Above Inflation
Student Name			School Name	
Birth Year	College Start Year	 College End Year	Current Cost	 Annual Growth Rate Above Inflation
DII III Tedi	College Start Teal	College Ella Teal	Current Cost	Alliluai Growtii nate Above Illilation
Student Name			School Name	
Birth Year	College Start Year	College End Year	Current Cost	Annual Growth Rate Above Inflation
Student Name			 School Name	
Stadont Humo			Concor Hamo	
Birth Year	College Start Year	College End Year	Current Cost	Annual Growth Rate Above Inflation

## Expenses

Miscellaneous E	xpenses			
Description				
C++ V	F1 V	A	0/ -4 ^	
Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
Description				
Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
Description				
Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
Description				
Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
Description				
Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted
Description				
Start Year	End Year	Amount	% of Asset	Annual Inflation Adjusted

Insurance: Life

Life Insurance				
Policy Name		Policy Type		
			O Life Annuity	○ Lump Sum
Beneficiary	Contingent Beneficiary	Cash Surrender Value	C Life Afficially	O Eurip Juin
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency	
Waived at Disability (Yes/No)	Premium Amount	Premium Cease at Age	Beneficiary	
Policy Owner				
Policy Name		Policy Type		
			O Life Annuity	O Lump Sum
Beneficiary	Contingent Beneficiary	Cash Surrender Value	,	,
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency	
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary	
Policy Owner				
Policy Name		Policy Type		
D . C .			O Life Annuity	O Lump Sum
Beneficiary	Contingent Beneficiary	Cash Surrender Value		
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency	
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary	
Policy Owner				

Insurance: Life

Life Insurance				
Policy Name		Policy Type		
			○ Life Annuity	○ Lump Sum
Beneficiary	Contingent Beneficiary	Cash Surrender Value	O Life Affilially	O Eurip Suii
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency	
Waived at Disability (Yes/No)	Premium Amount	Premium Cease at Age	Beneficiary	
Policy Owner				
Policy Name		Policy Type		
	Contingent Beneficiary	Cash Surrender Value	O Life Annuity	O Lump Sum
,	,			
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency	
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary	
Policy Owner				
Policy Name		Policy Type		
Beneficiary	Contingent Beneficiary	Cash Surrender Value	O Life Annuity	O Lump Sum
Death Benefit	Coverage Ceases at Age	Premium Payer	Frequency	
Waived at Disability	Premium Amount	Premium Cease at Age	Beneficiary	
Policy Owner				

Insurance: Medical

Medical, Long-Term Care, a	and Disability		
Insurance Name		Insurance Type	Benefit Amount
	 Premium Payer	 Frequency	Benefit Period
	,	, ,	
Premium Amount	Deductible	Policy Owner	
In the second of		In the second se	Benefit Amount
Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	
Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	
Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	
Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	 Deductible	Policy Owner	

Insurance: Property

Auto, Homeowners, and Un	nbrella Liability Insurance		
Insurance Name		Insurance Type	Benefit Amount
Benefit Name	 Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	
Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	
Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	Deductible	Policy Owner	
Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
Premium Amount	 Deductible	Policy Owner	
Insurance Name		Insurance Type	Benefit Amount
Benefit Name	Premium Payer	Frequency	Benefit Period
 Premium Amount	Deductible	Policy Owner	

#### Additional Information

Estate Planning	
Current Will	
Current will	Date
	Date
Current Trust	
	Date
Estate Details	
Additional Notes	
Additional Notos	