



# CONCIERGE INVESTMENT PLANNING YOUR PLAN PRIORITIES

Let's begin. Rank the below 1-5.

## INVESTMENTS

- Retirement / 401k Statements • Stock Awards • Deferred Comp Plans • Brokerage Statements

## INSURANCE

- Life Policy • Longterm Care Policy • Home Insurance Policy • Umbrella • Medical Supplement

## DEBT MANAGEMENT

- Consumer • Mortgage • Business

## LEGACY

- Wills • Trust • Charities • Heirs • Power of Attorney

## CASH FLOW / RETIREMENT PLANNING

- Special Security Statements • Pension • Annuity Statements • Previous Retirement Plan • Tax Return

## YOUR TRUSTED FINANCIAL TEAM

**Current Partners**      CPA      Bank      Attorney      Insurance Agent      Trusted Contact

**Name** \_\_\_\_\_

**Referral Please**



# TELL US MORE FINANCIAL PLANNING



## Where have you seen us? (Click all that apply.)

Local Event \_\_\_\_\_

Sarasota Tribune

Social Media

Google Ad/Search

Referral by \_\_\_\_\_

Attorney

CPA

## CLIENT INFORMATION

### Client A

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Date of Birth \_\_\_\_\_

Desired Retirement Age \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

### Client B

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Date of Birth \_\_\_\_\_

Desired Retirement Age \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

## INCOME

Clients	A	B	Totals

Children	Age

# WHAT DOES IT COST TO BE YOU?

Retirement Income (Monthly/Annual) \_\_\_\_\_

Estimated Needs \_\_\_\_\_ Current Retirement \_\_\_\_\_ Income Shortfall \_\_\_\_\_

**Goals & Objectives (charity, big purchases, family support)**

## Real Estate

Primary Residence \_\_\_\_\_ Other \_\_\_\_\_

## Estate Plans

Wills \_\_\_\_\_ Trusts \_\_\_\_\_ Power of Attorney \_\_\_\_\_

## Debt

Credit Card \_\_\_\_\_ Auto \_\_\_\_\_ Other \_\_\_\_\_

## INSURANCE (LIFE, DISABILITY, LTC)

Policy Holder	Type	Amount	Notes

## INVESTMENTS (401K, ROTH, IRA, BROKERAGE, TRUST)

Account Holder	Type	Amount	Notes

# WE'RE READY TO GO TO WORK

## DOCUMENT CHECKLIST

### 1. Investment Planning

- Retirement/401k Statements
- StockAwards/DeferredCompPlans
- Two Years Tax Returns
- Social Security Statements

### 2. Insurance Planning

- LifeInsurance/DisabilityPolicies
- LongTermCarePolicies
- Hospitalization and Major Medical Policies
- Any Other Insurance Policies or Documents
- Personal and Business Real Estate Ownership
- Most recent pay stubs
- Homeowner's or Renter's Policy (include declarations of coverage)
- Automobile Policies (include declarations of coverage)
- Umbrella Policies
- Medicare/Supplement Policies

### 3. Legacy Planning

- Copies of Wills & Trusts
- Health Care Directives
- Power of Attorney's

