



COMPREHENSIVE  
PERSONAL FINANCIAL PLANNING  
PROCESS

**LET'S GET STARTED!**  
Part III: Quantitative Data

Your Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Statements and Documents**

This is the hard part! But we try to make it as easy as possible for you!  
Please provide copies of the following documents or list the information as applicable.

**Please provide statements; list information ONLY if statements are not available or if statements do not provide the details requested.**

If you provide originals, we will copy and return originals to you. Please identify originals.  
Please provide all information or mark "N/A" if not applicable or available.

**Assets:** What you own

\_\_\_\_\_ Household Checking Account(s)

<u>Bank or Firm Name</u>	<u>Dollar Value</u>	<u>Owner Title</u>
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Household Bank Savings & Money Market Accts. (Excluding Brokerage Money Market Accts.)

<u>Bank or Firm Name</u>	<u>Dollar Value</u>	<u>Owner Title</u>
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Certificates of Deposit

<u>Bank or Firm Name</u>	<u>Dollar Value</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Ownership Title</u>
_____	_____	_ / _ / _	_ %	_____
_____	_____	_ / _ / _	_ %	_____
_____	_____	_ / _ / _	_ %	_____
_____	_____	_ / _ / _	_ %	_____

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**Let's Get Started! Part III: Quantitative Information (Page 2)**

**Investment Assets:**

- \_\_\_\_\_ Stocks, bonds, mutual funds, IRA's, Annuities.
- \_\_\_\_\_ Tax Cost Basis Records: \_\_\_\_\_ Provided or \_\_\_\_\_ Available if needed
- \_\_\_\_\_ Written Confirmation of IRA Primary and Secondary Beneficiaries
- \_\_\_\_\_ Children's Custodian Account Applications: To age 18 or 21?
- \_\_\_\_\_ College 529 Savings Plans
- \_\_\_\_\_ U.S. Savings Bonds: Please provide list, report or copies.
- \_\_\_\_\_ Employer Retirement Plans; Statement(s) & Investment Choices, if applicable.
- \_\_\_\_\_ Employer Retirement Benefit Plan Booklet(s) or "Summary Plan Description(s)" especially "Defined Benefit" Pension Plan that pays a monthly benefit at retirement
- \_\_\_\_\_ Non-Qualified or Deferred Compensation Plan Documents, if applicable.
- \_\_\_\_\_ Written Confirmation of IRA/Retirement Plan Primary & Secondary Beneficiaries.
- \_\_\_\_\_ Employer Stock Option Grants, if applicable. Provide option document.
- \_\_\_\_\_ Money Owed To You: Note Receivable or Promissory Note

\_\_\_\_\_ Copy of Real Estate Deed(s). Name(s) on Deed: \_\_\_\_\_  
Name(s) on Mortgage: \_\_\_\_\_  
Year Home was Built \_\_\_\_\_ Year Home was Purchased \_\_\_\_\_

**Also provide for any other real estate you personally own.**

**Liabilities:** What you owe

\_\_\_\_\_ Mortgage document(s), Statement(s).  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Mortgage Date (Original or Refinanced)  
Mortgage Lender \_\_\_\_\_

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**Let's Get Started! Part III: Quantitative Information (Page 3)**

\_\_\_\_\_ Home Equity Loan(s) Statement(s).

\_\_\_\_\_ Do you have a Home Equity Line of Credit? \_\_\_\_\_ Maximum Limit: \$\_\_\_\_\_

\_\_\_\_\_ Credit card statements, only if not paid off in full monthly

\_\_\_\_\_ Other loan obligations.

**Car Information**

\_\_\_\_\_ Car Loan and/or Lease Documents:  
(please indicate if employer car allowance or company car provided)

	Year, Make & Model	#Miles	Primary Driver	Own, Loan or Lease	Monthly Pmt.	Month/Yr Pmt. Ends
Car #1	_____	_____	_____	_____	_____	_____
Car #2	_____	_____	_____	_____	_____	_____
Car #3	_____	_____	_____	_____	_____	_____
Car #4	_____	_____	_____	_____	_____	_____

	Expected Replacement Year	Expected Replacement Cost after Trade-in or Net of Resale	Expected Replacement Cycle Every # of Years
Car #1	_____	_____	_____
Car #2	_____	_____	_____
Car #3	_____	_____	_____
Car #4	_____	_____	_____

**Income and Expense Information:**

Income

\_\_\_\_\_ Income Tax Returns; Most recent Federal & State & City with all schedules.

\_\_\_\_\_ W-2 Wage statement(s)

\_\_\_\_\_ Recent payroll stub(s):

Indicate if paid: \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly  
 \_\_\_\_\_ Bi-Weekly (every 2 wks.- 26 times a year)  
 \_\_\_\_\_ Bi-Monthly (twice a month - 24 times a year)



**Let's Get Started! Part III: Quantitative Information (Page 4)**

\_\_\_\_\_ Social Security 1099, 1099R from retirement plan or IRA.

\_\_\_\_\_ Social Security Annual Statement of Estimated Benefits

<u>Client</u>	<u>CoClient</u>	
\$ _____	\$ _____	Base Salary
\$ _____	\$ _____	Commissions
\$ _____	\$ _____	Bonus
\$ _____	\$ _____	Incentive Compensation
\$ _____	\$ _____	Social Security: ____ After Medicare ____ Before Medicare
\$ _____	\$ _____	Pension or Annuity: <b>Survivor Options:</b> _____ % _____ %
\$ _____	\$ _____	Other Earned Income (Consulting, Board of Director fee)
\$ _____	\$ _____	Totals

Please describe how much your Commission, Bonus or Incentive Compensation may vary from year to year (when and how often it is paid – i.e., monthly, quarterly, annually).

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Expenses

\_\_\_\_\_ Expense or Cash Flow Annual Report from Personal Software System (Quicken, etc.)  
or fill in the Expenses section below.

\$ \_\_\_\_\_ Estimated Average Living Expenses or Income Need

Indicate: \_\_\_\_ Monthly \_\_\_\_ Annually

Indicate: \_\_\_\_ Including Income Taxes \_\_\_\_ Excluding Income Taxes

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**Let's Get Started! Part III: Quantitative Information (Page 5)**

\$ \_\_\_\_\_ Estimated After-Tax Savings (or, if deficit, use minus sign)

Indicate: \_\_\_ Monthly \_\_\_ Annually  
(Do not include pre-tax contributions to retirement plans.)

\$ \_\_\_\_\_ Charitable Gifts Annually: Goal: \_\_\_\_\_ % of Income \_\_\_\_\_ % of Assets

Charitable Gifts: \$ \_\_\_\_\_ Cash or Check \$ \_\_\_\_\_ Stock or Mutual Fund Shares

Do you use a Personal Finance Software system like Quicken, Mint.com, bank website program or your own Excel or ledger sheet? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please specify what you use: \_\_\_\_\_

If no to the above, would you be open to or interested in starting to use Quicken or Mint.com?

\_\_\_ Yes \_\_\_ No \_\_\_ May be \_\_\_ Don't know anything about them

History and Future Projections

1. Please describe the trend or amount of change in your income or expenses over the past three years.

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2. Please identify any changes or trends in your income or expenses that you may see over the next three years.

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**Let's Get Started! Part III: Quantitative Information (Page 6)**

**Insurance:**

Employer Plans:

\_\_\_\_\_ Employer Benefit Plan Booklet or "Summary Plan Description" for:

\_\_\_\_\_ Disability Income (Short-term; generally less than 6 months or 1 year)

\_\_\_\_\_ Disability Income (Long-term; generally more than 6 months or 1 year)

\_\_\_\_\_ Long-Term Care Insurance (Nursing Home, etc.)

\_\_\_\_\_ Health Insurance, including premium costs you share, deductibles or co-pays.

\_\_\_\_\_ **What are the provisions for retirement and/or surviving spouse?**

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\_\_\_\_\_ Life insurance

\_\_\_\_\_ Written Confirmation of Primary & Secondary Beneficiaries.

Individual Policies You Own:

Please provide the policies or summary pages:

\_\_\_\_\_ Disability Income

\_\_\_\_\_ Long-Term Care (Nursing home, etc.)

\_\_\_\_\_ Home and Auto

\_\_\_\_\_ Do you have an umbrella liability policy? \$ Amount? \_\_\_\_\_

\_\_\_\_\_ Health Insurance or Medicare Supplement

\_\_\_\_\_ Life Insurance

\_\_\_\_\_ Written Confirmation of Primary & Secondary Beneficiaries.

\_\_\_\_\_ Life Insurance Policy Annual Statements, except for Term policies.

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**Let's Get Started! Part III: Quantitative Information (Page 7)**

**Internet Access Information**

To serve your personal financial planning and investment advisory needs, we may request and you may provide us with website address, user name and password information for certain accounts.

Examples may include Employer Retirement Plans, Employer Stock Option Plans, Insurance Company Annuity Accounts, College Savings 529 Plans or others.

Prior to providing us with this information, you may wish to change User Names and/or Passwords so that they are different from other User Names and/or Passwords that you commonly use or are different from the User Names and/or Passwords that you use on other accounts or websites where you do not want us to have access. We may have to ask for security questions and answers separately.

Our use of these websites is strictly defined in our client agreement.

Please identify each website with a description such as “Bob’s 401(k) Plan” or “Jane’s 529 College Savings Plan”. Website address is usually: www.\_\_\_\_\_.com, etc.

Account Description: \_\_\_\_\_

Website Address: \_\_\_\_\_

User Name: \_\_\_\_\_

Password: \_\_\_\_\_

Account Description: \_\_\_\_\_

Website Address: \_\_\_\_\_

User Name: \_\_\_\_\_

Password: \_\_\_\_\_

Account Description: \_\_\_\_\_

Website Address: \_\_\_\_\_

User Name: \_\_\_\_\_

Password: \_\_\_\_\_

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**Let's Get Started! Part III: Quantitative Information (Page 8)**

Please attach a separate sheet if more space is needed.

**Website Addresses, User Names & Passwords Location:**

Do family members and Executor of your Estate know where these Website Addresses, User Names & Passwords are kept?:  Yes  No

Location of Website Addresses, User Names & passwords:

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**Estate Planning**

Put a "Y" for Yes and "N" for No if you have the following documents:

We will ask you to provide a copy of each in paper or electronic form.

Client	CoClient	Document
_____	_____	Advanced Directives for Health Care (Durable Power of Attorney for Health Care and Living Will) Dated (or Year):_____ Original Located:_____
_____	_____	Power of Attorney (for Financial Affairs) Dated (or Year):_____ Original Located:_____
_____	_____	Last Will and Testament Dated (or Year):_____ Original Located:_____
_____	_____	Living Trust Dated (or Year):_____ Original Located:_____
_____	_____	Irrevocable Life Insurance Trust Dated (or Year):_____ Original Located:_____
_____	_____	Have you ever lived in a community property state? (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, or Washington state)
_____	_____	Is Ohio your legal state of residence? If not, _____
_____	_____	Are you a U.S. citizen? (Indicate if you have dual citizenship.)
_____	_____	Have you ever filed a Federal Gift Tax return?

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- \_\_\_\_\_    \_\_\_\_\_    If you are married, but this is not a first marriage for either spouse, do you have a pre-nuptial agreement?
  
- \_\_\_\_\_    \_\_\_\_\_    What year did you last review beneficiary designations on life insurance policies, IRA's and employee benefit plans?
  
- \_\_\_\_\_    \_\_\_\_\_    Have you pre-planned &/or pre-paid funeral/burial arrangements?
  
- \_\_\_\_\_    \_\_\_\_\_    What year was your estate plan last updated or reviewed with your attorney?
  
- \_\_\_\_\_    \_\_\_\_\_    Do you have a donor advised fund at a community foundation?  
(i.e. Greater Cincinnati Foundation)

Bank Safe Deposit Box: Bank, branch location/address, Box#:

\_\_\_\_\_

Do family members and Executor of your Estate know where key is kept?: \_\_\_\_\_

Location of Key: \_\_\_\_\_

Home Safe/Lockbox Location: \_\_\_\_\_

Do family members and Executor of your Estate know where key is kept?: \_\_\_\_\_

Location of Key: \_\_\_\_\_

**Professional Advisers**

Please list the professional advisers you currently use or have used in the past for various specialties. If you do not have an adviser in a given specialty, or would like a referral to a new adviser, please indicate so. You may provide business cards if easier.

Attorney:    Name: \_\_\_\_\_  
                  Firm Name: \_\_\_\_\_  
                  Address: \_\_\_\_\_  
                  City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_  
                  Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Date last consulted and frequency of consultation:

\_\_\_\_\_

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**Let's Get Started! Part III: Quantitative Information (Page 10)**

Tax Adviser/CPA Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Date last consulted and frequency of consultation: \_\_\_\_\_

Insurance Professional: Life/Disability Health, et. al. Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Date last consulted and frequency of consultation: \_\_\_\_\_

Insurance Professional: Home & Auto (if different) Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Date last consulted and frequency of consultation: \_\_\_\_\_

Employer Human Resources Benefits Contact Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Banker: Name: \_\_\_\_\_  
Bank Name & Branch: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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