

Lassus Wherley

Building Better Futures

Questionnaire & Data Form

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CLIENT	
CO-CLIENT	
DATE	

A	Client/Co-Client Data & Questionnaire
B	Client Data & Questionnaire
C	Co-Client Questionnaire

CONFIDENTIAL

Signatures Required

The information provided in this questionnaire and data form is accurate and true to the best of my knowledge. I understand that any information not provided or not correct may significantly affect the outcomes depicted in my plan. It is my responsibility to advise Lassus Wherley, in writing, if there are any changes in my personal/financial situation or investment objectives for the purpose of reviewing/evaluating/revising recommendations and/or services, or if I would like to impose, add, or modify any reasonable restrictions to your investment advisory services.

Client

Co-Client

DOCUMENTS NEEDED FOR ANALYSIS

Please check appropriate column

CASH FLOW

	Furnished (yes/no)	Not Applicable
Paycheck voucher(s) for one full month		
Personal balance sheets and income statement for last year, if any were prepared		
Budget of Personal Living Expenses		
Most recent month mortgage statement(s)		
Lease Agreements		

RETIREMENT

Social Security Statement		
Beneficiary designations for Employee Benefits, Pension Plans, IRAs etc.		
Most recent employee benefits statements		
Profit Sharing, Pension, Thrift Plan and ESOP statements for the last two years		
Employment Agreement and Deferred Compensation Agreement		
Former Employer Profit Sharing Plan, 401(k), Thrift Plan most current statement(s).		

INVESTMENT PLANNING

Most recent copies of statements for all investment accounts		
Balance sheets, profit and loss statements, and tax returns for most recent year of all businesses in which you have a proprietary interest		
Most recent stock option statements and information on requirements for exercise and sale		
Investment Partnership Agreement, if any		

TAX PLANNING

Individual Income Tax Returns for the last 3 years		
Form 2119 of the Tax Return of the year previous home was sold		
List of capital improvements on real estate properties		
Copies of any Estate or Trust Tax Returns		

RISK MANAGEMENT

Life Insurance Policies, Policy statements		
Declaration page of all insurance policies: (Please check all that apply) <input type="checkbox"/> Life, <input type="checkbox"/> Health, <input type="checkbox"/> Homeowners, <input type="checkbox"/> Automobile, <input type="checkbox"/> Excess Liability, <input type="checkbox"/> Long-Term Care		

ESTATE PLANNING

Copies of Wills and Trust Agreements		
Powers of Attorney and Living Wills previously executed		
Divorce Settlement		
Pre-nuptial, Post-nuptial Agreements, or Cohabitation Agreement		
Copies of Previous Gift Tax Returns		

FAMILY AND PERSONAL INFORMATION

PERSONAL INFORMATION

	Client	Co-Client
Full Name		
Home Address <i>(If you own more than one residence, please be sure to complete page # 28 and state domicile below.)</i>		
Home Telephone Number		
Home Fax Number		
Cell Phone Number		
E-Mail Address		
Country(ies) of Citizenship	<input type="checkbox"/> USA <input type="checkbox"/> Other _____	<input type="checkbox"/> USA <input type="checkbox"/> Other _____
Country of Legal Residence	<input type="checkbox"/> USA <input type="checkbox"/> Other _____	<input type="checkbox"/> USA <input type="checkbox"/> Other _____
* State of Domicile		
Legal Status (i.e. single, married, divorced, co-habit.)		
Number of Dependents		
Social Security Number		
Date of Birth		
Gender		
Date of Marriage/Divorce		
Previous Marriage/ Date		
Name of Employer		
Occupation and Title		
Self-Employed		
Years Employed		
Business Address		
Business Telephone Number		
Business Cell Phone Number		
Business Fax Number		
Business E-Mail Address		

**Primary Legal Residence*

FAMILY/MEMBERS

Please list and specify children, grandchildren, parents or other

Name	Gender	Birth date	Marital Status	Relationship	Dependent y/n

CURRENT ADVISORS

Advisor	Name(s)	Address	Phone	Last Contact
Accountant/CPA				
Attorney				
Insurance Agents (i.e. Auto, Life, Homeowners, Disability, etc.)				
Bank/Trust Officer				
Financial Advisor or Broker				
Power of Attorney				

PERSONAL FINANCIAL PLANNING QUESTIONNAIRE

FAMILY

Do you anticipate having any more children? If so, approximately how many and when?

Client

Co-Client

Do any members of your family have significant health problems? (y/n)
If yes, please explain below:

Client

Co-Client

Are there any special issues or needs regarding the financial situation of your adult children or parents? (y/n) If yes, please explain below:

Client

Co-Client

EDUCATION

Note: In "Family Member," indicate the name of the person who will be receiving the education and their relationship to you. In "Description," include the name of the school and whether it's private primary or secondary school, college, graduate school, etc. In "Special Assets Earmarked," indicate any assets or funds you may have allocated to cover education costs, such as education IRAs or 529 plans.

Family Member and Relation to You	Description	Annual Amount	Start Age	Years	Special Assets Earmarked	Annual Increase in Cost

JOBS AND CAREERS

Do you like your job/career? Please explain.

Client

Co-Client

If you are **now** working, do you intend to stop? If yes, when and for how long?

Client

Co-Client

If you are **not** working, do you intend to work? If yes, when and for how long?

Client

Co-Client

Do you plan to change jobs/careers in the future? If yes, why and when? What are your anticipated additional expenses?

Client

Co-Client

What are your long-term career goals?

Client

Co-Client

FINANCIAL PLANNING GOALS AND OBJECTIVES

Please list your specific financial planning goals and circle their relative importance on a scale of **1** (least important) to **5** (most important).

Goals	Client	Co-Client
	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5

PERSONAL OBJECTIVES

If you are considering any of the following personal objectives, please provide this additional information.

	(y/n)	What	Est. Cost	Est. Date
Are you considering the purchase of another home (residence, vacation, etc.)?				
Are you considering any major home improvements?				
Are you considering making a major durable goods purchase (car, trailer, appliance, etc.) in the near future?				
Are you considering taking a dream vacation in the near future?				
Are you considering securing a home equity loan (i.e. a loan secured by the equity in your home)?				

Please circle the relative importance of each of the following personal objectives on a scale of 1 (least important) to 5 (most important).

Objectives	Client	Co-Client
Saving regularly	1 2 3 4 5	1 2 3 4 5
Making a major purchase (e.g. second home, car)	1 2 3 4 5	1 2 3 4 5
Taking a dream vacation	1 2 3 4 5	1 2 3 4 5
Minimizing personal income taxes	1 2 3 4 5	1 2 3 4 5
Developing or revising your investment strategy	1 2 3 4 5	1 2 3 4 5
Investing for comfortable retirement income	1 2 3 4 5	1 2 3 4 5
Financial independence at age ()	1 2 3 4 5	1 2 3 4 5
Full retirement at age ()	1 2 3 4 5	1 2 3 4 5
Providing for your children's education	1 2 3 4 5	1 2 3 4 5

PERSONAL OBJECTIVES CONTINUED

Please circle the relative importance of each of the following personal objectives on a scale of 1 (least important) to 5 (most important).

Objectives	Client	Co-Client
Providing for your grandchildren’s education	1 2 3 4 5	1 2 3 4 5
Making gifts to relatives	1 2 3 4 5	1 2 3 4 5
Making gifts to charity	1 2 3 4 5	1 2 3 4 5
Minimizing estate tax	1 2 3 4 5	1 2 3 4 5
Determining how your estate assets will be distributed	1 2 3 4 5	1 2 3 4 5
Avoiding probate costs	1 2 3 4 5	1 2 3 4 5
Minimizing the burden of health care costs	1 2 3 4 5	1 2 3 4 5
Distribute wealth to heirs	1 2 3 4 5	1 2 3 4 5
Providing for your family in the event of your or your spouse’s death	1 2 3 4 5	1 2 3 4 5
Providing for your family in the event of your or your spouse’s disability	1 2 3 4 5	1 2 3 4 5
Changing or modifying your career	1 2 3 4 5	1 2 3 4 5
Transfer of control of business to others	1 2 3 4 5	1 2 3 4 5
Transfer of ownership of business to others	1 2 3 4 5	1 2 3 4 5
Having income now	1 2 3 4 5	1 2 3 4 5
Having income at retirement	1 2 3 4 5	1 2 3 4 5
Deferring/reducing income tax	1 2 3 4 5	1 2 3 4 5
Having liquidity	1 2 3 4 5	1 2 3 4 5
Safety of principal	1 2 3 4 5	1 2 3 4 5
Growth of assets	1 2 3 4 5	1 2 3 4 5
Freedom from management	1 2 3 4 5	1 2 3 4 5
Keeping up with inflation	1 2 3 4 5	1 2 3 4 5
Other	1 2 3 4 5	1 2 3 4 5

FINANCIAL PLANNING OBJECTIVES

What would you like financial planning to accomplish for you?

Client

Co-Client

FINANCIAL PLANNING OBJECTIVES CONTINUED

What are your most important short-term (1-2 years) personal/financial goals?

Client

Co-Client

What are your most important intermediate term (2-5 years) personal/financial goals?

Client

Co-Client

What are your most important long-term (5+ years) personal/financial goals?

Client

Co-Client

Are any of your assets earmarked for future use?

Client

Co-Client

INVESTMENT GOALS AND OBJECTIVES

Please indicate the relative importance of each of the following investment objectives on a scale of 1 (least important) to 5 (most important)

Objectives	Client	Co-Client
Current income: Dividends or interest to spend and/or reinvest	1 2 3 4 5	1 2 3 4 5
Liquidity: Ability to quickly convert the investment into cash	1 2 3 4 5	1 2 3 4 5
Capital appreciation: Possibility of original investment gaining in value over time	1 2 3 4 5	1 2 3 4 5
Safety: Little or no danger of losing the investment	1 2 3 4 5	1 2 3 4 5
Tax shelter: Current and/or longer-term tax advantages	1 2 3 4 5	1 2 3 4 5

How did you select your current investments?

Client

Co-Client

Please describe any significant new investments planned in the near future (e.g. stock, direct real estate ownership, real estate limited partnerships, etc.) below:

Client

Co-Client

Are you happy in your home or would you like to move to a bigger or smaller home in the near future?

Client

Co-Client

INVESTMENT GOALS & OBJECTIVES CONTINUED

As an investor, would you consider yourself:

Client _____ conservative, _____ moderate, or _____ aggressive

Co-Client _____ conservative, _____ moderate, or _____ aggressive

What types of investments are you currently most comfortable with?

Client

Co-Client

What types of information influence your investment decisions?

Client

Co-Client

How do you determine the amount of money you wish to save or invest?

Client

Co-Client

Do you feel that you know everything that is necessary to know about your family's financial affairs?

Client

Co-Client

INVESTMENT GOALS & OBJECTIVES CONTINUED

Do you feel your savings and investments are keeping pace with inflation?

Client

Co-Client

In your opinion, how well have your investments performed for you?

Client

Co-Client

Do you feel confident about your ability to manage and invest money?

Client

Co-Client

Do you feel that your investments are adequately diversified?

Client

Co-Client

INVESTMENT GOALS & OBJECTIVES CONTINUED

Do you have any investments you feel tied to for personal reasons – because of gift or inheritance, or because they are in a family business? Please explain.

Client

Co-Client

What is the best financial decision you ever made? Why?

Client

Co-Client

What is the worst financial decision you ever made? Why?

Client

Co-Client

What is the best investment you ever made? Why?

Client

Co-Client

INVESTMENT GOALS & OBJECTIVES CONTINUED

What is the worst investment decision you ever made? Why?

Client

Co-Client

Five years ago, I wish I had invested in:

Client

Co-Client

RETIREMENT

Please circle the answer to the following questions that apply to you.

At what age do you plan to retire? Client _____ Co-Client _____

	Client	Co-Client
Have you invested in tax-deferred annuities or are you considering doing so?	Yes No	Yes No
Are you taking full advantage of elective deferrals (401k and 403b plans)?	Yes No	Yes No
Do you expect to receive any inheritances?	Yes No	Yes No

Note: Please respond to the following only if you are within 10 – 15 years of retirement

	Client	Co-Client
Are you or will you be eligible for social security benefits?	Yes No	Yes No
Have you estimated how much income you will have upon retirement? If so, in terms of today's dollars, what monthly after-tax income would you need or want?	Yes No	Yes No
If you have estimated your retirement income, do you think it is sufficient to live on?	Yes No	Yes No
Will you have the option of taking a lump-sum pension payment at retirement?	Yes No	Yes No
Have you considered alternate places for living when you retire?	Yes No	Yes No
Do you plan to change your lifestyle in retirement? If yes, please explain.	Yes No	Yes No
Do you plan on any employment after retirement? If yes, please estimate your earnings.	Yes No	Yes No
Do you plan to maintain additional residences? If yes, please explain.	Yes No	Yes No
Do you plan on extensive travel or expensive hobbies after retirement? If yes, what is your anticipated annual expenditure?	Yes No	Yes No

GENERAL INSURANCE NEEDS

<i>Are you covered by the following?</i>	Client		Co-Client	
Hospitalization, Major Medical, HMO	Yes	No	Yes	No
Long-Term Care	Yes	No	Yes	No
Short-Term Personal Disability	Yes	No	Yes	No
Long-Term Personal Disability	Yes	No	Yes	No
Personal Umbrella Liability	Yes	No	Yes	No
Professional Liability	Yes	No	Yes	No
Officer/Director's Liability	Yes	No	Yes	No
Automobile	Yes	No	Yes	No
Homeowner's or Renter's	Yes	No	Yes	No
Specified Personal Property (valuables)	Yes	No	Yes	No

In your opinion, do you own too much/too little/adequate life insurance? If you currently own life insurance, how did you determine the amount you purchased?

Client

Co-Client

Have you or a member of your family ever been rated or restricted for disability, life, medical, or long-term care insurance? If yes, who and why?

Client

Co-Client

What monthly after-tax income would you feel you would need in the event of disability?

Client

Co-Client

What plans do you have in the event of a disability or premature death?

Client

Co-Client

INCOME TAX PLANNING

Do you expect your income tax deductions to be the same as last year's? If no, explain.

Client

Co-Client

Do you make quarterly estimated tax payments? If so, how much?

Client

Co-Client

My attitude about my current tax situation is:

Client

Co-Client

Do you have any special tax transactions which need evaluation? (For Example: Rental Property, Options, Alternative Minimum Tax, or Specific Investments.)

Client

Co-Client

INCOME TAX PLANNING CONTINUED

Do you have any unused charitable deductions or carryovers?

Client

Co-Client

Do you have any carryovers related to a vacation home, AMT, depreciation or net operating losses?
Discuss with Tax Advisor if unsure.

Client

Co-Client

Are you currently paying Alternative Minimum Tax? **Client** **Co-Client**
 Yes No Yes No

If you have a business, please provide a copy of Business Tax Return and related depreciation schedules.

ESTATE PLANNING

Note: Please provide copies of your wills and trusts, even if you answer the following questions.

WILLS (list only if statements are not provided)

	Client		Co-Client	
Do you have a will?	Yes	No	Yes	No
Are there any amendments to the will?	Yes	No	Yes	No
Are you planning to make any changes to the will?	Yes	No	Yes	No
Have you designated the distribution of personal property to heirs?	Yes	No	Yes	No
Is the will up-to-date? Please specify dates of wills.	Yes	No	Yes	No

TRUSTS (list only if statements are not provided)

	Client		Co-Client	
Do you receive income from any trusts?	Yes	No	Yes	No
Have you created a trust as part of your will?	Yes	No	Yes	No
Do you expect to be named beneficiary of a trust?	Yes	No	Yes	No
Please specify any special instructions or guardians.				

FAMILY ISSUES

	Client		Co-Client	
Do you have a letter of instructions that provides information about insurance policies, investments, funeral preferences, etc.?	Yes	No	Yes	No
Have you discussed the contents and whereabouts of your will and letter of instructions with your immediate family?	Yes	No	Yes	No
If applicable, have you appointed a financial guardian for your children?	Yes	No	Yes	No
Have you ever established an adult guardianship arrangement for yourself in the event you become disabled or mentally incompetent?	Yes	No	Yes	No

IN THE EVENT OF PREMATURE DEATH;

	Client		Co-Client	
Would you like the family to have cash reserve available to clear up debts, taxes and immediate obligations?	Yes	No	Yes	No
Would you like your present mortgage paid off?	Yes	No	Yes	No
Would you like to provide education funds for your children/grandchildren?	Yes	No	Yes	No
Would you like supplementary income for the co-client throughout his/her lifetime or children until they complete high school?	Yes	No	Yes	No
Would you like emergency/opportunity funds available for special needs for family members? If so, how much?	Yes	No	Yes	No
Who would you like to manage your assets if you were to die or become incapacitated?				

Please give us your opinion(s).

YOUR OPINION VERSUS LASSUS WHERLEY PLAN ASSUMPTIONS

In preparation of your plan, certain assumptions are made in the following areas. If you would like us to consider different assumptions, please give us your opinion, and your supporting reasons.

	LW	Client	Co-Client
Retirement Age	65 Years		
Life Expectancy (Age)	100 Years		
Inflation Rate	4 %		
Average Annual Return	8 %		

Please discuss the reasons for your difference of opinion.

Client

Co-Client

ACCURACY OF INFORMATION SUPPLIED

Overall, how would you classify the information you provided in this questionnaire? Please check the appropriate box.

	Client	Co-Client
Very accurate		
Based on estimates that are reasonably accurate		
Based on rough estimates		

Please enter any other information you feel we need to know and/or would be relevant to your financial plan.

Client

Co-Client

CURRENT STRATEGIES

The following questions ask you to share with us any financial strategies you may currently be using.

(i.e. regular savings to an investment, additional payments toward a loan principal, etc.).

SAVINGS (regular, made on a periodic basis)

Note: Please use the following section to list Savings plans in which you or your co-client are already taking part, or may wish to begin.

Asset Name	Owner	Amount	Frequency	Index to Inflation (y/n)

LUMP SUM (savings made in one or more lump sums)

Asset Name	Owner	Amount	Index to Inflation (y/n)

SURPLUS (savings put towards an asset using surplus cash at year end)

Asset Name	Owner	% of Surplus

EMPLOYER SPONSORED PENSIONS (savings put into plans, established by the employer)

Asset Name	Employer Amount	Employee Amount	Frequency	Index to Inflation (y/n)

LEVERAGE (loans taken out for the purposes of investing)

Liability Name	Asset Name	Amount	Date (when leverage will occur)	Units to Buy

CURRENT STRATEGIES CONTINUED

REGULAR DEBT REDUCTION (Any payments made directly toward the principal of an existing loan. These are over and above the required payments that are automatically defined for the liability.)

Liability Name	Owner	Amount	Frequency	Index to Inflation (y/n)

LUMP SUM DEBT REDUCTION (Payments made in one or more lump sums toward the principal of an existing loan. These are over and above the required payments that are automatically defined for the liability.)

Liability Name	Owner	Amount	Index to Inflation (y/n)

SURPLUS DEBT REDUCTION (savings put toward the principal of an existing loan using surplus cash at year end)

Liability Name	Owner	% of Surplus

TAX PLANNING (regular, done on a periodic basis)

Note: Please use the following section to describe Tax Planning strategies in which you or your co-client are already taking part, or may wish to begin.

	Client	Co-Client
Credits		
Shelters		
Family Employment		
Stock Option Exercises		

OTHER PLANNING

Note: Please describe any Other Planning strategies not listed in which you or your co-client are already taking part, or may wish to begin.

Use the following pages to provide information on your income and expenses.
Quicken-type reports, spreadsheets or even handwritten summaries are acceptable in lieu of completing these pages.
Please provide a full year's worth of expenses.

INCOME SOURCES

EMPLOYMENT INCOME (current year)

	Client	Co-Client
Gross Salary		
Bonus		
Commissions		
Self-Employment		
Other:		

INCOME FROM INVESTMENTS (current year)

	Client	Co-Client	Joint
Interest – Taxable			
Interest – Non-taxable			
Dividends			
Rental Income – Net			
Partnership Distribution Income			
Annuities			
Trusts and Estates			
Social Security			
Pension			
Other:			

MISCELLANEOUS INCOME (current year)

	Client	Co-Client	Joint
Gifts from Others			
Sale of Assets			
Alimony			
Child Support			
Other:			

INCOME TRENDS OVER THE NEXT THREE YEARS

Employment Income	20__	20__	20__
Client			
Co-Client			

EXPENDITURES

Note: Use estimates where appropriate. You may provide totals for “bold” categories if details are not available.

LIVING EXPENSES

	Current Annual	Increased/Decreased % or Same
Housing		
Monthly Principal & Interest Payment		
Insurance		
Taxes		
Telephone		
Utilities		
Repairs/Maintenance		
Other:		
Food		
Clothing		
Transportation		
Automobile Payments		
Repairs/Maintenance		
Insurance		
Other:		
Medical		
Insurance		
Doctors/Dentists (not reimbursed)		
Other:		
Other Insurance		
Life		
Personal Liability		
Disability		
Long-Term Care		
Other:		
Debt Payments		

LIVING EXPENSES CONTINUED

	Current Annual	Increased/Decreased % or Same
Recreation		
Dining Out		
Vacations		
Other:		
Miscellaneous		
Education		
Gifts		
Contributions		
Personal Grooming		
Allowances		
Hobbies		
Other:		
Current Savings		
IRA/Keogh/401(k)		
Other Retirement		
Non-Retirement		
Education		
Other:		

We need information on your credit cards, loans, or other liabilities and information about your home(s). If you have documents or statements that give this information, we would rather have those instead of you completing these pages.

LOANS, CREDIT CARDS AND OTHER LIABILITIES

	Owner (Client, Co-Client, Joint)	Start Date	Interest Rate	Payment Type	Amortization (Years)	Payment Amount	Payment Frequency	Outstanding Principal Amount	Outstanding Principal Date
Bank Loans									
Student Loans									
Insurance Policy Loans									
Personal Loans									
Installment Debt									
Major Credit Cards									
Store Charges									
Other Unpaid Bills									
Broker's Margin Accounts									
Alimony/Support Obligations									
Charitable Pledges									

Please include liabilities (excluding real estate mortgages and home equity loans).

REAL ESTATE OWNED – PERSONAL USE

(A) Personal Residence (Principal residence only – Real Estate Investments will be defined later)

Purchase Amount	Purchase Date	Owner	Current Market Value	Growth Rate	Community Property (y/n)

(1A) Mortgage (For the above residence, exclude property taxes from Principal and Interest Payments)

Original Principal	Owner	Start Date	Interest Rate	Amortization (Years)	Payment Frequency	Outstanding Principal Amount	Outstanding Principal Date	Insured (y/n)

(2A) 2nd Mortgage or Equity Line of Credit (For the above residence)

Original Principal	Owner	Start Date	Interest Rate	Amortization (Years)	Payment Frequency	Outstanding Principal Amount	Outstanding Principal Date	Insured (y/n)

(B) Vacation or Second Home (If there are additional properties, please make copy of this page)

Purchase Amount	Purchase Date	Owner	Current Market Value	Growth Rate	Community Property (y/n)

(1B) Mortgage (For the above residence, exclude property taxes from Principal and Interest Payments)

Original Principal	Owner	Start Date	Interest Rate	Amortization (Years)	Payment Frequency	Outstanding Principal Amount	Outstanding Principal Date	Insured (y/n)

(2B) 2nd Mortgage or Equity Line of Credit (For the above residence)

Original Principal	Owner	Start Date	Interest Rate	Amortization (Years)	Payment Frequency	Outstanding Principal Amount	Outstanding Principal Date	Insured (y/n)

The following two pages identify the types of information needed in each of these areas. Use them as a checklist to identify the separate documents that you need to provide to us. We would prefer original documents.

ASSETS

Note: Please provide copies of your most recent investment statements including bank accounts and retirement accounts.

	Number of Accounts	Furnished (yes/no)	Not Applicable
Bank Accounts (Individual, Joint, Other) Includes: Cash, Checking, Savings, CD's			
Brokerage Accounts (Individual, Joint, Other) Includes: Money Market Funds, Mutual Funds, etc.			
Treasury Securities (Individual, Joint, Other)			
U.S. Savings Bonds (Individual, Joint, Other)			
DRIP – Dividend Reinvestment Plan (Individual, Joint, Other)			
Stock Certificates (Individual, Joint, Other)			
Coupon Bonds (Individual, Joint, Other)			
Employee Stock Option Plans – Attach statement and company plan document			
Deferred Annuities			
Deferred Compensation Statements			
Limited Partnership Interests – Please provide most recent K-1 for tax prep.			
Closely- Held Business Interests – Please attach most recent financial statements			
Other Investments			

STOCKS / BOND OR STOCK MUTUAL FUNDS (If Date of Purchase and Cost information are provided on your statements, you do not have to complete this section.)

Name	# of Shares	Date of Purchase	Cost	Furnished (yes/no)	Not Applicable

RECEIVABLES (i.e. money owed to client and/or co-client)

Name	Furnished (yes/no)	Not Applicable

REAL ESTATE OWNED – INVESTMENT (excluding limited partnerships)

Description	Ownership	Cost	Approximate Market Value	Mortgage(s) Outstanding	Monthly Payment

PERSONAL PROPERTY (enter estimated market value)

	Client	Co-Client	Joint	Other
Furniture and Household Goods				
Jewelry and Furs				
Automobiles, Trailers, etc.				
Boats, Aircraft, etc.				
Art and Antiques				
Other Collectibles				

EMPLOYER SPONSORED INSURANCE PLANS

LIFE INSURANCE

Insurance Company	Insured	Face Value	Owner	Beneficiary	Contingent Beneficiary	Premium

HEALTH INSURANCE

Description	Insured Member	Effective Date	Monthly Benefit	Taxable (y/n)	Monthly Premium	Waiting Period	Coverage Applies Until Age

DISABILITY INSURANCE

Description	Insured Member	Effective Date	Monthly Benefit	Taxable (y/n)	Monthly Premium	Waiting Period	Coverage Applies Until Age

LONG-TERM CARE POLICIES

Description	Insured Member	Effective Date	Monthly Benefit	Taxable (y/n)	Monthly Premium	Waiting Period	Coverage Applies Until Age