

BERNO FINANCIAL MANAGEMENT, INC.

Independent, Fee-Only, Comprehensive Personal Financial Planning
Telephone 513-474-9191

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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

<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>
_____	_____	___/___/___	_____ %	_____
_____	_____	___/___/___	_____ %	_____
_____	_____	___/___/___	_____ %	_____
_____	_____	___/___/___	_____ %	_____

Investment Assets:

7454 Jager Court ■ Cincinnati, OH 45230-4344 ■ www.bernofinmgt.com

Our Mission: To provide financial peace of mind for our clients and to help our clients identify and achieve their long-term financial goals.

- _____ 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
- \$ _____ Home or residence Estimated Market Value(s)
- _____ 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 _____
- \$ _____ Mortgage Balance as of ____/____/____
- \$ _____ Monthly payment (Principal and Interest only)
- _____ % Mortgage Interest Rate
- _____ Type of loan (i.e., 30-yr. Fixed, 1-yr. ARM, 7/23 Balloon, etc.)
- _____ 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)

_____ 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: Survivor Options: _____% _____%
\$_____	\$_____	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). _____

Expenses

_____ Expense or Budget 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

\$_____ 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

History and Future Projections

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

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

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?**

- _____ 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.

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.

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: _____

Please attach a separate sheet if more space is needed.

Estate Planning

Put a "Y" for Yes and "N" for No if you have the following documents:
Provide a copy if you want a general review as part of your planning process.

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 made a gift, other than to a charity, of over \$3,000 prior to 1982 or greater than \$10,000 since that time?
_____	_____	If you 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: _____

Tax Adviser/ Name: _____

CPA Firm Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone # (____) _____ - _____ Email: _____

Date last consulted and frequency of consultation: _____

Insurance Name: _____

Professional: Company Name: _____

Life/Disability Address: _____

Health, et. al. _____

City: _____ State: _____ ZIP: _____

Telephone # (____) _____ - _____ Email: _____

Date last consulted and frequency of consultation: _____

Insurance Name: _____

Professional: Company Name: _____

Home & Address: _____

Auto (if _____

different) City: _____ State: _____ ZIP: _____

Telephone # (____) _____ - _____ Email: _____

Date last consulted and frequency of consultation: _____

Employer Name: _____

Human Firm Name: _____

Resources Address: _____

Benefits _____

Contact City: _____ State: _____ ZIP: _____

Telephone # (____) _____ - _____ Email: _____

Banker: Name: _____

Bank Name & Branch: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone # (____) _____ - _____ Email: _____

Personal Retirement Projection:
(Optional: Complete only if you are requesting this service.)

Please provide the following information for a detailed questionnaire that will be used as computer software input.

Additional information may be needed and other assumptions will be made.

Retirement age; target or expected. Client:_____ CoClient:_____

Life Expectancy; recommended to assume death at an advanced age.
Client:_____ CoClient:_____

Personal expense requirements. This is the hard one! **Monthly Figures.**

\$_____ Total Personal Living Expenses, excluding income taxes.

\$_____ Mortgage Pmt. (principal & interest only, excl. Ins. & Taxes)

\$_____ Loan Payments

\$_____ Life Insurance Premiums

\$_____ Charitable Contributions

\$_____ Real Estate Taxes

\$_____ Personal Living Expenses Less Above Expenses

When would you plan to sell your home? _____

Single Year and/or Multiple Year Income or Expenses.

- Examples: Exercise of corporate employer stock options.
- Car purchases, home improvements, weddings, etc.
- College expenses and client age when children will be enrolled.

Home market value: \$_____

\$_____ Original cost plus improvements (less prior deferred gain).

Provide Social Security benefits or estimates. _____Or default to 100% of maximum.

Client age: _____ Amount: \$_____ CoClient age:_____ Amount: \$_____