



## **Fact Finder**

### ***Personal and Confidential***

**Sucré-Vail Wealth Advisors  
16862 Royal Crest Drive  
Houston, TX. 77058**

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**Phone: 888-286-9991  
Fax: 281-280-0202**

Please fill out this questionnaire as accurately and as completely as possible. We understand your time is valuable. We have made every effort to keep our fact finder as efficient for you as possible while still collecting as much detail as we can.

Please ENCLOSE or include statements when possible. You may estimate or make rough guesses where necessary

Additionally, the following documents may be needed should you choose to engage our services. If you have them readily available, please include them in this package.

- Prior Year Tax Return
- Brokerage Account Statements
- Trust Account Statements
- Retirement Account Statements
- Loan Documents
- Most Recent Paycheck Stub
- Mutual Fund Statements
- Employee Benefits Booklet
- Insurance Statements
- Checking and Savings Statements
- Wills, Trust, Durable Power of Attorney, Health Care Proxy, HIPAA Authorization
- Beneficiary Selection Stmts for IRAs, Employer Retirement Plans and Life Insurance
- Social Security Statements
- Business Documents: Buy/Sell, Deferred Compensation, Group Benefits

If possible please send the completed fact finder to our office prior to our scheduled meeting.

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Thank you for completing this form! We appreciate your efforts. In addition, we hope that by pulling together all the requested information we have helped you take the first steps toward taking control of your financial future.

**Personal Information**

	Client 1	Client 2
Full Name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #	_____	_____
Date of Birth	____/____/____	____/____/____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Email Address	_____	_____
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employment Income	\$ _____	\$ _____
Other Pre-Retirement Income <i>(non investment)</i>	\$ _____	\$ _____
Citizenship	_____	_____
State of Residence	_____	_____

**Enter children, grandchildren, other dependents or any other person whom you will give a Gift, designate as a Beneficiary or assign ownership of an insurance policy. Note: Date of Birth is only required for Children, Grandchildren and Other Dependents.**

Name	Date of Birth	Relationship
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust

## PART I • PLANNING GOALS AND OBJECTIVES

### Financial Planning Goals:

What are the most important financial questions you are trying to answer? *Please comment on the financial planning advice you seek, being as specific as possible. The more we know about your goals, objectives concerns and needs, the better we will be able to serve you.*

Imagine you hire a financial planner today. What do you hope will be different in your financial life one year from now by working with this financial advisor?

What do you think the role of your financial advisor should be? Have you used a financial planner in the past?

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## Personal and Family Expenses

Category	Monthly Budget Amount	
	Current	
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing - Client		
Clothing - Spouse		
Clothing - Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare - Dental		
Healthcare - Medical		
Healthcare - Prescription		
Healthcare - Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation		
Self Improvement		
Student Loan Payment		
Vacation/Travel		
Other		

## Personal Insurance Expenses

Category	Monthly Budget Amount	
	Current	
Disability for Client		
Disability for Spouse		
Life for Client		
Life for Spouse		
LTC for Client		
LTC for Spouse		
Medical for Client		
Medical for Spouse		
Umbrella Liability		
Other		

## Taxes

Category	Monthly Budget Amount	
	Current	
Client Social Security		
Client 1 Medicare		
Client 2 Social Security		
Client 2 Medicare		
Federal Income		
State Income		
Local Income		
Other		

## Income

Category	Monthly Budget Amount	
	Current	
Employment		
Other		

## Home Expenses

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

Category	Monthly Budget Amount	
	Current	
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

## Vehicle Expenses

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

Category	Monthly Budget Amount	
	Current	
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

## Vehicle Expenses

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

Category	Monthly Budget Amount	
	Current	
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

## Second Home Expenses

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

Category	Monthly Budget Amount	
	Current	
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

## Additional Vehicle Expenses

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

Category	Monthly Budget Amount	
	Current	
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

## Additional Vehicle Expenses

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

Category	Monthly Budget Amount	
	Current	
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

**Social Security – Client 1 (PLEASE ENCLOSE STATEMENTS)**

Age you may consider to begin taking Social Security \_\_\_

**Social Security – Client 2**

Age you may consider taking Social Security \_\_\_

**Pension (PLEASE ENCLOSE STATEMENTS)**

Whose Pension:  Client 1  Client 2 Description: \_\_\_\_\_

Income Begins:  Client 1Retires  Client 2Retires  Receiving Now  Year \_\_\_\_\_

Amount of Benefit (estimate of pre-tax future value): \$ \_\_\_\_\_  Month  Year

Survivor Benefit: \_\_\_\_\_%

Whose Pension:  Client 1  Client 2 Description: \_\_\_\_\_

Income Begins:  Client 1Retires  Client 2Retires  Receiving Now  Year \_\_\_\_\_

Amount of Benefit (estimate of pre-tax future value): \$ \_\_\_\_\_  Month  Year

Survivor Benefit: \_\_\_\_\_%

**Notes:**

**Part-Time Employment**

Whose Income:  Client 1  Client 2 Description: \_\_\_\_\_

Income Begins:  Retirement  Receiving Now  Year \_\_\_\_\_

Number of Years: \_\_\_\_\_

Income When Work Begins (pre-tax, today's dollars): \$ \_\_\_\_\_  Month  Year

**Annuity Income (PLEASE ENCLOSE STATEMENTS)**

Whose Annuity:  Client 1  Client 2 Description: \_\_\_\_\_

Year annuity payments start: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Cost Basis: \$ \_\_\_\_\_

Amount of annuity payments (pre-tax, future value): \$ \_\_\_\_\_  Month  Year

Exclusion Ratio: \_\_\_%

**Annuity Type (Choose one option)**

Joint Life

Income Guaranty:  Period Certain  Lifetime Only  Installment Refund  Cash Refund

If Period Certain, enter years: \_\_\_\_\_

Income to Spouse \_\_\_\_\_%

Single Life

Income Guaranty:  Period Certain  Lifetime Only  Installment Refund  Cash Refund

If Period Certain, enter years: \_\_\_\_\_

Specific Period

Enter years: \_\_\_\_\_



## Rental Property Income

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Whose Income:  Client 1  Client 2 Description: \_\_\_\_\_

Income Begins:  Receiving Now  Year \_\_\_\_

Amount of Net Rental Income (*pre-tax rental income less expenses*): \$ \_\_\_\_\_  Month  Year

### Notes:

## Other Retirement Income

Whose Income:  Client 1  Client 2 Description: \_\_\_\_\_

Income Begins:  Retirement  Receiving Now  Year \_\_\_\_\_

Amount of Income (*pre-tax, today's dollars*): \$ \_\_\_\_\_  Month  Year

Is this income tax-free?  No  Yes

---

Whose Income:  Client 1  Client 2 Description: \_\_\_\_\_

Income Begins:  Client 1 Retires  Client 2 Retires  Receiving Now  Year \_\_\_\_\_

Amount of Income (*pre-tax, today's dollars*): \$ \_\_\_\_\_  Month  Year

Is this income tax-free?  No  Yes

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## Other Irrevocable Trust Income

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Whose Income:  Client 1  Client 2 Description: \_\_\_\_\_

Income Begins:  Client 1 Retires  Client 2 Retires  Receiving Now  Year \_\_\_\_\_

Amount of Income (*pre-tax, today's dollars*): \$ \_\_\_\_\_  Month  Year

Is this income tax-free?  No  Yes

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### Notes

## Employer Sponsored Plans (PLEASE ENCLOSE STATEMENTS)

Type of Plan: \_\_\_\_\_

Whose Plan:  Client 1  Client 2

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

Current Total Value: \$ \_\_\_\_\_

After Tax Value: \$ \_\_\_\_\_

### Income

Total income from this employer: \$ \_\_\_\_\_

### Your contributions:

Pre-tax contributions: Enter % of annual income \_\_\_\_\_% or  Max Contribution Each Yr

After-tax contributions \_\_\_\_\_%

### Employer Contributions

If your Employer matches your contributions, complete this section.

Employer will match this % of your contribution: \_\_\_\_\_%

Up until your contribution reaches this %: \_\_\_\_\_%

Then your employer will match this % of your contribution: \_\_\_\_\_%

Up until your total contribution reaches this %: \_\_\_\_\_%

### Employer Contributions Limit

Maximum annual dollar limit : \_\_\_\_\_%

Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.

**Additional Employer Contributions - Profit Sharing**

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: \_\_\_\_\_%

Contributions as dollar amount: \$\_\_\_\_\_ Grow annually by \_\_\_\_\_%

**Notes:**

**Employer Sponsored Plans (PLEASE ENCLOSE STATEMENTS)**

Type of Plan: \_\_\_\_\_

Whose Plan:  Client 1  Client 2

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

Current Total Value: \$\_\_\_\_\_

After Tax Value: \$\_\_\_\_\_

**Income**

Total Income from this employer: \$\_\_\_\_\_

**Your contributions:**

Pre-tax contributions: Enter % of annual income \_\_\_\_\_% or  Max Contribution Each Yr

After-tax contributions \_\_\_\_\_%

**Employer Contributions**

If your Employer matches your contributions, complete this section.

Employer will match this % of your contribution: \_\_\_\_\_%

Up until your contribution reaches this %: \_\_\_\_\_%

Then your employer will match this % of your contribution: \_\_\_\_\_%

Up until your total contribution reaches this %: \_\_\_\_\_%

**Employer Contributions Limit**

Maximum annual dollar limit : \_\_\_\_\_%

Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.

**Additional Employer Contributions - Profit Sharing**

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: \_\_\_\_\_%

Contributions as dollar amount: \$\_\_\_\_\_ Grow annually by \_\_\_\_\_%

**Notes:**

**Traditional IRA's (PLEASE ENCLOSE STATEMENTS)**

Who is the owner:  Client 1  Client 2

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

Current Value: \$\_\_\_\_\_

After Tax Value: \$\_\_\_\_\_

**Annual Additions: (Check one)**

Pre-Tax:  Additions: \$\_\_\_\_\_

Maximum contribution each year

After-Tax:  Additions: \$\_\_\_\_\_

Maximum contribution each year

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Who is the owner:  Client 1  Client 2

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

Current Value: \$ \_\_\_\_\_

After Tax Value: \$ \_\_\_\_\_

**Annual Additions:** *(Check one)*

- Pre-Tax:  Additions: \$ \_\_\_\_\_
- Maximum contribution each year
- After-Tax:  Additions: \$ \_\_\_\_\_
- Maximum contribution each year

Inflate?  No  Yes

**Notes:**

**Traditional IRA's (PLEASE ENCLOSE STATEMENTS)**

Who is the owner:  Client 1  Client 2

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

Current Value: \$ \_\_\_\_\_

After Tax Value: \$ \_\_\_\_\_

**Annual Additions:** *(Check one)*

- Pre-Tax:  Additions: \$ \_\_\_\_\_
- Maximum contribution each year
- After-Tax:  Additions: \$ \_\_\_\_\_
- Maximum contribution each year

Who is the owner:  Client 1  Client 2

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

Current Value: \$ \_\_\_\_\_

After Tax Value: \$ \_\_\_\_\_

**Annual Additions:** *(Check one)*

- Pre-Tax:  Additions: \$ \_\_\_\_\_
- Maximum contribution each year
- After-Tax:  Additions: \$ \_\_\_\_\_
- Maximum contribution each year

**Notes:**

**SEPP IRA – (PLEASE ENCLOSE STATEMENTS)**

Who is the owner:  Client 1  Client 2

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

Current Value: \$ \_\_\_\_\_

After Tax Value: \$ \_\_\_\_\_

**72(t) Distributions**

Annual Distribution Amount: \$ \_\_\_\_\_ Year Distribution Began: \_\_\_\_\_

Who is the owner:  Client 1  Client 2

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

Current Value: \$ \_\_\_\_\_

After Tax Value: \$ \_\_\_\_\_

**72(t) Distributions**

Annual Distribution Amount: \$ \_\_\_\_\_ Year Distribution Began: \_\_\_\_\_

**Notes:**

**Roth IRA's (PLEASE ENCLOSE STATEMENTS)**

Who is the owner:  Client 1  Client 2

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

Current Value: \$ \_\_\_\_\_

**Annual Additions:** *(Check one)*

- Pre-Tax:  Additions: \$ \_\_\_\_\_
- Maximum contribution each year

After-Tax:  Additions: \$ \_\_\_\_\_

Who is the owner:  Client 1  Client 2  
Current Value: \$ \_\_\_\_\_

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

**Annual Additions:** *(Check one)*

Pre-Tax:  Additions: \$ \_\_\_\_\_  
 Maximum contribution each year  
After-Tax:  Additions: \$ \_\_\_\_\_

**Notes:**

**Coverdell Accounts (PLEASE ENCLOSE STATEMENTS)**

Who is the owner:  Custodial  
Current Value: \$ \_\_\_\_\_

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

**Annual Additions:** *(Check one)*

Additions: \$ \_\_\_\_\_  
 Maximum contribution each year

Who is the owner:  Custodial  
Current Value: \$ \_\_\_\_\_

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

**Annual Additions:** *(Check one)*

Additions: \$ \_\_\_\_\_  
 Maximum contribution each year

**Notes:**

**529 Savings Plan (PLEASE ENCLOSE STATEMENTS)**

Who is the owner:  Client 1  Client 2  
Beneficiaries/Percentage

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

Estate \_\_\_\_\_ %  
Spouse \_\_\_\_\_ %

Other - \_\_\_\_\_ %  
Other - \_\_\_\_\_ %

Current Value: \$ \_\_\_\_\_

**Annual Additions:** *(Check one)*

Additions: \$ \_\_\_\_\_

Who is the owner:  Client 1  Client 2  
Beneficiaries/Percentage

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

Estate \_\_\_\_\_ %  
Spouse \_\_\_\_\_ %

Other - \_\_\_\_\_ %  
Other - \_\_\_\_\_ %

Current Value: \$ \_\_\_\_\_

**Annual Additions:** *(Check one)*

Additions: \$ \_\_\_\_\_

Inflate?  No  Yes

**Notes:**

**Annuities (PLEASE ENCLOSE STATEMENTS)**

Who is the owner:  Client 1  Client 2  
Current Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_  
Cost Basis: \$ \_\_\_\_\_

**Annual Additions:** (Check one)

Additions: \$ \_\_\_\_\_

Who is the owner:  Client 1  Client 2  
Current Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_  
Cost Basis: \$ \_\_\_\_\_

**Annual Additions:** (Check one)

Additions: \$ \_\_\_\_\_

Who is the owner:  Client 1  Client 2  
Current Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_  
Cost Basis: \$ \_\_\_\_\_

**Annual Additions:** (Check one)

Additions: \$ \_\_\_\_\_

**Notes:**

**Cash Value Life: Variable Life (PLEASE ENCLOSE STATEMENTS)**

Owner:  Client 1  Client 2

Insured:  Client 1  Client 2  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Name or Description: \_\_\_\_\_

**Beneficiaries & Death Benefit**

Estate \_\_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %  
Spouse \_\_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Current Value: \$ \_\_\_\_\_

Cost Basis: \$ \_\_\_\_\_

Insurance Amount: \$ \_\_\_\_\_

**Annual Additions:** (Check one)

Pre-Tax:  Additions: \$ \_\_\_\_\_  
 Maximum contribution each year  
After-Tax:  Additions: \$ \_\_\_\_\_

Owner:  Client 1  Client 2

Insured:  Client 1  Client 2  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Name or Description: \_\_\_\_\_

**Beneficiaries & Death Benefit**

Estate \_\_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %  
Spouse \_\_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Current Value: \$ \_\_\_\_\_

Cost Basis: \$ \_\_\_\_\_

Insurance Amount: \$ \_\_\_\_\_

**Annual Additions:** (Check one)

Pre-Tax:  Additions: \$ \_\_\_\_\_  
 Maximum contribution each year  
After-Tax:  Additions: \$ \_\_\_\_\_

**Notes:**

**Other Tax-Deferred**

Who is the owner:  Client 1  Client 2

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

Current Value: \$ \_\_\_\_\_

Cost Basis: \$ \_\_\_\_\_

**Annual Additions:** *(Check one)*

Additions: \$ \_\_\_\_\_

**U.S. Savings Bond**

Who is the owner:  Client 1  Client 2

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

Current Value: \$ \_\_\_\_\_

Cost Basis: \$ \_\_\_\_\_

**Annual Additions:** *(Check one)*

Additions: \$ \_\_\_\_\_

**Taxable Accounts (PLEASE ENCLOSE STATEMENTS)**

Who is the owner:  Client 1  Client 2  Joint  Custodial

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client 1  Other w/ Spouse

Current Value: \$ \_\_\_\_\_

Cost Basis: \$ \_\_\_\_\_

**Annual Additions:** *(Check one)*

Additions: \$ \_\_\_\_\_

Who is the owner:  Client 1  Client 2  Joint  Custodial

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client 1  Other w/ Spouse

Current Value: \$ \_\_\_\_\_

Cost Basis: \$ \_\_\_\_\_

**Annual Additions:** *(Check one)*

Additions: \$ \_\_\_\_\_

**Notes:**

**Tax-Free (PLEASE ENCLOSE STATEMENTS)**

Who is the owner:  Client 1  Client 2  Joint  Custodial

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client 1  Other w/ Spouse

Current Value: \$ \_\_\_\_\_

Cost Basis: \$ \_\_\_\_\_

**Assign to Goal(s):** *(Check one)*

**Annual Additions:** *(Check one)*

Additions: \$ \_\_\_\_\_

Who is the owner:  Client 1  Client 2  Joint  Custodial

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client 1  Other w/ Spouse

Current Value: \$ \_\_\_\_\_

Cost Basis: \$ \_\_\_\_\_

**Stock Options Plan (PLEASE ENCLOSE STATEMENTS)**

Who is the owner:  Client 1  Client 2

Stock Name: \_\_\_\_\_

**Vesting Schedule**

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

**Stock Options Grant**

Grant Date: \_\_\_\_\_

Grant Name: \_\_\_\_\_

Type:  ISO  NQO

Options Granted: \_\_\_\_\_

Options Already Exercised: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Grant Price: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

**Stock Options Plan (PLEASE ENCLOSE STATEMENTS)**

Who is the owner:  Client 1  Client 2

Stock Name: \_\_\_\_\_

**Vesting Schedule**

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

**Stock Options Grant**

Grant Date: \_\_\_\_\_

Grant Name: \_\_\_\_\_

Type:  ISO  NQO

Options Granted: \_\_\_\_\_

Options Already Exercised: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Grant Price: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

**Restricted Stock Plan (PLEASE ENCLOSE STATEMENTS)**

Who is the owner:  Client 1  Client 2

Ticker: \_\_\_\_\_

Stock Name: \_\_\_\_\_

**Vesting Schedule**

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

**Restricted Stock Grant**

Grant Date: \_\_\_\_\_

Grant Name: \_\_\_\_\_

Shares Granted: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

**Restricted Stock Plan**

Who is the owner:  Client 1  Client 2

Ticker: \_\_\_\_\_

Stock Name: \_\_\_\_\_

**Vesting Schedule**

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

**Restricted Stock Grant**

Grant Date: \_\_\_\_\_

Grant Name: \_\_\_\_\_

Shares Granted: \_\_\_\_\_

Select Vesting Schedule: \_\_\_\_\_

**Personal and Business Assets**

*(Homes, Vehicles, Personal Property, Business Assets, Real Estate, etc.)*

Owner:  Client 1  Client 2  Joint  Custodial

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client 1  Other w/ Spouse

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

Current Value: \$ \_\_\_\_\_

Owner:  Client 1  Client 2  Joint  Custodial

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client 1  Other w/ Spouse

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

Current Value: \$ \_\_\_\_\_



Owner:  Client 1  Client 2  Joint  Custodial  
If Joint, what kind?  Survivorship  Common  Entirety  Community Property  
 Other w/ Client 1  Other w/ Spouse

Description: \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

**Notes:**

**Pension - Lump Sum Distribution**

Owner:  Client 1  Client 2 Description: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Value of Distribution \$ \_\_\_\_\_ Value is: (Check one)  Pre-tax  After-tax

**Deferred Compensation (Receiving Now) (PLEASE ENCLOSE STATEMENTS)**

Owner:  Client 1  Client 2 Description: \_\_\_\_\_

Current Value (today's dollars): \$ \_\_\_\_\_

**Distribution Period**

Number of Years: \_\_\_\_\_ Annual Payment (pre-tax) \$ \_\_\_\_\_

Owner:  Client 1  Client 2 Description: \_\_\_\_\_

Current Value (today's dollars): \$ \_\_\_\_\_

**Distribution Period**

Number of Years: \_\_\_\_\_ Annual Payment (pre-tax) \$ \_\_\_\_\_

**Notes:**

**Deferred Compensation (Future) (PLEASE ENCLOSE STATEMENTS)**

Owner:  Client 1  Client 2 Description: \_\_\_\_\_

Current Value (today's dollars): \$ \_\_\_\_\_

**Contributions**

Amount – Select Method

- None
- Percentage of Income Annual Income: \$ \_\_\_\_\_  
% Contribution: \_\_\_\_\_
- Dollar Amount \$ \_\_\_\_\_

Period

Start Year: \_\_\_\_\_

**Distribution Period**

Number of Years: \_\_\_\_\_ Annual Payment (pre-tax) \$ \_\_\_\_\_

Owner:  Client 1  Client 2 Description: \_\_\_\_\_

Current Value (today's dollars): \$ \_\_\_\_\_

**Contributions**

Amount – Select Method

- None
- Percentage of Income Annual Income: \$ \_\_\_\_\_

% Contribution: \_\_\_\_\_

Dollar Amount \$ \_\_\_\_\_

Period

Start Year: \_\_\_\_\_

**Distribution Period**

Number of Years: \_\_\_\_\_

Annual Payment (pre-tax) \$ \_\_\_\_\_

**Insurance- Cash Value (Universal/Variable/Whole/Other) (PLEASE ENCLOSE STATEMENTS)**

Owner:  Client 1  Client 2 Insured:  Client 1  Client 2  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

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

Current Cash Value: \$ \_\_\_\_\_ (before tax - today's dollars)

**Beneficiaries & Death Benefit**

Estate \_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Spouse \_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Death Benefit Amount: \_\_\_\_\_ Premium Amount: \$ \_\_\_\_\_ every \_\_\_\_\_

How long will premiums be paid?

Until insured dies  Until policy terminates  Year \_\_\_\_\_

When will this policy terminate?

When insured dies  Year \_\_\_\_\_

Owner:  Client 1  Client 2 Insured:  Client 1  Client 2  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

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

Current Cash Value: \$ \_\_\_\_\_ (before tax - today's dollars)

**Beneficiaries/Percentage**

Estate \_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Spouse \_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Death Benefit Amount: \_\_\_\_\_ Premium Amount: \$ \_\_\_\_\_ every \_\_\_\_\_

How long will premiums be paid?

Until insured dies  Until policy terminates  For this Number of Years \_\_\_\_\_

When will this policy terminate?

When insured dies  Year \_\_\_\_\_

**Notes**

**529 Savings Plan (PLEASE ENCLOSE STATEMENTS)**

Owner:  Client 1  Client 2 Description: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Owner:  Client 1  Client 2 Description: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Future Assets** Cash (Inheritance, Gift, Settlement, etc.)

Owner:  Client 1  Client 2  Joint

If Joint, what kind?  Survivorship  Common  Entirety  Community Property

Other w/ Client 1  Other w/ Spouse

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

Year to Receive: \_\_\_\_\_

Future Value (after tax) \$ \_\_\_\_\_

Owner:  Client 1  Client 2  Joint

If Joint, what kind?  Survivorship  Common  Entirety  Community Property  
 Other w/ Client 1  Other w/ Spouse

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

Year to Receive: \_\_\_\_\_

Future Value (after tax) \$ \_\_\_\_\_

### Cash Value Life Policies Client 1 or Client 2 (PLEASE ENCLOSE STATEMENTS)

#### Investment Asset (Variable Life)

Owner:  Client 1  Client 2

Insured:  Client 1  Client 2  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Name or Description: \_\_\_\_\_

#### Beneficiaries & Death Benefit

Estate \_\_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Spouse \_\_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Current Value: \$ \_\_\_\_\_

Cost Basis: \$ \_\_\_\_\_

Insurance Amount: \$ \_\_\_\_\_

#### Annual Additions: (Check one)

Pre-Tax:  Additions: \$ \_\_\_\_\_ Inflate?  No  Yes

Maximum contribution each year

After-Tax:  Additions: \$ \_\_\_\_\_

Year Additions Begin: \_\_\_\_\_

#### Other Asset (Universal/Variable/Whole Life/Other Life)

Owner:  Client 1  Client 2

Insured:  Client 1  Client 2  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

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

Current Cash Value: \$ \_\_\_\_\_ (before tax - today's dollars)

#### Beneficiaries/Percentage

Estate \_\_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Spouse \_\_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Death Benefit Amount: \_\_\_\_\_

Premium Amount: \$ \_\_\_\_\_ every \_\_\_\_\_

When will this policy terminate?

When insured dies  Year \_\_\_\_\_

#### Notes:

### Cash Value Life Policies owned by Trust or Other Person or Entity (PLEASE ENCLOSE STATEMENTS)

#### Cash Value Life (Universal/Variable/Whole Life/Other)

Owner:  Irrevocable Trust  Other Person or Entity

Insured:  Client 1  Client 2  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Description/Company: \_\_\_\_\_

Current Cash Value: \$ \_\_\_\_\_ (before tax - today's dollars)

#### Beneficiaries/Percentage

Estate \_\_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Spouse \_\_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Death Benefit (deduct policy loans): \_\_\_\_\_

Premium Amount: \$ \_\_\_\_\_ every \_\_\_\_\_

How long will premiums be paid?

Until insured dies  Until policy terminates  For this Number of Years \_\_\_\_\_

When will this policy terminate?

When insured dies  Year \_\_\_\_\_

If ownership is of this policy was transferred, enter the year of transfer: \_\_\_\_\_

Select the original owner of the policy:  Client 1  Spouse

**Non-Cash Value Life Policies – All Owners (PLEASE ENCLOSE STATEMENTS)**

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**Non-Cash Value Life (Term Life)**

Owner:  Client 1  Client 2  Irrevocable Trust  Other Person or Entity

Insured:  Client 1  Client 2  1<sup>st</sup> to Die  2<sup>nd</sup> to Die

Description/Company: \_\_\_\_\_

Beneficiaries/Percentage

Estate \_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %  
Spouse \_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Death Benefit Amount: \_\_\_\_\_ Premium Amount: \$ \_\_\_\_\_ every \_\_\_\_\_

How long will premiums be paid?

Until policy terminates  For this Number of Years \_\_\_\_\_

When will this policy terminate?

Year \_\_\_\_\_

If ownership is of this policy was transferred, enter the year of transfer: \_\_\_\_\_

Select the original owner of the policy:  Client 1  Spouse

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**Non-Cash Value Life (Group Term/Other)**

Owner:  Client 1  Client 2  Irrevocable Trust  Other Person or Entity

Insured:  Client 1  Client 2

Description/Company: \_\_\_\_\_

Beneficiaries/Percentage

Estate \_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %  
Spouse \_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Death Benefit Amount: \_\_\_\_\_

**Non-Cash Value Life Policies – All Owners (PLEASE ENCLOSE STATEMENTS)**

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**Non-Cash Value Life (Group Term/Other)**

Owner:  Client 1  Client 2  Irrevocable Trust  Other Person or Entity

Insured:  Client 1  Client 2

Description/Company: \_\_\_\_\_

Beneficiaries/Percentage

Estate \_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %  
Spouse \_\_\_% Other - \_\_\_\_\_ % Other - \_\_\_\_\_ %

Death Benefit Amount: \_\_\_\_\_

---

**Other Insurance Policies (PLEASE ENCLOSE STATEMENTS)**

**Disability** (Group/Personal/Other)

Insured:  Client 1  Client 2 Description/Co: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_ every \_\_\_\_\_ Tax Status:  Pre-Tax  After-Tax  
Monthly Benefit Amount: \$ \_\_\_\_\_ Elimination Period: \_\_\_\_\_  Months  Years  
Benefit Period (select one)  
 Period of Time \_\_\_\_\_ per \_\_\_\_\_  
 Until this Age \_\_\_\_\_  
Inflation Option: (Check One)  None  Simple  Compounded

Insured:  Client 1  Client 2 Description/Co: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_ every \_\_\_\_\_ Tax Status:  Pre-Tax  After-Tax  
Monthly Benefit Amount: \$ \_\_\_\_\_ Elimination Period: \_\_\_\_\_  Months  Years  
Benefit Period (select one)  
 Period of Time \_\_\_\_\_ per \_\_\_\_\_  
 Until this Age \_\_\_\_\_  
Inflation Option: (Check One)  None  Simple  Compounded

**Notes:**

**Other Insurance Policies (PLEASE ENCLOSE STATEMENTS)**

**Long Term Care** (Home Care Only/Nursing Home Care/Other)

Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year  
Benefit Period: (Check # of years or Lifetime)  1  2  3  4  5  6  7  8  9  10  Lifetime  
Daily Benefit Amount: \$ \_\_\_\_\_ Elimination Period: \_\_\_\_\_ days  
Inflation Option: (Check One)  None  Simple  Compounded  
If you selected Simple or Compounded, enter rate: \_\_\_\_\_%

Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year  
Benefit Period: (Check # of years or Lifetime)  1  2  3  4  5  6  7  8  9  10  Lifetime  
Daily Benefit Amount: \$ \_\_\_\_\_ Elimination Period: \_\_\_\_\_ days  
Inflation Option: (Check One)  None  Simple  Compounded  
If you selected Simple or Compounded, enter rate: \_\_\_\_\_%

**Medicare Supplement Insurance Policies**

Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_  
Type: (Check one)  A  B  C  D  E  F  G  H  I  J  Other  
Premium Amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

Insured: \_\_\_\_\_ Description/Co: \_\_\_\_\_  
Type: (Check one)  A  B  C  D  E  F  G  H  I  J  Other  
Premium Amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

**Property & Casualty Insurance Policies (Auto, Homeowners, Umbrella/Other)**

Description/Co: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

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Description/Co: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

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Description/Co: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_  
Premium Amount: \$ \_\_\_\_\_ per  Month  Quarter  Six Months  Year

**Liabilities (PLEASE ENCLOSE STATEMENTS)**

*(Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)*

---

Description: \_\_\_\_\_  
Whose debt?  Client 1  Client 2  Joint  
If Joint, what kind?  Survivorship  Common  Entirety  Community Property  
 Other w/ Client 1  Other w/ Spouse  
Lender: \_\_\_\_\_ Outstanding balance: \$ \_\_\_\_\_  
Initial Loan Amount: \$ \_\_\_\_\_ Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ OR Date to Pay Full Balance: \_\_\_\_\_

---

Description: \_\_\_\_\_  
Whose debt?  Client 1  Client 2  Joint  
If Joint, what kind?  Survivorship  Common  Entirety  Community Property  
 Other w/ Client 1  Other w/ Spouse  
Lender: \_\_\_\_\_ Outstanding balance: \$ \_\_\_\_\_  
Initial Loan Amount: \$ \_\_\_\_\_ Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ OR Date to Pay Full Balance: \_\_\_\_\_

---

Description: \_\_\_\_\_  
Whose debt?  Client 1  Client 2  Joint  
If Joint, what kind?  Survivorship  Common  Entirety  Community Property  
 Other w/ Client 1  Other w/ Spouse  
Lender: \_\_\_\_\_ Outstanding balance: \$ \_\_\_\_\_  
Initial Loan Amount: \$ \_\_\_\_\_ Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ OR Date to Pay Full Balance: \_\_\_\_\_

---

Description: \_\_\_\_\_  
Whose debt?  Client 1  Client 2  Joint  
If Joint, what kind?  Survivorship  Common  Entirety  Community Property  
 Other w/ Client 1  Other w/ Spouse  
Lender: \_\_\_\_\_ Outstanding balance: \$ \_\_\_\_\_  
Initial Loan Amount: \$ \_\_\_\_\_ Date Loan Began: \_\_\_\_\_ Term: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ OR Date to Pay Full Balance: \_\_\_\_\_

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