

## Documents Needed to Complete Your Financial Plan

As we work together to create your Financial Plan, we ask that you provide the documents listed below for study and analysis. We will be able to pull all of the needed information from these documents. The more detailed information you provide, the more accurate your Financial Plan will be. If you need to list more information, please insert additional pages. It is understood that these materials will be treated confidentially and may be returned to you when the Financial Plan is completed or earlier if requested.

If you need any assistance, please feel free to contact us at (800) 388-9700. We look forward to working with you.

- Most recent payroll stub(s)
- Savings and Investment Statements
- Retirement Plan Statements
- Individual Annuity Contracts & Statements
- Last 2-3 years Tax returns
- Liability Statements (i.e. Mortgage, Car, etc)
- Social Security estimate statement
- Wills & Trusts
- Insurance: Policy & Statements (i.e. Life, Disability Long-term Care, Health, Medicare Supplement)
- Employer-provided benefit statements and booklets
- Business documents (business owner)  
Buy-sell agreements, stock options, deferred comp

## Financial Objectives

Please rank the following Financial Objectives in their order of importance to you (1-14) with **1 being the most important**. Then indicate whether each item is **(V)ery Important**, **(M)oderately Important**, **(S)lightly Important** or **(NA)Not Applicable**

Lifetime Objectives	Spouse 1		Spouse 2	
	Ranking	Importance	Ranking	Importance
- Funds for Children's and/or Grandchildren's Education	_____	_____	_____	_____
- Comfortable Retirement	_____	_____	_____	_____
- Provide for Family in Event of Death or Disability	_____	_____	_____	_____
- Increase Net Worth	_____	_____	_____	_____
- Reduce Income Taxes	_____	_____	_____	_____
- Remain in Current Residence during retirement	_____	_____	_____	_____
- Other _____	_____	_____	_____	_____
- Other _____	_____	_____	_____	_____
Estate Planning Objectives	Spouse 1		Spouse 2	
- Provide Funds for Long-Term Care	_____	_____	_____	_____
- Maximize Heirs Inheritance	_____	_____	_____	_____
- Strategies to reduce taxable estate	_____	_____	_____	_____
- Simplify settlement of my estate, reduce probate costs	_____	_____	_____	_____
- Other <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>	_____	_____	_____	_____
- Other <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>	_____	_____	_____	_____

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## Personal Information

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### 1. Personal Information

Age you Plan to Retire: \_\_\_\_\_

\_\_\_\_\_  
Title                      First Name                      Last Name                      Date of Birth                      Last 4-digits of SS #

\_\_\_\_\_  
Gender                      Marital Status                      Citizenship                      email address

\_\_\_\_\_  
Home Phone #                      Business Phone #                      Cell Phone #                      Fax #

\_\_\_\_\_  
Street Address                      City                      State                      Zip Code

### 2. Personal Information

Age you Plan to Retire: \_\_\_\_\_

\_\_\_\_\_  
Title                      First Name                      Last Name                      Date of Birth                      Last 4-digits of SS #

\_\_\_\_\_  
Gender                      Marital Status                      Citizenship                      email address

\_\_\_\_\_  
Home Phone #                      Business Phone #                      Cell Phone #                      Fax #

\_\_\_\_\_  
Street Address                      City                      State                      Zip Code

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## Your Compak Advisor

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\_\_\_\_\_  
Advisor Name

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## Dependents (claimed as Dependents on your tax return)

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Check here if None

### 1. Dependent

Gender

First Name

Last Name

Date of Birth

Relationship

Citizenship

State

### 2. Dependent

Gender

First Name

Last Name

Date of Birth

Relationship

Citizenship

State

### 3. Dependent

Gender

First Name

Last Name

Date of Birth

Relationship

Citizenship

State

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## Education Goals

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### 1. Educational Goals

Family Member

Start Age

Years to Attend

% you wish to fund

Projected annual cost (today)

Public / Private

College name (if known)

### 2. Educational Goals

Family Member

Start Age

Years to Attend

% you wish to fund

Projected annual cost (today)

Public / Private

College name (if known)

### 3. Educational Goals

Family Member

Start Age

Years to Attend

% you wish to fund

Projected annual cost (today)

Public / Private

College name (if known)

## Property Assets (Residence, Vacation Homes, Rentals, Cars, Collectibles, etc.)

### 1. Personal Property Asset

Description	Owner(s)	Purchase Date
Purchase Amount	Current Market Value	Date of Valuation
		Current Cost Basis

### 2. Personal Property Asset

Description	Owner(s)	Purchase Date
Purchase Amount	Current Market Value	Date of Valuation
		Current Cost Basis

### 3. Personal Property Asset

Description	Owner(s)	Purchase Date
Purchase Amount	Current Market Value	Date of Valuation
		Current Cost Basis

### 4. Personal Property Asset

Description	Owner(s)	Purchase Date
Purchase Amount	Current Market Value	Date of Valuation
		Current Cost Basis

## Real Estate Assets (Rental Properties)

### 1. Real Estate Asset

Check here if None:

Description	Owner(s)	Current Market Value
Purchase Amount	Date of Purchase	Cost Basis
	Rent	Annual Exp. (do not include Mortgage)

### 2. Real Estate Asset

Description	Owner(s)	Current Market Value
Purchase Amount	Date of Purchase	Cost Basis
	Rent	Annual Exp. (do not include Mortgage)

## Qualified Portfolio Assets (i.e. IRA, 401(k), 403(b), 457, SEP, Roth)

### 1. Qualified Portfolio Asset

Check here if None:

Description	Owner(s)	Beneficiary	
Current Statement Balance	Date of Statement	Contribution Basis (pre-tax, post-tax or both - How much?)	
Employee Contribution - \$	Frequency	Employer Contribution % or \$	Frequency

### 2. Qualified Portfolio Asset

Description	Owner(s)	Beneficiary	
Current Statement Balance	Date of Statement	Contribution Basis (pre-tax, post-tax or both - How much?)	
Employee Contribution - \$	Frequency	Employer Contribution % or \$	Frequency

### 3. Qualified Portfolio Asset

Description	Owner(s)	Beneficiary	
Current Statement Balance	Date of Statement	Contribution Basis (pre-tax, post-tax or both - How much?)	
Employee Contribution - \$	Frequency	Employer Contribution % or \$	Frequency

### 4. Qualified Portfolio Asset

Description	Owner(s)	Beneficiary	
Current Statement Balance	Date of Statement	Contribution Basis (pre-tax, post-tax or both - How much?)	
Employee Contribution - \$	Frequency	Employer Contribution % or \$	Frequency

### 5. Qualified Portfolio Asset

Description	Owner(s)	Beneficiary	
Current Statement Balance	Date of Statement	Contribution Basis (pre-tax, post-tax or both - How much?)	
Employee Contribution - \$	Frequency	Employer Contribution % or \$	Frequency

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## Non-Qualified Portfolio Assets (i.e. Checking, Savings, Stock and mutual fund accounts)

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### 1. Non-Qualified Portfolio Asset

Check here if None:

Description	Owner(s)	Community Property (Y/N)
Savings amount	Frequency	Purchase Date (if one date)

### 2. Non-Qualified Portfolio Asset

Description	Owner(s)	Community Property (Y/N)
Savings amount	Frequency	Purchase Date (if one date)

### 3. Non-Qualified Portfolio Asset

Description	Owner(s)	Community Property (Y/N)
Savings amount	Frequency	Purchase Date (if one date)

### 4. Non-Qualified Portfolio Asset

Description	Owner(s)	Community Property (Y/N)
Savings amount	Frequency	Purchase Date (if one date)

### 5. Non-Qualified Portfolio Asset

Description	Owner(s)	Community Property (Y/N)
Savings amount	Frequency	Purchase Date (if one date)

### 6. Non-Qualified Portfolio Asset

Description	Owner(s)	Community Property (Y/N)
Savings amount	Frequency	Purchase Date (if one date)

## Loans (Residence, Rentals, Home-Equity, Business, Cars, Credit Cards)

**1. Loan**

Check here if None:

Description	Owner(s)	Orig. Loan Amount	Current Loan Bal.
Begin. Loan Date	End Loan Date	Interest %	Payment
			Loan Type

**2. Loan**

Description	Owner(s)	Orig. Loan Amount	Current Loan Bal.
Begin. Loan Date	End Loan Date	Interest %	Yrs to Amtz
		Payment	Loan Type

**3. Loan**

Description	Owner(s)	Orig. Loan Amount	Current Loan Bal.
Begin. Loan Date	End Loan Date	Interest %	Payment
			Loan Type

**4. Loan**

Description	Owner(s)	Orig. Loan Amount	Current Loan Bal.
Begin. Loan Date	End Loan Date	Interest %	Payment
			Loan Type

**5. Loan**

Description	Owner(s)	Orig. Loan Amount	Current Loan Bal.
Begin. Loan Date	End Loan Date	Interest %	Payment
			Loan Type

Comments:

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## Income Information

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### 1. Employer Info

Family Member	Employer Name	
Title	Occupation	
Income Type (i.e. Salary, 1099)	Amount	Frequency

### 2. Employer Info

Family Member	Employer Name	
Title	Occupation	
Income Type (i.e. Salary, 1099)	Amount	Frequency

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## OTHER INCOME - Pensions, Social Security, Other Compensations

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### 1. Income

Description	Family Member	
Income Type	Amount	Frequency

### 2. Income

Description	Family Member	
Income Type	Amount	Frequency

### 3. Income

Description	Family Member	
Income Type	Amount	Frequency



## Pensions

### Income-Based Pensions (Payments to Begin in the Future)

#### 1. Income-Based Pension

Click Here if None

Description	Family Member	Benefit Start Date	Benefit Amount
Does the Benefit Amount increase annually for inflation?	Benefit Frequency		Spousal Survivor %

#### 2. Income-Based Pension

Description	Family Member	Benefit Start Date	Benefit Amount
Does the Benefit Amount increase annually for inflation?	Benefit Frequency		Spousal Survivor %

### Social Security Benefits (From your SSA Estimated Benefits Statement)

If you submit copies of your most recent SSA Estimated Benefit Statement(s), it is not necessary to complete the Social Security section of this page, we will complete it for you.

#### 1. Social Security Benefit

Family Member

Click Here if None

##### Monthly Retirement Benefit

at Age 62 \_\_\_\_\_

at Full Retirement Age \_\_\_\_\_

at Age 70 \_\_\_\_\_

##### Survivor Benefits

Your Child \_\_\_\_\_

Your Spouse Caring for Your Child \_\_\_\_\_

Your Spouse at Full Retirement Age \_\_\_\_\_

Total Family Benefit \_\_\_\_\_

##### Monthly Disability Benefit

\_\_\_\_\_

#### 2. Social Security Benefit

Family Member

##### Monthly Retirement Benefit

at Age 62 \_\_\_\_\_

at Full Retirement Age \_\_\_\_\_

at Age 70 \_\_\_\_\_

##### Survivor Benefits

Your Child \_\_\_\_\_

Your Spouse Caring for Your Child \_\_\_\_\_

Your Spouse at Full Retirement Age \_\_\_\_\_

Total Family Benefit \_\_\_\_\_

##### Monthly Disability Benefit

\_\_\_\_\_

## EXPENSE INFORMATION

### Monthly Living Expenses (Personal Only - Do NOT include Business or Rental Expenses)

#### HOUSING

Mortgage (P&I)/Rent \_\_\_\_\_  
 Equity Line (P&I) \_\_\_\_\_  
 Property Taxes \_\_\_\_\_  
 Home Insurance \_\_\_\_\_  
 HOA Fees \_\_\_\_\_  
 Gardening/Cleaning/ Pool Services \_\_\_\_\_  
 Maintenance/Improvements \_\_\_\_\_

#### Utilities

Electric \_\_\_\_\_  
 Gas \_\_\_\_\_  
 Telephone/Cell/TV/Internet \_\_\_\_\_  
 Water/Sewer/Trash \_\_\_\_\_

#### Food

Groceries \_\_\_\_\_  
 Restaurants \_\_\_\_\_  
 Other food related \_\_\_\_\_

#### Car Expenses

Loan Payments \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Gasoline \_\_\_\_\_  
 Repairs/Maintenance \_\_\_\_\_  
 Registration \_\_\_\_\_  
 Other car expenses \_\_\_\_\_

#### Charitable Donations

Religious Donations \_\_\_\_\_  
 Other Cash Donations \_\_\_\_\_

#### Entertainment/Recreation

Gym/Club Dues \_\_\_\_\_  
 Hobbies \_\_\_\_\_  
 Allowance to children \_\_\_\_\_  
 Daycare/Babysitting \_\_\_\_\_  
 Other related expenses \_\_\_\_\_  
 Vacations \_\_\_\_\_

#### Medical Expenses

Insurance premiums \_\_\_\_\_  
 Out of pocket \_\_\_\_\_  
 Other medical related \_\_\_\_\_

#### Other Insurance Premiums

Life \_\_\_\_\_  
 Disability \_\_\_\_\_  
 Long Term Care \_\_\_\_\_  
 Professional Liability \_\_\_\_\_

#### Family & Personal Needs

Gifts to Family & Friend \_\_\_\_\_  
 Clothing Purchases \_\_\_\_\_  
 Landry/Dry Cleaning \_\_\_\_\_  
 Barber/Hairdresser \_\_\_\_\_  
 Books/Magazines Subscrip \_\_\_\_\_  
 Household Supplies \_\_\_\_\_  
 Continuing Education \_\_\_\_\_  
 Professional Dues \_\_\_\_\_  
 Tax Preparation \_\_\_\_\_

#### Miscellaneous

Child Support \_\_\_\_\_  
 Alimony \_\_\_\_\_  
 Pet Food/Care \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_



