

Financial Planning

Questionnaire

Date Completed: _____

P. Charles Arnold, Jr. CPA, CFP®
30580 Timberline North
Buena Vista, Colorado 81211

Phone/Fax: 719-395-3882
Email: pcarnoldjr@amigo.net
Website: www.pcarnoldjr.com

Table of Contents

<u>Section</u>	<u>Topic</u>	<u>Page</u>
1	Personal Information	1
	Employment	3
2	Assets	
	Retirement Accounts	4
	Retirement Account Beneficiaries	5
	Stock Options & Awards	6
	Bank & Other Investment Accounts	6
	Real Estate	6
	Business Assets	7
	Other Assets	7
	Investment Risk & Objectives	
	Individual 1	8
	Individual 2	9
3	Dependents	10
4	Estate & Incapacity Planning	11
5	Income Information	
	Earned Income	12
	Social Security	12
	Pensions	12
	Future Financial Plans	
	Individual 1	13
	Individual 2	14
6	Income Tax Information	15
7	Loans	16
8	Insurance	
	Life	17
	Other	18
9	Personal Expenses	20
10	Other Professional Advisers	21
11	Document Check List	22

Personal Information

	<u>Individual 1</u>	<u>Individual 2</u>
Name:		
First:	_____	_____
Middle:	_____	_____
Last:	_____	_____
Suffix:	_____	_____
Date of Birth:	_____	_____
Target Retirement Age:	_____	_____
Social Security Number:	_____	_____
Drivers License:		
Number	_____	_____
Issue Date	_____	_____
Expiration Date	_____	_____
Mother's Maiden Name:	_____	_____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Date Married:	_____
Home Address: If address same, enter only once.		
Street:	_____	_____
City, State:	_____	_____
Zip Code:	_____	_____
Phone Numbers:		
Home:	_____	_____
Fax:	_____	_____
Cell:	_____	_____
Business:	_____	_____
Fax	_____	_____
E-mail:		
Home	_____	_____
Work	_____	_____

	<u>Individual 1</u>	<u>Individual 2</u>
Citizenship: U.S.	_____	_____
Other (please indicate country).	_____	_____
Military: Are you a veteran? If so, what branch?	_____	_____
When?	_____	_____
Eligible for veterans benefits?	_____	_____
Savings: Do you save on a regular basis? If so, how often (e.g. monthly)?	_____	_____
How much:		
401(k) and/or IRAs (or other tax protected plan)?	_____	_____
Savings Account?	_____	_____
Life Insurance?	_____	_____
Other?	_____	_____
Education: What is the highest level of education you have completed (e.g. 10 th grade, high school, bachelors, masters, etc.)?	_____	_____
If post-secondary, what degrees do you hold?	_____	_____
Year earned:	_____	_____
Additional Degree	_____	_____
Year earned:	_____	_____
What is your expectation regarding your children's education:		
Private or parochial elementary/high schools?	_____	_____
What portion of their college expenses would you anticipate providing?	_____	_____
College and/or graduate school?	_____	_____
Public or private college?	_____	_____

Employment

	<u>Individual 1</u>	<u>Individual 2</u>
Employer:	_____	_____
Address:		
Street:	_____	_____
City, State:	_____	_____
Zip Code:	_____	_____
Position:	_____	_____
Bonus? If so, about how much?	_____	_____
Benefits: Check <input type="checkbox"/> if coverage provided by employer. If family coverage, show "Family" under the respective Individual 1 or 2.		
Medical?	_____	_____
Dental?	_____	_____
Vision?	_____	_____
Life? If so, indicate amount.	_____	_____
Dependent life? If so, indicate amount.	_____	_____
Disability?	_____	_____
Long term care?	_____	_____
Retirement: Check <input type="checkbox"/> all that apply.		
Pension	_____	_____
Profit Sharing	_____	_____
401(k) - 403(b) – 457 Type Plans	_____	_____
Non-qualified deferred compensation	_____	_____
Benefits under Cafeteria Plan umbrella?	_____	_____
Other Employment Benefits: (e.g. company car, vacation facilities, memberships)		
_____	_____	_____
_____	_____	_____

Assets

Retirement Accounts

	Account No 1	Account No 2	Account No 3
Plan Description			
Plan Administrator			
Type ¹			
Owner ²			
Value			
Monthly Additions:			
Personal			
Company			
Beneficiary			

	Account No 4	Account No 5	Account No 6
Plan Description			
Plan Administrator			
Type ¹			
Owner ²			
Value			
Monthly Additions:			
Personal			
Company			
Beneficiary			

¹ Enter **Type** as follows:

- | | | | |
|----------------|---------------------|--------------------|------------|
| 1 – 401(k) | 4 – Traditional IRA | 7 – SIMPLE IRA | 10 - Keogh |
| 2 – TSA/403(b) | 5 – Roth IRA | 8 – Profit Sharing | 11 - Other |
| 3 – 457 | 6 – SEP IRA | 9 – Cash Balance | |

² Enter **Owner** as follows:

- | | | |
|----------------------|------------------------|-----------|
| 1 – Individual 1 | 4 – Community Property | 7 – Other |
| 2 – Individual 2 | 5 - Trust | |
| 3 – Joint & Survivor | 6 - Child | |

Retirement Account Beneficiaries

	Beneficiary #1	Beneficiary #2	Beneficiary #3	Beneficiary #4
Type	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>
Share %				
First Name				
Middle				
Last Name/Suffix				
Relationship¹				
Social Security No.				
Date of Birth				
Street Address				
City				
State/Zip Code				

¹ 1 – Spouse 2 – Child 3 – Other Individual 4 – Trust 5 – Estate 6 – Charity or Other Entity

Stock Options & Awards

Company Name	Type ³	Grant Date	# of Shares	Grant (Strike Price)	Vesting Date	Expiration Date	Exercise Plan ⁴
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			

³Type: 1 - ISO Incentive Stock Option 2 - NQSO Non-Qualified Stock Option 3 – Stock Award

⁴Exercise Plan: Upon exercise of the option, is it your intention to:

1- Hold all shares 2 - Sell part (to pay for the cost of exercise) 3 - Sell all shares

Bank & Other Investment Accounts

Do not include Life Insurance and Annuity cash surrender values. They will be covered in Section 7.

Institution	Type ⁵	Owner ²	Current Value	Monthly Personal Additions

⁵Type: 1 – Checking 2 – Savings 3 – Money Market 4 – Brokerage 5 – Limited Partnership 6 – Certificate Held by Owner 7 - Other

Real Estate

Description	Market Value	Cost Basis	Owner	Square Feet	Bed rooms	Bath rooms
Residence						
2 nd Home						

Business Assets

Business Name	Market Value	% Own er	Sell or Retain	Succession Plan	Beneficiary

Other Assets

<u>Description</u>	<u>Asset Group</u> ⁶	<u>Value</u>	<u>Owner</u> ²
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

⁶ Enter **Asset Group** as follows:

- | | |
|---------------------------------|-----------------------------|
| 1 – Art, antiques, collectibles | 4 – Jewelry, furs |
| 2 – Automobiles | 5 – Other personal property |
| 3 – Boats, RVs, ATVs | 6 – Residence |

Investment Risk & Objectives

Individual 1

Risk Tolerance Level:

Circle one of the following risk levels:

1. Conservative
2. Somewhat Conservative
3. Moderate
4. Somewhat Aggressive
5. Aggressive

Risk Test:

Check the boxes next to the statements that most accurately reflect your attitudes about investing.

- I am more concerned about protecting my assets than about growth.
- I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks.
- Professional advisors and mutual funds may achieve higher growth than I can.
- I am comfortable with investments that promise slow, long term appreciation and growth.
- I don't brood over bad investment decisions I've made.
- I don't like surprises.
- I am optimistic about my financial future.
- My immediate concern is for income rather than opportunities.
- I am a risk taker.
- I make investment decisions comfortably and quickly.
- I like predictability and routine in my daily life.
- I usually pick the tried and true, the slow, safe but sure investments.
- I need to focus my investment efforts on reserve funds and insurance rather than growth.
- I prefer predictable, steady returns on my investments even if the return is low.

Financial Objectives

	<u><<Low</u> <u>High>></u>				
Reducing income taxes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protection from inflation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximum investment growth potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current spendable income from assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquidity (convert assets to cash)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Investment Risk & Objectives

Individual 2

Risk Tolerance Level:

Circle one of the following risk levels:

6. Conservative
7. Somewhat Conservative
8. Moderate
9. Somewhat Aggressive
10. Aggressive

Risk Test:

Check the boxes next to the statements that most accurately reflect your attitudes about investing.

- I am more concerned about protecting my assets than about growth.
- I prefer the ease of mutual funds to the uncertainty of trying to pick winning stocks.
- Professional advisors and mutual funds may achieve higher growth than I can.
- I am comfortable with investments that promise slow, long term appreciation and growth.
- I don't brood over bad investment decisions I've made.
- I don't like surprises.
- I am optimistic about my financial future.
- My immediate concern is for income rather than opportunities.
- I am a risk taker.
- I make investment decisions comfortably and quickly.
- I like predictability and routine in my daily life.
- I usually pick the tried and true, the slow, safe but sure investments.
- I need to focus my investment efforts on reserve funds and insurance rather than growth.
- I prefer predictable, steady returns on my investments even if the return is low.

Financial Objectives

	<u><<Low</u> <u>High>></u>				
Reducing income taxes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protection from inflation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maximum investment growth potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current spendable income from assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquidity (convert assets to cash)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dependents

Dependent # 1

Dependent # 2

Dependent # 3

Dependent # 4

First Name				
Middle				
Last Name/Suffix				
Relationship				
Social Security No				
Date of Birth				

College Plans

Current Grade Level				
Public/Private¹				
No of College Years				
Current Savings				
Monthly Savings				
Parents' Budget²				

¹ Enter type of college/university expected: **1** – Public **2** – Public In-state **3** – Public Out-of-State **4** – Private **OR** enter specific college name.

² Amount parents plan to pay towards college expenses.

Are any of your dependents disabled? _____

If so, please indicate the disabled dependent and describe their disability. _____

Estate & Incapacity Planning

	<u>Individual 1</u>	<u>Individual 2</u>
Trusts: Are you the beneficiary of any trusts?		
Revocable Living Trust	_____	_____
Irrevocable Trust	_____	_____
Wills: Do you have a will?	_____	_____
If so: State in which executed:	_____	_____
Date executed:	_____	_____
Do you have a "living will," i.e., a document authorizing discontinuance of life support under certain adverse health conditions?	_____	_____
Do you have a durable power-of-attorney for health in the event you should become incapacitated?	_____	_____
Do you have a durable power-of-attorney for financial affairs in the event you should become incapacitated?	_____	_____
Does your will (or trust) provide a trust for your minor children in the event of the death of both parents?	_____	_____
Does your will (or trust) provide a guardian/trustee for your minor children in the event of the death of both parents?	_____	_____
Do you have a safe deposit box? If so, where?	_____	_____
General Contents:	_____	_____
Signatories:	_____	_____
Gifts: Have you made any gifts under the Gifts to Minors Act?	_____	_____
Have you contributed to a Coverdell Educational IRA?	_____	_____
Have you contributed to a Section 529 College Expense Plan?	_____	_____
Inheritance: Do you expect to receive an inheritance?	_____	_____
If so, from whom?	_____	_____
Expected in what time frame (e.g. 5 to 10 years)?	_____	_____
Approximate value?	_____	_____

Income Information

For Year: _____

All amounts listed should be your best estimate for the current year. If you expect a significant change in the next one or two years, please fill out a 2nd *Income Information* schedule and indicate above the year estimated.

In **ANNUAL** amounts:

Individual 1 **Individual 2**

Earned Income:

Salary/Wages (W-2)	_____	_____
Self-Employment (Schedule C Earned Income)	_____	_____
Pensions & Annuities	_____	_____
Other Retirement Distributions from Qualified Plans, IRAs, etc.	_____	_____
Supplemental Income (Schedule E)		
Rental Real Estate & Royalties	_____	_____
Partnerships, LLCs, & S-Corporations	_____	_____
Estates & Trusts	_____	_____
REMICS (Real Estate Mortgage Investment Conduits)	_____	_____
Farm Income (Schedule F)	_____	_____
Other Income (e.g. alimony received)	_____	_____

Social Security:

Please include disability benefits if applicable.

Individual 1 **Individual 2**

Are you qualified to receive SS benefits? (Yes/No)		
Age to start or started retirement or disability benefits		
Monthly benefit currently received		

Pensions

Individual 1 **Individual 2**

Company or Governmental Unit		
Name of Plan		
Type of Plan (Pension, Profit Sharing, etc.)		
Age to start or started pension benefits		
Monthly benefit currently received		
Survivor or Sum Certain elections made		

Future Financial Plans

Individual 1

Future financial plans are simply that – anything that you would like to do in the future for which you need to plan ahead, and, in all likelihood, save expressly for. Future plans generally require a substantial amount of money, and are not part of your daily living expenses. Examples include paying off credit card debt or school loans, going back to school, providing for children’s education, long term care for a handicapped child, parent, or spouse, adopting a child, buying a car, boat, or RV, becoming a pilot, remodeling your basement or kitchen, adding an addition, replacing a roof, buying, building, or selling a house, buying retirement property or a vacation home, and taking a cruise each year or a special vacation.

	<u>Estimated Cost</u>	<u>Target Date</u>
<u>SHORT-TERM Plans</u> One Year or Less		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

<u>MEDIUM-TERM GOALS</u> One to Five Years		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

<u>LONG-TERM GOALS</u> Five Years or More		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Future Financial Plans

Individual 2

Future financial plans are simply that – anything that you would like to do in the future for which you need to plan ahead, and, in all likelihood, save expressly for. Future plans generally require a substantial amount of money, and are not part of your daily living expenses. Examples include paying off credit card debt or school loans, going back to school, providing for children’s education, long term care for a handicapped child, parent, or spouse, adopting a child, buying a car, boat, or RV, becoming a pilot, remodeling your basement or kitchen, adding an addition, replacing a roof, buying, building, or selling a house, buying retirement property or a vacation home, and taking a cruise each year or a special vacation.

	<u>Estimated Cost</u>	<u>Target Date</u>
<u>SHORT-TERM Plans</u> One Year or Less		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

<u>MEDIUM-TERM GOALS</u> One to Five Years		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

<u>LONG-TERM GOALS</u> Five Years or More		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Income Tax Information

In **ANNUAL** amounts:

Individual 1

Individual 2

Medical Expenses Paid (do not include insurance premiums):

Doctors

Lab tests, other Outpatient Services

Hospital, Nursing Home, etc.

Prescription medicine & nutritional supplements

Dental

Vision – examinations, eyeglasses, etc.

Charitable Contributions

Loans

If space for more than 4 loans is required, please make a copy of this page to list additional loans.

	Loan #1	Loan #2	Loan #3	Loan #4
Property Secured				
Type¹				
Lender				
Borrower²				
Loan Date				
Original Amount	\$	\$	\$	\$
Current Balance	\$	\$	\$	\$
Monthly Payment³	\$	\$	\$	\$
Annual Interest Rate				
	%	%	%	%

¹ Enter **Loan Type** as follows:

- | | | |
|--|-----------------------------------|--|
| 1 – Residence Mortgage – Home 1 | 5 – Investment Loan – Real Estate | 9 – Auto Loans |
| 2 – 2 nd Mortgage/Line of Credit – Home 1 | 6 – Investment Loan – Securities | 10 – Boats, RVs, ATVs |
| 3 – Residence Mortgage – Home 2 | 7 – Investment Loan – Other | 11 – Other Loans (e.g. life insurance) |
| 4 – 2 nd Mortgage/Line of Credit – Home 2 | 8 – Credit Cards | 12 – Other Liabilities (e.g. taxes) |

² Enter **Owner** as follows:

- | | | |
|----------------------|------------------------|-----------|
| 1 – Individual 1 | 4 – Community Property | 7 – Other |
| 2 – Individual 2 | 5 – Trust | |
| 3 – Joint & Survivor | 6 – Child | |

³ Principal and interest only – do not include escrow payments.

Life Insurance

Include Employer Group Policies checked off under *Employment*.

Term Life Insurance Policies

	Policy #1	Policy #2	Policy #3
Insurance Company			
Insured			
Beneficiary			
Owner			
Policy No.			
Term (in years)			
Expiration Date			
Annual Premium	\$	\$	\$
Face Amount (Death Benefit)	\$	\$	\$
Cash Surrender Value	\$	\$	\$

Permanent Life Insurance Policies

	Policy #1	Policy #2	Policy #3
Insurance Company			
Insured			
Beneficiary			
Owner			
Policy No.			
Annual Premium	\$	\$	\$
Face Amount (Death Benefit)	\$	\$	\$
Cash Surrender Value	\$	\$	\$
Outstanding Loan	\$	\$	\$

Other Insurance

Include Employer Group Policies checked off under *Employment*.

	Medical	Dental	Vision
Insurance Company			
Employer Group?			
Insured¹			
Owner			
Policy or Group No.			
Annual Premium	\$	\$	\$

¹ Enter "Family" if family coverage, otherwise Individual 1 or 2.

	Disability	Long Term Care	Accidental Death
Insurance Company			
Employer Group?			
Insured¹			
Owner			
Policy or Group No.			
Annual Premium	\$	\$	\$

	Homeowners' 1	Homeowners' 2	Homeowners' 3
Insurance Company			
Employer Group?			
Insured¹			
Owner			
Policy or Group No.			
Annual Premium	\$	\$	\$

	Auto	Umbrella Liability	Other
Insurance Company			
Employer Group?			
Insured¹			
Owner			
Policy or Group No.			
Annual Premium	\$	\$	\$

Individual 1 Individual 2

Health Information:

Do you yourself have, have had, or have a history in your family of:

Cancer? _____

High blood pressure/strokes? _____

Heart/cardiovascular disease? _____

Diabetes? _____

Alzheimer's? _____

Other debilitating chronic disease (e.g. muscular dystrophy, arthritis)? _____

Do you smoke? _____

Height _____

Weight _____

Personal Expenses

	<u>Monthly</u>	<u>Annual</u>
Food and Household Expenses		
Groceries & Household Supplies	_____	_____
Wine, Beer, & Liquor	_____	_____
Eating Out	_____	_____
Books, Periodicals, CD's, DVD's, Rentals	_____	_____
Other (such as Cleaning)	_____	_____
Property & Maintenance		
Rent or lease payments (not mortgage payments)	_____	_____
Homeowners' Association Fees	_____	_____
Home Repairs & Improvements	_____	_____
Yard/Garden Maintenance	_____	_____
Appliances & Furniture	_____	_____
Utilities		
Phone, Cell, Internet Services	_____	_____
TV Cable/Satellite	_____	_____
Electricity	_____	_____
Natural/LP Gas	_____	_____
Water	_____	_____
Garbage	_____	_____
Family Support & Expense		
Alimony/Child Support	_____	_____
Other Family Support (such as parents)	_____	_____
Day Care, Domestic Help, Baby Sitting	_____	_____
Christmas, Birthdays, & Other Gifts	_____	_____
Clothing	_____	_____
School & Lunch Expenses	_____	_____
Pets	_____	_____
Auto, Van, & Truck		
Gas	_____	_____
Repairs, Maintenance, & Licenses	_____	_____
Fares, Tolls, & Parking	_____	_____
Entertainment		
Vacations	_____	_____
Recreation Vehicles	_____	_____
Tickets	_____	_____
Hobbies	_____	_____
Memberships	_____	_____
Miscellaneous		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly/Annual - you may enter either monthly amounts, annual amounts, or both. For example, if your auto operating expenses average \$150 per month, but you expect to spend another \$500 per year in repairs, you would enter the \$150 in the "Monthly" column and the \$500 in the "Annual" column and the system will show a combined total of \$2,300 per year.

Mortgage, medical expenses, and other tax deduction related expenses as well as insurance payments are listed elsewhere.

Other Professional Advisers

	<u>Name</u>	<u>Town</u>	<u>Phone</u>
Attorney	_____	_____	_____
Accountant	_____	_____	_____
Stock Broker	_____	_____	_____
Insurance Agent – Life	_____	_____	_____
Insurance Agent – Auto/Home	_____	_____	_____
Bank Officer – Loan or Trust	_____	_____	_____
Real Estate Broker	_____	_____	_____
Other:	_____	_____	_____
	_____	_____	_____

Document Check List

Section 2 – Assets

- 1) Latest statement(s) for tax deferred accounts.
 - Qualified Plans - 401(k), 403(b), or 457, Profit Sharing, ESOP (Employee Stock Ownership Plan)
 - IRA's – Traditional, Rollover, Roth, SEP (Simplified Employee Pension), SIMPLE (Savings Incentive Match Plans for Employees)
 - Annuities
 - Keogh Plans
- 2) Stock options or current statement
 - ISO (Incentive Stock Option)
 - Non-Qualified Stock Options
 - Stock Awards
 - Stock Purchase Plan
- 3) Latest statement(s) for bank checking, savings, money market, certificates of deposit, etc.
- 4) Latest statement(s) for brokerages, mutual funds, or other securities held in taxable accounts.
- 5) Real estate papers on all property including rentals (HUD-1 closing statement and mortgage documents)

Section 4 – Estate & Incapacity Planning

- 1) Wills, trust documents, powers-of-attorney, living wills

Section 5 – Income Information

- 1) Last 2 payroll check stubs.
- 2) Last Social Security statements
- 3) Last Pension statement and projections

Section 6 – Income Tax Information

- 1) Federal & State tax returns – last 2 years.

Section 7 - Loans

- 1) Latest credit card statements.
- 2) Last 1099 form for each mortgage.
- 3) Documents for any other loans besides home mortgages and credit cards (car loans, second mortgage lines of credit, etc.)

Section 8 - Insurance

- 1) All life and other insurance policies – primarily the current renewal notice showing current coverages.
- 2) Employee benefit package information/brochure for all group insurance.
 - Life, medical, AD&D, long term disability, long term care, etc.