

Client

*Name**Date**Individual 1*

Individual 2

Document Checklist

Please supply the following documents as applicable. Information contained in the documents needn't be filled out in the questionnaire.

*Individual 1**Individual 2**Paycheck detail showing all deductions**Bank and investment account statements**Retirement account statements**Pension estimates and option summaries**Social security statements**Mortgage/loan statements**Tax return**Insurance policies**Trust documents**Any other materials which you feel might be helpful*

Personal Information

Details

	<i>Individual 1</i>	<i>Individual 2</i>
<i>Name</i>	_____	_____
<i>Date of Birth</i>	_____	_____
<i>Retirement Age</i>	_____	_____
<i>Life Expectancy Age</i>	_____	_____
<i>Social Security Number</i>	_____	_____

Marital Status

<i>Single</i>	<i>Married</i>	<i>Domestic Partnership</i>	<i>How long?</i>
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Contact

<i>Residence Address</i>	_____
<i>Mailing Address</i>	_____
<i>Home Phone</i>	_____
<i>Mobile Phone</i>	_____
<i>Email Address</i>	_____

Employment

	<i>Individual 1</i>	<i>Individual 2</i>
<i>Occupation</i>	_____	_____
<i>Employer</i>	_____	_____
<i>Work Address</i>	_____	_____
<i>City, State, Zip</i>	_____	_____
<i>Work Phone</i>	_____	_____

Dependents

<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Dependent Until Age</i>

Cash Flow, Expenses & Discretionary Spending

Monthly Net Income:

Do not count tax withholding or payroll deductions.

Average Monthly \$Surplus: _____ - _____

How much do you have left over each month?

Average Monthly Spending:

Total of personal expenses, debt and discretionary spending

Expenses & Spending Indicate *monthly (M)* or *annual (A)*, the current amount and expected amount in retirement.

	M/A	Current	Retirement		M/A	Current	Retirement
Rent/Lease (not Mortgage)				Child Expenses			
				School & Lunches			
Groceries				Day Care & Sitting			
Eating Out				Special Events			
				Child Support			
Household							
Supplies				Personal Care			
Improvements & Upkeep				Clothing			
				Laundry & Dry Cleaning			
Home Furnishings				Barber & Salon			
Domestic Help				Medication (not covered by insurance)			
				Health Club			
Utilities							
Gas & Electric				Entertainment			
Water & Garbage				Vacations			
Phone & Cellular				Hobbies			
Cable & Internet				Holidays & Gifts			
				Books & Subscriptions			
Transportation				Memberships & Dues			
Gas & Oil				Pet Expenses			
Maintenance & Repairs				Alimony			
Parking & Tolls				Discretionary/Misc.			
Public Transportation							

Other Expenses & Goals Enter one-time or periodic items such as future car purchases or vacations.

Description	Annual Amount	Start Age	End Age	Note
Example: New Car	\$50k	50	75	New car every five years

Household Assets

Please provide a copy of your most recent statement for each asset.
 Enter Retirement Plan accounts such as IRAs or 401(k)s on the next page.

Non-Retirement Investments

Description	Value	Monthly Additions	Owner
Checking Account 1			
Checking Account 2			
Savings Account 1			
Savings Account 2			
Money Market Account			
Certificate of Deposit 1			
Certificate of Deposit 2			
Bond 1			
Bond 2			
Annuity 1			
Annuity 2			
Stock Certificates			
Investment Account 1			
Investment Account 2			
Investment Account 3			
Ltd Partnership/Business			
Real Estate			
Note or Mortgage Receivable			
Other			

Personal Assets

Description	Value	Appreciation Rate	Owner
Vehicle 1			
Vehicle 2			
RV/Boat			
Other			

Retirement Investments

Individual 1	Description	Value	Monthly Personal Additions	Monthly Company Additions
	457 Deferred Comp			
	IRA 1			
	IRA 2			
	IRA 3			
	IRA 4			
	401k			
	Profit Sharing			
	SEP			
	Keogh/SIMPLE IRA			
	TSA/403b			
	Roth 401k			
	Roth IRA:			

Individual 2	Description	Value	Monthly Personal Additions	Monthly Company Additions
	457 Deferred Comp			
	IRA 1			
	IRA 2			
	IRA 3			
	IRA 4			
	401k			
	Profit Sharing			
	SEP			
	Keogh/SIMPLE IRA			
	TSA/403b			
	Roth 401k			
	Roth IRA:			

Residences

	Residence 1	Residence 2	Residence 3
	Description		
	Owner		
	Current Market Value		
	Appreciation Rate		
	Mortgage Balance		
	Interest Rate & Term		
	Mortgage Start Date		
	Age at Planned Sale		
	Replacement Cost		

Income

Please provide pay stubs, pension option statements and Social Security benefit statements.

Individual 1

<i>Salary - Source</i>	<i>Start/Change Age</i>	<i>Annual Gross</i>	<i>% Increase</i>	<i>FICA Exempt?</i>
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<i>Self-Employment</i>	<i>Start/Change Age</i>	<i>Annual Gross</i>	<i>% Increase</i>
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<i>Pension Income</i>	<i>Start/Change Age</i>	<i>Annual Gross</i>	<i>% Increase</i>	<i>Survivor %</i>
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<i>Social Security Income</i>	<i>Start/Change Age</i>	<i>Annual Gross</i>	<i>% Increase</i>	<i>Survivor %</i>
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Individual 2

<i>Salary - Source</i>	<i>Start/Change Age</i>	<i>Annual Gross</i>	<i>% Increase</i>	<i>FICA Exempt?</i>
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<i>Self-Employment</i>	<i>Start/Change Age</i>	<i>Annual Gross</i>	<i>% Increase</i>
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<i>Pension Income</i>	<i>Start/Change Age</i>	<i>Annual Gross</i>	<i>% Increase</i>	<i>Survivor %</i>
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<i>Social Security Income</i>	<i>Start/Change Age</i>	<i>Annual Gross</i>	<i>% Increase</i>	<i>Survivor %</i>
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Other Income *Enter income from sources such as rental properties, expected inheritance, annuity or trust income.*

<i>Source</i>	<i>Start Age</i>	<i>End Age</i>	<i>Annual Gross</i>	<i>% Increase</i>
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Liabilities

<i>Description</i>	<i>Balance</i>	<i>Rate %</i>	<i>Monthly Payment</i>	<i>Owner</i>
<i>Vehicle 1</i>				
<i>Vehicle 2</i>				
<i>RV/Boat</i>				
<i>Credit Card 1</i>				
<i>Credit Card 2</i>				
<i>Credit Card 3</i>				
<i>Personal Loan</i>				
<i>Home Equity Loan</i>				
<i>Outstanding Margin</i>				
<i>Other</i>				

Education Planning

What percentage of college costs do you plan to pay? _____

<i>Name</i>	<i>Year Starting College</i>	<i>Number of Years</i>	<i>Current Funds Available</i>	<i>Monthly Additions</i>	<i>Annual Costs*</i>

*When estimating costs, include housing, books, travel and other miscellaneous expenses.

Tax Information

Filing Status

Single _____ *Joint* _____ *Head of Household* _____
Regular Exemptions _____ *Individuals Over 64 or Blind* _____

Schedule A – Itemized Deductions

	<i>Start/Change Age</i>	<i>Annual Amount or % of Income</i>	<i>Annual % Increase</i>
<i>Charitable Contributions</i>	_____	_____	_____
<i>Medical Expenses</i>	_____	_____	_____
<i>Property Tax</i>	_____	_____	_____
<i>Property Tax</i>	_____	_____	_____
<i>Property Tax</i>	_____	_____	_____
<i>Other Taxes (Not Property or State)</i>	_____	_____	_____
<i>Other Taxes (Not Property or State)</i>	_____	_____	_____
<i>Miscellaneous Itemized Deductions</i>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Other 1040 Schedules

	<i>Description</i>	<i>Start/Change Age</i>	<i>Annual Amount or % of Income</i>
<i>Schedule D – Capital Gain/Loss</i>	_____	_____	_____
	_____	_____	_____
<i>Schedule E – Passive Gain/Loss</i>	_____	_____	_____
	_____	_____	_____
<i>Other Taxable/Nontaxable Income</i>	_____	_____	_____
	_____	_____	_____
<i>Other Federal Tax/Credit</i>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**Enter losses as negative*

Insurance

Term & Group Life Insurance Policies

<i>Description</i>	<i>Insured</i>	<i>Beneficiary</i>	<i>Face Value</i>	<i>Annual Premium</i>

Permanent Life Insurance Policies

<i>Description</i>	<i>Insured</i>	<i>Beneficiary</i>	<i>Face Value</i>	<i>Cash Values</i>	<i>Annual Premium</i>

Disability Insurance Policies

<i>Description</i>	<i>Insured</i>	<i>Personal/Company Coverage</i>	<i>Long/Short Term</i>	<i>Monthly Benefit</i>	<i>Annual Premium</i>

Other Insurance *Auto, Long-Term Care, Medical, Homeowners' and Property & Casualty policies*

<i>Description</i>	<i>Insured</i>	<i>Start/Change Age</i>	<i>Monthly Benefit if Applicable</i>	<i>Annual Premium</i>

Profile & Objectives

Risk Tolerance Choose the level which best describes you.

	Individual 1	Individual 2
Very Conservative	_____	_____
Conservative	_____	_____
Moderate	_____	_____
Aggressive	_____	_____
Very Aggressive	_____	_____

Financial Objectives On a scale of 1 (lowest) to 5 (highest), indicate how much of a priority each objective is to you.

	Individual 1	Individual 2
Reducing income taxes	_____	_____
Protection from inflation	_____	_____
Maximum investment growth potential	_____	_____
Current spendable income from assets	_____	_____
Liquidity (convert assets to cash)	_____	_____

Average Rate of Inflation Indicate what you believe will be the average rate of inflation.

Pre-retirement	Post-retirement
_____	_____

Estate Planning Do you have the following?

	Individual 1	Individual 2
Will	_____	_____
Durable General Power of Attorney	_____	_____
Living Trust	_____	_____
Marital Trust/Joint Revocable Trust	_____	_____
Credit Shelter Trust/CRUT	_____	_____
QTip Trust	_____	_____
Testamentary Trust	_____	_____
Irrevocable Life Insurance Trust	_____	_____
Generational Skip Trust	_____	_____
Living Will	_____	_____

Goals & Concerns

What do you hope to accomplish by running a Financial Plan?

What long-term financial goals and/or concerns do you have?

What questions do you have for us?

Is there any other information you would like us to have?

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