

NEW CLIENT - FINANCIAL DATA

Please attach copies of your most recent statements for the following accounts:

- A. Cash and cash equivalents (checking and savings accounts, CDs, money markets, etc.)
- B. **Securities** (Annuities, Bonds, Managed Accounts, Mutual Funds, Options, Stocks)
- C. **Partnership Interest(s)** (such as Tax shelters)

D.	IRA Plans					
	Plan #1 Beneficiaries					
		Primary	Contingent			
	Plan #2 Beneficiaries	Primary	Contingent			
		•	· ·			
	If a statement is not available, please	=				
		#1				
	Estimated Account Balance	\$				
	Deductible Contributions	\$				
	Non-deductible Contributions	\$	\$			
Ε.	Pension or Retirement Plan(s):				
	Plan #1 Beneficiaries					
	DI 40 D 51 1	Primary	Contingent			
	Plan #2 Beneficiaries	 Primary	Contingent			
	Any monthly pension vested and	•	-			
			, , 			
	If a statement is not available, please	_				
		#1				
	Estimated Account Balance	\$				
	Your Contribution	\$				
	Employer's Contribution	\$	\$			
F.	Profit Sharing Plan(s):					
	Plan #1 Beneficiaries	Primary	Continuent			
	Discussion Description	Primary	Contingent			
	Plan #2 Beneficiaries	Primary	Contingent			
	If a statement is not available, please fill out the following information:					
		_				
	Estimated Account Balance					
	Your Contribution	\$				
		\$	·			
	Employer's Contribution	\$	\$			

G.	Company Sponsored Plan(s):					
	Plan #1 Beneficiaries					
		Primary	Contingent			
	Plan #2 Beneficiaries	Primary	Contingent			
		•	Conungent			
	If a statement is not available, please	-	440			
	Name of Plan	#1	#2			
	Estimated Account Balance	\$	\$			
	Your Contribution	\$	\$			
	Employer's Contribution	\$	\$			
Н.	Other Company Plan(s) with a Death Benefit: Be sure to consider plans that allow for monthly retirement income with survivorship benefits.					
	Plan #1 Denencianes	Primary	Contingent			
	Plan #2 Beneficiaries					
		Primary	Contingent			
	If a statement is not available, please fill out the following information:					
	Name of Plan	#1	#2			
	Amount of Benefit	\$	\$			
l.	Employee Stock Ownership Plan(s) (ESOP or TRASOP)					
	Name of Plan	#1	#2			
	Value of shares held					
	in your account*	\$	\$			
	*(# of shares x share price =		are price = current value)			
J.	Employer Stock Options					
	Number of Shares	#1	#2			
	Option Price	\$	\$			
	Current Market Price	\$	\$			

REAL ESTATE

Please list the ownership of all properties and real estate. The ownership normally is shown by the registration, such as on a passbook, stock certificate or deed. *Please also include any co-op or condominium apartment.*

Personal Residence	
Ownership	
Current Market Value	\$
Mortgage Balance	(\$)
Summer Residence	
Ownership	
Current Market Value	\$
Mortgage Balance	(\$)
Additional Property	
Address	
Ownership	
Current Market Value	\$
Mortgage Balance	(\$)
If income producing, net annual revenue:	\$
Additional Property	
Address	
Ownership	
Current Market Value	\$
Mortgage Balance	(\$)
If income producing, net annual revenue:	\$

Additional Property			
Address			
Ownership			
Current Market Value	\$		
Mortgage Balance	(\$)	
If income producing, net annual revenue:	\$		
Additional Property			
Address			
Ownership			
Current Market Value	\$		
Mortgage Balance	(\$)	
If income producing, net annual revenue:	\$		
Additional Property			
Address			
Ownership			
Current Market Value	\$		
Mortgage Balance	(\$)	
If income producing, net annual revenue:	\$		
Additional Property			
Address			
Ownership			
Current Market Value	\$		
Mortgage Balance	(\$)	
If income producing, net annual revenue:	\$		