

CLIENT'S DGF UPDATE CHECKLIST

This *Personal Information Checklist* is designed to help you update information you have provided in the past. Please list information you know has changed or are not sure if we have accurate information. Provide as much detail as possible. Please also provide photocopies of your personal documents listed below. If originals are provided, we will make copies and return the originals to you.

- Personal Data Update, pages 2-3.
- Goals, pages 4-5.
- Current Income and Spending Levels, pages 6-9:
 - If still working, copy of recent Pay Stub(s). *How many pay periods do you have in a year?*
Client _____ Partner _____
- Net Worth, pages 10-12: *Applicable copies of the following documents can be included if we are not currently receiving.*
 - mutual fund statements brokerage statements
 - bank statements 401/403/Deferred comp statements
 - documentation pertaining to any additional liabilities (credit card statements, etc.)
- Retirement Plans: *This is only needed if there have been changes to your plan or if you have updated information on your plan. Also needed if you have a new plan in place.*
- Other Company Group Benefits: *Please include a copy of your current benefit information if you have had updates. This includes short term disability, long term benefits, long term care, life insurance, and health insurance.*
- Insurance Coverages (Individual), page 13: *Can include copy of policies in lieu of completing all details.*
 - life insurance medical insurance auto
 - disability/long term care homeowners, umbrella
- Social Security: *If not currently receiving as income, please provide annual statement.*
Client _____ Partner _____
- Current Estate Planning, page 14.
- Copy of most recent year's federal, state, and local tax returns. *(if taxes not prepared by AFPI)*

Checklist

**Update of
PERSONAL DATA FORM**

(Complete only those areas that have changed in last year)

Client Name (C) _____

Drivers License # _____ State of Issue _____ Expiration Date _____

Partner Name (P) _____

Drivers License # _____ State of Issue _____ Expiration Date _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone for (C) _____ (P) _____

Home E-Mail Address for (C) _____ (P) _____

EMPLOYMENT

CLIENT

PARTNER

Business Phone _____

Business E-Mail _____

Employer _____

Type of Business _____

Business Street Address _____

City - State - Zip Code _____

Occupation _____

Position _____

Years with Employer/In Industry _____ / _____

CURRENT STATUS

CLIENT

PARTNER

Date of Marriage/Yrs Married _____ / _____

_____ / _____

If Divorced, Final Divorce Date _____

On-going Financial Obligations? Yes No

Yes No

Please describe _____

Substantial Inheritance Expected? Yes No

Yes No

Have you ever been a married resident of: Arizona_____, California_____, Idaho_____, Louisiana_____, Nevada_____, New Mexico_____, Texas_____, Washington_____, or Wisconsin_____?

ADVISORS

Have you made any changes to your advisors? _____

Is there a reason why you made this change? _____

If there were changes, whom did you change? Please indicate with a check mark.

_____ Attorney

_____ Tax Preparer

_____ Prop/Cas/Auto Agent

_____ Personal Banker

_____ Investments

_____ Insurance/Other Agent

HEALTH

CLIENT

PARTNER

Any change in your health? _____

Are all family members in good health? _____

Any change in extended family members that could have an impact on your situation? _____

GOALS, CONSIDERATIONS, AND CONCERNS

GOALS

1. LONG TERM GOALS

List any changes in your Long Term Goals from our last plan review.
Please rank in order of importance (1 = most important):

- _____ Retire comfortably
- _____ Educate your children
- _____ Improve your current standard of living
- _____ Save income taxes
- _____ Build an estate for heirs
- _____ Provide for survivors in the event of death
- _____ Save for a large purchase
- _____ Other (please explain _____)

2. SHORT TERM GOALS

Do you anticipate making any large purchases within the next 5 years?

Description	Estimated Cost	Am't Saved Toward Goal	Target Year of Goal
_____	_____	_____	_____
_____	_____	_____	_____

3. COLLEGE EDUCATION

How much do you expect to pay for your children's college education in **today's** dollars?

Child/Grandchild's Name	Expenses Per Year	Number of Years	Amount Already Invest in Child's/Grandchild's Name	Type of Investment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Goals

4. OTHER GOALS NOT LISTED ABOVE

CLIENT

PARTNER

CONSIDERATIONS

1. If still working, what percent salary increase do you expect next year?

Client _____ % Partner _____ %
Month Expected _____ Month Expected _____

2. Do you anticipate any changes in the near future (job, moving, etc.)?
Please describe.

CLIENT

PARTNER

CONCERNS

1. Please list any additional financial planning concerns from last plan update:

CLIENT

PARTNER

Total Income & Expenses (Monthly or Annual)

INCOME

1) <u>Earned Income*</u>		\$ _____
Total Gross Earned Income - Client	\$ _____	
Total Gross Earned Income - Client	\$ _____	
Total Gross Earned Income - Partner	\$ _____	
Total Gross Earned Income - Partner	\$ _____	
Bonus - Client	\$ _____	
Bonus - Partner	\$ _____	
Other Earned Income	\$ _____	
2) <u>Other Income</u>		\$ _____
Source: _____	\$ _____	
Source: _____	\$ _____	
Source: _____	\$ _____	
Source: _____	\$ _____	

TOTAL INCOME \$ _____

* Provide copy(s) of Pay Stubs

EXPENSES

1) <u>Housing</u>		\$ _____
<i>Other Housing</i>		
Repairs and purchases	_____	
Utilities	_____	
Condo or HOA fees	_____	
Furnishings	_____	
Other serv. (gardener, maid, etc.)	_____	

Rent or Primary Mortgage Payment \$ _____

Real Estate Taxes _____
Additional Payment _____
Rate of Interest on Mortgage _____
Type of Mortgage (Fixed or Adjustable) _____
Mortgage Term in Yrs _____
Beginning Date of Mortgage _____
Total Amount Borrowed _____

Secondary Mortgage or LOC Payment \$ _____

Rate of Interest on Mortgage _____
Type of Mortgage (fixed or Adjustable) _____
Mortgage Term in Years _____
Beginning Date of Mortgage _____
Total Amount Borrowed _____

2) **Clothing** \$ _____

Client _____
Partner _____
Children/Other _____

3) **Food** \$ _____

Prepared at home _____
Elsewhere (e.g., cafeteria, restaurants) _____
Liquor _____

4) **Transportation** \$ _____

Other Expenses \$ _____

Gas _____
Repairs _____
Commuting _____
Other (License/Taxes) _____

Car Payment \$ _____

Rate of Interest _____
of Years of Loan/Beginning Date _____
Total Amount Borrowed _____

5) **Insurance**

<i>Medical</i>	\$ _____
Client: Medical Premium	_____
Client: Dental Premium	_____
Client: Vision Premium	_____
Partner: Medical Premium	_____
Partner: Dental Premium	_____
Partner: Vision Premium	_____
Prescriptions	_____
Flexible Spending Plan	_____
Out of Pocket Expenses	_____
<i>Life Insurance</i>	\$ _____
Client: Total Premium	_____
Partner: Total Premium	_____
<i>Disability Insurance</i>	\$ _____
Client: Total Premium	_____
Partner: Total Premium	_____
<i>Long-Term Care Insurance</i>	\$ _____
Client: Total Premium	_____
Partner: Total Premium	_____
<i>Property/Casualty Insurance</i>	\$ _____
Auto	_____
Umbrella	_____
Other	_____

6) **Discretionary Expenses**

	\$ _____
Enter. & Recreation	_____
Personal Care Spending	_____
Vacations	_____
Gifts	_____
Books, Magazines, Music, etc.	_____
Hobbies	_____
Cash, ATM, etc.	_____

7)	<u>Charitable Contributions</u>	\$ _____
	Auto Withdrawals (paycheck/bank)	_____
	Auto Withdrawals (paycheck/bank)	_____
	Other (Total Anticipated for year)	_____
8)	<u>Professional Fees</u>	\$ _____
	Not tax-deductible	_____
	Miscellaneous itemized deductions	_____
9)	<u>Children</u>	\$ _____
	Child care	_____
	Education	_____
	Other (camps, lessons, etc.)	_____
10)	<u>Other Expense Categories</u>	\$ _____
	Alimony Paid	_____
	Other Debt Paid (Credit Card, etc.)	_____
	Other Debt Paid ("")	_____
	Pets	_____
11)	<u>Savings & Deductions</u>	\$ _____
	<i>Pension Plan Deductions</i> (PERS, STRS, etc.)	
	Client: Expected Deduction	_____
	Partner: Expected Deduction	_____
	<i>Retirement Plan Contributions</i> (401-K, 403-B, 457, etc.)	
	Client: Expected Contribution	_____
	Partner: Expected Contribution	_____
	<i>Personal Savings</i>	
	Emergency Fund	_____
	Capital Account Savings	_____
	College Savings	_____
	IRA Contributions	_____
	Other	_____
	TOTAL EXPENSES	\$ _____

NET WORTH (1 OF 2)

1. PERSONAL PROPERTY

Item	Ownership Type*	Estimated Current Value
Residence #1		
Residence #2		
Home Furnishings		
Home Furnishings		
Automobiles		
Automobiles		
Jewelry		
Jewelry		
Coins & Stamps		
Coins & Stamps		
Clothing & Furs		
Clothing & Furs		
Antiques		
Antiques		
Boat, airplane		
Boat, airplane		
Other		
Other		

**Indicate ownership: client (1), partner (0), joint tenants (2), community property (CP), trust (T), tenants in common (TC)*

2. Do you have any outside Business Interests? (circle one) Yes or No
If yes, please provide below.

Type of Business	Ownership Type*	Current Value	Debts	Net Value

3. Do you have any rental property? (circle one) Yes or No
If yes, call and we will send out a separate form that needs to be added to your update.

Net Worth

LIABILITIES OTHER THAN MORTGAGES (Credit cards, car payments, personal loans)

Owed To	Ownership Type*	Amount Borrowed	Term (# of Yrs)	Maturity Date	Current Balance Due	Interest Rate	Monthly Payment

***Indicate ownership:** client (1), partner (0), joint tenants (2), community property (CP), trust (T), tenants in common (TC)

INSURANCE COVERAGES

1. LIFE INSURANCE (*Term, Whole Life, Universal Life, etc.*) (*Please provide copies of recent statements*)

Company Name	Owner/Insured	Face Amount	Cash Value (if not Term)	Beneficiary

2. MEDICAL, DENTAL, and/or VISION INSURANCE (*Employer Benefit Booklets or Copies should be included*)

Person Insured	Carrier Name	Coverage Major Medical (M) Dental (D) Vision (V)

3. DISABILITY and/or LONG TERM CARE INSURANCE (*Please include Declaration Page*)

Company Name	Type (DI or LTC)	Insured	Monthly Benefit (if known)

4. PROPERTY/CASUALTY/AUTO (*Please include Declaration Page for Home & Auto*)

Company Name	Type

Insurance Coverage

CURRENT ESTATE PLANNING STRATEGIES

Please check all strategies currently in use:

<u>Strategy</u>	<u>CLIENT</u>	<u>PARTNER</u>	<u>Date of Last Update (if known)</u>
Simple Will	_____	_____	_____
Letter of Instruction	_____	_____	_____
Durable Power of Attorney			
Health	_____	_____	_____
Financial	_____	_____	_____
Living Will	_____	_____	_____
Credit Shelter Trust	_____	_____	_____
Q-Tip Trust	_____	_____	_____
Charitable Trust	_____	_____	_____
Irrevocable Life Ins. Trust	_____	_____	_____
Revocable Living Trust	_____	_____	_____