

EKS ASSOCIATES

Fee-Only Comprehensive Financial Life Planning

DATE: _____

CONFIDENTIAL PRELIMINARY FINANCIAL DATA

Gathering complete and accurate information is vital to the completion of your financial Plan.

Please complete all information on the following pages that applies to you. In addition, gather and bring with you to our next meeting the applicable personal documents listed below. All information will be kept strictly confidential.

- Federal, State and/or Gift Tax Returns for the last three years
- Latest year-to-date pay stub or income and withholding record
- Retirement plan statements (pension, profit-sharing, IRA, Keogh, etc.)
- Employee benefits handbook
- Mortgage/Other loan documents
- All insurance policies or declaration pages (life, disability, medical, homeowner's automobile, liability)
- Latest brokerage/bank statements and/or list of all securities owned by you or your minor children, including date purchased, cost basis, and amounts owned (stocks, bonds, mutual funds, partnerships, etc.)
- Your Will(s) and codicil(s)
- Business document (corporate papers, partnership agreements, tax returns, profit-sharing/pension plans, financial statements)

(over)

PERSONAL INFORMATION

CLIENT

SPOUSE

NAME: _____

BIRTH DATE: _____

SOCIAL SECURITY NO: _____

OCCUPATION: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

_____ BUSINESS TELEPHONE: _____

RESIDENCE ADDRESS: _____

HOME TELEPHONE: _____

EMAIL ADDRESSES: _____

CELL NUMBERS: _____

MAY WE ADD YOU TO OUR NEWSLETTERS AND ALERTS? Y___ / N___

CHILDREN

NAME

DOB

CURRENT ANNUAL INCOME

SALARIES: _____

INVESTMENT INCOME: _____

CAPITAL GAINS/LOSSES: _____

SELF-EMPLOYMENT: _____

PENSION/SOCIAL SECURITY: _____

GIFTS/INHERITANCES: _____

OTHER: _____

NET WORTH STATEMENT

<u>ASSETS:</u>	CURRENT EST. VALUE
CASH IN BANKS	\$ _____
MONEY MARKET ACCOUNTS	\$ _____
STOCK, BONDS, MUTUAL FUNDS	\$ _____
OTHER INVESTMENTS	\$ _____
LIFE INSURANCE CASH VALUE	\$ _____
REAL ESTATE: HOME-PURCHASE DATE: _____	\$ _____
IMPROVEMENTS: _____	
OTHER: _____	
IRA & KEOGH ACCOUNTS	\$ _____
VESTED PENSION/PROFIT-SHARING	\$ _____
BUSINESS INTEREST	\$ _____
AMOUNTS OWED TO YOU	\$ _____
PERSONAL PROPERTY	\$ _____
AUTOMOBILES	\$ _____
OTHER	\$ _____
 <u>LIABILITIES:</u>	
MORTGAGE BALANCE (RATE: _____; TERM: _____)	\$ _____
PERSONAL LOANS	\$ _____
CHARGE ACCOUNTS	\$ _____
OTHER AMOUNTS OWED	\$ _____

(over)

GENERAL EXPENSES

	<u>MONTHLY</u>	<u>ANNUALLY</u>
RENT OR MORTGAGE (PIT)	\$ _____	\$ _____
UTILITIES	\$ _____	\$ _____
FOOD AND CONSUMABLES	\$ _____	\$ _____
NEW HOUSEHOLD PURCHASES	\$ _____	\$ _____
HOME MAINTENANCE	\$ _____	\$ _____
CLOTHING/CLEANERS	\$ _____	\$ _____
RECREATION	\$ _____	\$ _____
TRAVEL/VACATION	\$ _____	\$ _____
UNREIMBURSED MEDICAL EXPENSES	\$ _____	\$ _____
AUTOMOBILE OPERATING COSTS	\$ _____	\$ _____
OTHER TRANSPORTATION	\$ _____	\$ _____
PERSONAL ALLOWANCES	\$ _____	\$ _____
SUBSCRIPTIONS	\$ _____	\$ _____
PERSONAL GIFTS	\$ _____	\$ _____
ALIMONY/CHILD SUPPORT	\$ _____	\$ _____
LOAN REPAYMENT	\$ _____	\$ _____
LIFE INSURANCE PREMIUMS	\$ _____	\$ _____
OTHER INSURANCE PREMIUMS	\$ _____	\$ _____

PLANNED CAPITAL EXPENDITURES:

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____