

CLIENT'S FINANCIAL CHECKLIST

This *Personal Information Checklist* is designed to help you provide us with necessary 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, Worksheet 1, pages 2-4.
- Goals and Investment Profile, Worksheet 2, pages 5-8.
- Current Income and Spending Levels, Worksheet 3, pages 9-11: *Try to be as realistic as possible. Please list income annually, but note that the expense worksheet has both annual and monthly columns. You can choose either.*
 - Copy of recent Pay Stub(s). *How many pay periods do you have in a year?*
Client _____ Partner _____
- Net Worth, Worksheet 4, pages 12-14: *In lieu of completing all parts of this section, applicable copies of the following documents can be included. We may currently be receiving some statements and you do not have to provide a copy of these statements:*
 - mutual fund statements brokerage statements
 - bank statements 401/403/Deferred comp statements
 - current copy of mortgage information, including payment of principle & interest, interest rate, payoff date . . . please note if additional payments are being made
 - documentation pertaining to any additional liabilities (credit card statements, etc.)
- Retirement Plans: *Please provide general information related to employer retirement plans. If you do not have this, contact your benefits department and request they provide this information.*
- 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), Worksheet 5, page 15: *Can include copy of policies in lieu of completing all details.*
 - life insurance medical insurance auto
 - disability/long term care homeowners, umbrella
- Social Security: *Have you or your spouse ever been covered under Social Security?*
Client _____ Partner _____
If yes, please include an Estimated Benefit Statement from Social Security if available.
- Current Estate Planning Strategies, Worksheet 6, page 16.
- Copy of most recent year's federal, state, and local tax returns.

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Worksheet 1
PERSONAL DATA FORM

Today's Date _____

Client Name (C) _____ Nickname _____

Date of Birth _____ Social Security # _____ U.S. Citizen yes no

Drivers License # _____ State of Issue _____ Expiration Date _____

Partner Name (P) _____ Nickname _____

Date of Birth _____ Social Security # _____ U.S. Citizen yes no

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe	_____ _____	_____ _____
Substantial Inheritance Expected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a married resident of: Arizona_____, California_____, Idaho_____, Louisiana_____, Nevada_____, New Mexico_____, Texas_____, Washington_____, or Wisconsin_____?		

CHILDREN

Full Name	Social Security #	Birth Date	Present School Grade	Dependent? (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADVISORS

Name/Address	Phone	Satisfied with Service (Y/N)	Years Worked
Attorney_____	_____	_____	_____
Tax Preparer_____	_____	_____	_____
Investments_____	_____	_____	_____
Personal Banker_____	_____	_____	_____
Prop/Cas/Auto Agent_____	_____	_____	_____
Insurance/Other Agent_____	_____	_____	_____
Have you made any changes to your advisors?_____			
Is there a reason why you made this change? _____			
Were you referred to Alexander Financial Planning? If so, by whom? _____			

HEALTH

CLIENT

PARTNER

Are you in good health? _____

Are all family members in good health? _____

Are your parents still living and if so, how old are they ? _____

Do you smoke? _____

If you smoked, when did you quit? _____

HOBBIES/INTERESTS

Please Describe. _____

PREFERRED BEVERAGES

Please circle your preference(s).

(C)

(P)

Coffee w/ Cream Sugar

Coffee w/ Cream Sugar

Tea w/ Cream Sugar

Tea w/ Cream Sugar

Soda Diet

Soda Diet

Coke/Pepsi Sprite/7Up

Coke/Pepsi Sprite/7Up

Water

Water

Other _____

Other _____

Worksheet 2

GOALS AND INVESTMENT PROFILE

1. FAMILY PROTECTION OBJECTIVES

Is anyone financially dependent on you today or will be in the future? Yes _____ No

What financial choices would you like if _____ died?

a. Maintain current standard of living? Yes No

b. Continue same employment? Yes no

c. Work part time earning \$ _____ until _____

d. College fund of \$ _____ per year/per child

e. Sell or keep house (circle one)

f. Sell present house and purchase a house with a market value of \$ _____

2. RETIREMENT OBJECTIVES (Any changes)

CLIENT

PARTNER

At what age do you wish to retire? _____

What is your current spending level? _____

Desired spending level in retirement (after-tax)? _____

No. of years worked under Social Security _____

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. ADDITIONAL CONSIDERATIONS

A. What percent salary increase do you expect next year?

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

B. Beyond your long term goals of retirement and college funding, do you have any other 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

CLIENT

PARTNER

_____	_____
_____	_____

5. PERSONAL FINANCIAL PLANNING GOALS

Have any of your financial planning objectives changed? 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 _____)

Please list any additional financial planning concerns you may have at this time:

CLIENT

PARTNER

6. INVESTMENT EXPERIENCE & RISK PREFERENCE

1. How often have you invested in the following items? Please circle the appropriate numbers:

1= Frequently 2= Occasionally 3= Never

Bank CDs -----	1	2	3
Money Market Funds-----	1	2	3
Deferred Annuities-----	1	2	3
Bonds (U.S. Government) - - -	1	2	3
Bonds (Corporate) -----	1	2	3
Bonds (Municipal) -----	1	2	3
Bond Mutual Funds -----	1	2	3
Stocks (U.S.) -----	1	2	3
Stocks (International) -----	1	2	3
Stock Mutual Funds -----	1	2	3
Real Estate -----	1	2	3
Real Estate Investment Trusts -	1	2	3
Real Estate Limited Partnership	1	2	3
Other Limited Partnerships:			
_____	1	2	3
Collectibles:			
Coins -----	1	2	3
Gold/Silver -----	1	2	3
Art/furniture -----	1	2	3
Precious stones -----	1	2	3
Commodities -----	1	2	3
Other -----	1	2	3

4. Please choose one statement:

Client	Partner	
_____	_____	I feel very uncomfortable with any uncertainty in my finances and prefer not to accept risk even if it means lowering my goals.
_____	_____	I dislike uncertainty in my finances. However, I will accept a slight amount of risk in order to reach my goals.
_____	_____	I will accept moderate investment risks if the reward is commensurate with the return.
_____	_____	I want my investments to grow and realize I may occasionally experience losses.
_____	_____	I am very venturesome and can accept the higher volatility associated with aggressive investments.

2. Have you ever lost money in any investment? yes no

3. Are you comfortable investing in the following:

Stocks?	Y / N	U.S. Treasury Securities?	Y / N
Bonds?	Y / N	CD's?	Y / N
Mutual Funds?	Y / N	Money Market Accounts?	Y / N

Worksheet 3
ANNUAL INCOME (GROSS) PROJECTED FOR CURRENT YEAR

	CLIENT	PARTNER
GROSS INCOME FROM:		
Salary	_____	_____
Commissions	_____	_____
Bonus	_____	_____
Self-Employment	_____	_____
Business Interests (net)	_____	_____
Investments	_____	_____
(Please circle one)	Spending Reinvesting	Spending Reinvesting
Private Pension Benefits	_____	_____
Social Security Income	_____	_____
Deferred Compensation Income	_____	_____
Trusts	_____	_____
Alimony/Child Support	_____	_____
Life Insurance Proceeds	_____	_____
Other:	_____	_____
One-Time Income This Year (inheritance, sale of property, etc.)	_____	_____

MONTHLY SPENDING LEVELS PROJECTED FOR CURRENT YEAR

	MONTHLY
HOUSING	
Rent only (not mortgage payment)	_____
Repairs, Maintenance, Improvements	_____
Utilities (electric, gas, water, sewer)	_____
Condo fee.....	_____
Furnishings, Appliances	_____
Trash Disposal	_____
Other services (housekeeper, etc.).....	_____
CLOTHING (shoes, dry cleaning, etc.)	_____
FOOD	
Prepared at Home (groceries, etc.)	_____
Meals Out	_____
TRANSPORTATION	
Gasoline.....	_____
Repairs, Maintenance	_____
Commuting	_____
Other (parking fees, etc.)	_____
INSURANCE	
<i>Medical</i>	
Client: Medical Premiums	_____
Client: Vision Premiums	_____
Client: Dental Premiums	_____
Partner: Medical Premiums	_____
Partner: Vision Premiums.....	_____
Partner: Dental Premiums.....	_____
Prescriptions	_____
Flexible Spending Plan.....	_____
Out of Pocket expenses	_____
Self-employment Health-Care	_____
<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	_____

SPENDING LEVELS PROJECTED FOR CURRENT YEAR (con't.)

MONTHLY

Property/Casualty Insurance

Auto _____
 Umbrella..... _____
 Other _____

PERSONAL EXPENSES (personal care items, cash,
 ATM card, gym membership, etc.) _____

COMMUNICATION EXPENSES

Telephone (land & cell)..... _____
 Internet Service..... _____
 Cable/Satellite TV Subscription _____

IN-TOWN RECREATION AND ENTERTAINMENT

Video, Movies _____
 Concerts, Theater, Events..... _____

VACATIONS _____

GIFTS _____

CHARITABLE CONTRIBUTIONS _____

ADULT EDUCATION

(including newspapers, magazines,
 tuition, workshops)..... _____

PROFESSIONAL FEES

Not Tax Deductible..... _____
 Misc. Itemized Deductions (i.e. tax
 preparation, attorney, financial planning)..... _____

CHILDREN

Child care _____
 School/Education non-deductible _____
 Other (camp, lessons, allowance, etc.) _____
 Current Tuition Payments..... _____

LOAN PAYMENTS (Refer to Page 14) _____

HOBBY EXPENSES _____

OTHER

(pet expenses, club dues)..... _____

Worksheet 4
NET WORTH
(1 OF 2)

1. PERSONAL PROPERTY

Item	Ownership Type*	Estimated Current Value
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

REAL ESTATE & MORTGAGE OR LINE OF CREDIT INFORMATION (Other than real estate limited partnerships)

Mortgage information listed on statements doesn't need to be duplicated in this section. However, information is needed for those lines with a * denoted.

	Residence #1	Residence #2	Rental Property #1	Rental Property #2
Description	*			
Purchase Price	*			
Mortgage:				
- Original amount borrowed	*			
- Current balance	*			
- Interest rate	*			
- Total number of years	*			
- Date of mortgage	*			
Cost of Improvements				
Property tax (annual)	*			
Homeowners ins (annual)	*			
Rental Properties Only:				
- Depreciation				
- Other expenses				
Current market value	*			
Annual additional principal payments	*			
Ownership type*	*			

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)

Worksheet 5 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

Worksheet 6
CURRENT ESTATE PLANNING STRATEGIES

Please check all strategies currently in use:

<u>Strategy</u>	<u>CLIENT</u>	<u>PARTNER</u>
Simple Will	_____	_____
Letter of Instruction	_____	_____
Durable Power of Attorney		
Health	_____	_____
Financial	_____	_____
Living Will	_____	_____
Annual Gifting (nontaxable)	_____	_____
Credit Shelter Trust	_____	_____
Q-Tip Trust	_____	_____
Charitable Trust	_____	_____
Irrevocable Life Ins. Trust	_____	_____
Revocable Living Trust	_____	_____
Family Partnership	_____	_____
Taxable Lifetime Gifts	_____	_____
Buy-Sell Agreement	_____	_____
Other: _____	_____	_____

If you have a Will, when did you last review it? _____

Which state? _____