



# NEW CLIENT DISCOVERY

## OVERVIEW QUESTIONS/OBJECTIVES

What are your primary goals and objectives financially in order of priority?

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What are your financial fears?

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What are your non-financial concerns, goals, risks, objectives, and/or aspirations?

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What age would you (and your spouse if applicable) like to retire and where?

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What amount of income do you foresee needing in retirement (net of taxes) per month?

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What amount of money do you feel you need to save, in conjunction with pensions and social security, to reach the above monthly income?

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Do you have a current Investment Policy Statement in place?

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If you currently work with a Financial Advisor/Planner/CFP, are they a contracted fiduciary with you and how are they compensated by you?

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# NEW CLIENT DISCOVERY

## PERSONAL INFORMATION

### -Client-

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Full Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License Issue Date: \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_ Employer (if employed): \_\_\_\_\_

Current Position: \_\_\_\_\_ Length of Tenure: \_\_\_\_\_

Phone # (Home): \_\_\_\_\_ Phone # (Cell): \_\_\_\_\_

Phone # (Work): \_\_\_\_\_ Extension: \_\_\_\_\_

Email Address Home: \_\_\_\_\_

Email Address Work: \_\_\_\_\_

### -Spouse (if Married)-

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Full Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License Issue Date: \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_ Employer (if employed): \_\_\_\_\_

Current Position: \_\_\_\_\_ Length of Tenure: \_\_\_\_\_

Phone # (Home): \_\_\_\_\_ Phone # (Cell): \_\_\_\_\_

Phone # (Work): \_\_\_\_\_ Extension: \_\_\_\_\_

Anniversary Date: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_



# NEW CLIENT DISCOVERY

### -CHILD #1-

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Full Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Child of:  Current Marriage  Husband  Wife  Adopted

Does this child have special needs:  Yes  No

### IF DEPENDENT

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

College Savings Plans/Accounts/Asset Value: \_\_\_\_\_

### IF INDEPENDENT

Occupation: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Grandchildren/Date of Birth: Grandchild 1: \_\_\_\_\_ DOB: \_\_\_\_\_

Grandchild 2: \_\_\_\_\_ DOB: \_\_\_\_\_

Grandchild 3: \_\_\_\_\_ DOB: \_\_\_\_\_

### ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

## -CHILD #2-

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Full Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Child of:  Current Marriage  Husband  Wife  Adopted

Does this child have special needs:  Yes  No

## IF DEPENDENT

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

College Savings Plans/Accounts/Asset Value: \_\_\_\_\_

## IF INDEPENDENT

Occupation: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Grandchildren/Date of Birth: Grandchild 1: \_\_\_\_\_ DOB: \_\_\_\_\_

Grandchild 2: \_\_\_\_\_ DOB: \_\_\_\_\_

Grandchild 3: \_\_\_\_\_ DOB: \_\_\_\_\_

## ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

## -CHILD #3-

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Full Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Child of:  Current Marriage  Husband  Wife  Adopted

Does this child have special needs:  Yes  No

## IF DEPENDENT

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

College Savings Plans/Accounts/Asset Value: \_\_\_\_\_

## IF INDEPENDENT

Occupation: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Grandchildren/Date of Birth: Grandchild 1: \_\_\_\_\_ DOB: \_\_\_\_\_

Grandchild 2: \_\_\_\_\_ DOB: \_\_\_\_\_

Grandchild 3: \_\_\_\_\_ DOB: \_\_\_\_\_

## ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

### -CHILD #4-

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Full Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Child of:  Current Marriage  Husband  Wife  Adopted

Does this child have special needs:  Yes  No

### IF DEPENDENT

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

College Savings Plans/Accounts/Asset Value: \_\_\_\_\_

### IF INDEPENDENT

Occupation: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Grandchildren/Date of Birth: Grandchild 1: \_\_\_\_\_ DOB: \_\_\_\_\_

Grandchild 2: \_\_\_\_\_ DOB: \_\_\_\_\_

Grandchild 3: \_\_\_\_\_ DOB: \_\_\_\_\_

### ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

## COLLEGE/EDUCATION SAVINGS PLANNING

	Current Balance	Annual Contributions	Pre-Paid or Savings Plan (for 529's only)	State of 529 Plan (for 529's only)	Child Beneficiary	Equity/Fixed Income Asset Mix	Account Owner
529 Plan #1							
529 Plan #2							
529 Plan #3							
529 Plan #4							
529 Plan #5							
529 Plan #6							
ESA Account #1							
ESA Account #2							
UTMA/UGMA #1							
UTMA/UGMA #2							

Do any additional family members contribute to these accounts? If so, how much annually?

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## ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

## -Financial Dependents 1-

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Are you the Primary Caregiver?  Yes  No If not, who is? \_\_\_\_\_

Are you the Financial Provider?  Yes  No If not, who is? \_\_\_\_\_

Relationship to the Dependent: \_\_\_\_\_ Nature of the Financial Dependency: \_\_\_\_\_

Other Relevant Details: \_\_\_\_\_

## -Financial Dependents 2-

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Are you the Primary Caregiver?  Yes  No If not, who is? \_\_\_\_\_

Are you the Financial Provider?  Yes  No If not, who is? \_\_\_\_\_

Relationship to the Dependent: \_\_\_\_\_ Nature of the Financial Dependency: \_\_\_\_\_

Other Relevant Details: \_\_\_\_\_

## ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

## FAMILY BACKGROUND

### Father

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

Date of Birth: \_\_\_\_\_

State of Residence: \_\_\_\_\_

Living or Deceased: \_\_\_\_\_

Current Will & POA:  Yes  No

Long-Term Care Insurance:  Yes  No

Estimated Net Worth:

<\$500K  \$500K-\$1 Million  \$1 Million+

### Mother

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

Date of Birth: \_\_\_\_\_

State of Residence: \_\_\_\_\_

Living or Deceased: \_\_\_\_\_

Current Will & POA:  Yes  No

Long-Term Care Insurance:  Yes  No

Estimated Net Worth:

<\$500K  \$500K-\$1 Million  \$1 Million+

### Spouse Father If Applicable

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

Date of Birth: \_\_\_\_\_

State of Residence: \_\_\_\_\_

Living or Deceased: \_\_\_\_\_

Current Will & POA:  Yes  No

Long-Term Care Insurance:  Yes  No

Estimated Net Worth:

<\$500K  \$500K-\$1 Million  \$1 Million+

### Spouse Mother if Applicable

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

Date of Birth: \_\_\_\_\_

State of Residence: \_\_\_\_\_

Living or Deceased: \_\_\_\_\_

Current Will & POA:  Yes  No

Long-Term Care Insurance:  Yes  No

Estimated Net Worth:

<\$500K  \$500K-\$1 Million  \$1 Million+



# NEW CLIENT DISCOVERY

## PROFESSIONAL RELATIONSHIPS

Accountant: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How Compensated: \_\_\_\_\_

Estate Attorney: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How Compensated: \_\_\_\_\_

Insurance Broker: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How Compensated: \_\_\_\_\_

Doctor: \_\_\_\_\_  
Institution: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How Compensated: \_\_\_\_\_

Other: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How Compensated: \_\_\_\_\_

Other: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How Compensated: \_\_\_\_\_

## ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

## FINANCIAL INFORMATION

Client Annual Income Total Gross/Net: \_\_\_\_\_ Joint Household Income Gross/Net: \_\_\_\_\_

### -Compensation Breakdown-

W2 Income: \_\_\_\_\_ Approximate Annual Bonus/Commission: \_\_\_\_\_

Self-Employment Income: \_\_\_\_\_ Other Compensation: \_\_\_\_\_

Who prepares yours taxes? \_\_\_\_\_ What do you pay for tax preparation? \_\_\_\_\_

Do you own any employee stock options/restricted stock units?  Yes  No

If yes, please provide current statement and details:

\_\_\_\_\_

Are you being granted any additional stock awards regularly?  Yes  No

If yes, please provide current statement and details:

\_\_\_\_\_

What is your credit score and when was the last time you checked it:

\_\_\_\_\_

What is your spouse's credit score and when was the last time you checked it:

\_\_\_\_\_

Have you ever filed a bankruptcy:  Yes  No

If yes, please tell what type and details:

\_\_\_\_\_

## ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

## ESTATE PLANNING

Do you have wills executed in your state of residence?  Yes  No Recently Updated? \_\_\_\_\_

Do you have medical powers of attorney?  Yes  No Recently Updated? \_\_\_\_\_

Do you have financial powers of attorney?  Yes  No Recently Updated? \_\_\_\_\_

Do you have additional POA forms for dealing with Social Security, IRA, and VA?  Yes  No

Do your adult (over 18) children have a power of attorney?  Yes  No Recently Updated? \_\_\_\_\_

Do you have an advanced medical directive?  Yes  No Recently Updated? \_\_\_\_\_

Do you have a survivor's guide?  Yes  No Recently Updated? \_\_\_\_\_

Do you have any trusts in place?  Yes  No

If yes, please provide details and when last updated:

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Do you have your estate documents electronically filed?  Yes  No

Are you named as an executor in anyone's estate plan?  Yes  No

If Yes, whom? \_\_\_\_\_

Are you named as a trustee or beneficiary of any current trusts?  Yes  No

If yes, please provide details: \_\_\_\_\_

Do you make or receive annual gifts?  Yes  No

If yes, please provide details: \_\_\_\_\_

## ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

## INSURANCES

**Property & Casualty Insurance Coverages** *(Please provide copies of declaration pages for each policy)*

	Insurance Carrier	Deductible	Liability Limits (if known)	Annual Premium
Auto Insurance #1				
Auto Insurance #2				
Homeowners Insurance #1				
Homeowners Insurance #2				
Renters Policy				
Condo Policy				
Umbrella (excess liability)				
Umbrella (excess liability)				

When was the last time these policies were reviewed in detail as well as had the carriers shopped?

Do you own any other Property/Casualty Coverages you pay for? If yes, please list and provide declaration pages of the policies: (Examples: Condo Insurance, Renters Insurance, E&O Coverage, Business Lines Coverage, Flood Insurance, Boat Insurance, etc.):

## ADDITIONAL NOTES



# NEW CLIENT DISCOVERY

**Disability & Medical Insurance** *(Please provide complete policies and current statements)*

	<b>Insurance Company</b>	<b>DI (Monthly Benefit)</b>	<b>DI Benefit Period</b>	<b>Health Coverage Plan</b>	<b>Annual Premium</b>	<b>Insured</b>
Private Disability Insurance						
Private Disability Insurance						
Employer Group LTD						
Employer Group LTC						
Employer Group Health						
Employer Group Health						
Medicare						
Medicare/Medicare Supplement						
Medicaid						
HSA/FSA						

Is health insurance on your own, through your employer, or through your spouse's employer?

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# NEW CLIENT DISCOVERY

## Long Term Care Insurance *(Please provide complete policies and current statement)*

	Carrier	Daily Benefit	Benefit Period	Inflation Rider	Home Care Covered?	International Care Covered?	Annual Premium	Insured
Private LTC								
Private LTC								
Employer LTC								
Employer LTC								

When did you buy your LTC policy(s)?

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Have you had any premiums increases since you bought your policy? If so, what?

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Are you able to get tax deductions for the LTC premiums?

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### ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

## Life Insurance *(please provide in-force illustrations if needed)*

	Carrier	Policy Number	Coverage Amount	Current Cash Value of Policy	Policy Type	Annual Premium	Insured
Life Policy #1							
Life Policy #2							
Life Policy #3							
Life Policy #4							
Life Policy #5							
Group Life Policy #1							
Group Life Policy #2							
Group Life Policy #3							
Group Life Policy #4							





# NEW CLIENT DISCOVERY

In the space below for each policy, please list the primary and contingent beneficiaries of each policy (percentages and if per capita or per stirpes) and if unsure please also note that:

**Life Policy #1:** Primary Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure

Contingent Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure

**Life Policy #2:** Primary Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure

Contingent Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure

**Life Policy #3:** Primary Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure

Contingent Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure



# NEW CLIENT DISCOVERY

**Life Policy #4:** Primary Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure

Contingent Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure

**Life Policy #5:** Primary Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure

Contingent Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure

**Group Life Policy #1:** Primary Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure

Contingent Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure

**Group Life Policy #2:** Primary Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure

Contingent Beneficiary(s) and share

%. \_\_\_\_\_

Per Capita     Per Stirpes     Unsure



# NEW CLIENT DISCOVERY

**Group Life Policy #3:** Primary Beneficiary(s) and share

%. \_\_\_\_\_

- Per Capita     Per Stirpes     Unsure

Contingent Beneficiary(s) and share

%. \_\_\_\_\_

- Per Capita     Per Stirpes     Unsure

**Group Life Policy #4:** Primary Beneficiary(s) and share

%. \_\_\_\_\_

- Per Capita     Per Stirpes     Unsure

Contingent Beneficiary(s) and share

%. \_\_\_\_\_

- Per Capita     Per Stirpes     Unsure

**ADDITIONAL NOTES**

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# NEW CLIENT DISCOVERY

Do you have any life insurance Policy Loans?  yes, please put details below  No

	Policy Number	Balance	Interest Rate	Are you making payments?
Policy Loan #1				
Policy Loan #2				

### Voluntary Benefits through Group or Personal

Please list and describe any other voluntary insurances through work or personal? (Examples: Aflac, Identity Theft Protection, Hospital Plans, Cancer Plans, etc.):

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### BUDGETING

How do you currently handle your budgeting?

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What are your average monthly expenses?

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Do you typically operate a monthly net surplus, deficit, or break even of income (net of taxes) versus expenses:

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### ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

## LIABILITIES

	Loan Type: Fixed or Adjustable	Balance Of Loan/Current Home Value	Monthly Payment	Interest Rate	Months/Years Remaining on Loan	If Rental Property; what is monthly/annual net (income vs expenses)
Mortgage (Primary Residence)						
Second Mortgage (Primary or Rental)						
Home Equity Line/Loan (1 <sup>st</sup> Residence)						
Home Equity Line/Loan (2 <sup>nd</sup> Residence)						
Auto Loan/Lease						
Auto Loan/Lease						
Personal Line of Credit						
Credit Card						
Credit Card						
Credit Card						
Credit Card						
Student Loan						
Student Loan						
Student Loan						
Student Loan						
Other						

## ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

## REAL ESTATE ASSETS

	Estimated Market Value	Purchase Price	Capital Improvements	Years Owned	Owner(s)
Primary Residence					
Second Residence					
Land					
Land					
Investment Property #1					
Investment Property #2					
Investment Property #3					

## PERSONAL ASSETS

	Estimated Market Value
Jewelry	\$
Artwork	\$
Collectibles	\$
Automobile #1	\$
Automobile #2	\$
Automobile #3	\$
Automobile #4	\$
Boat	\$
Other	\$



# NEW CLIENT DISCOVERY

## BUSINESS OWNERSHIP

Name of Business	Business Form (C-Corp, S-Corp, LLC, Sole Prop)	% Owned	Estimated Market Value

How long has the business(s) been around?

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Is your spouse (if applicable) a joint owner? If yes, how much?

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How many employees does the business(s) have?

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Do you have Key Man Coverage? If yes, provide details:

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Do you have a Buy-Sell Agreement in place? If yes, provide details:

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Who is your current benefits broker?

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Who is your current business's P&C Broker?

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Who does the businesses payroll?

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If credit card merchant accounts are used, whom do you use?

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Who is your current retirement plan broker?

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# NEW CLIENT DISCOVERY

**Trust Assets** *(provide a copy of the trust document, current statement, and tax ID number if applicable)*

Name of Trust	Type of Trust	Annual Income From Trust	Estimated Market Value

**Employer Sponsored Plans** *(Please provide complete statements within the last 90 days and full plan details)*

	Balance	Salary Contribution Percentage	Annual Employee Contributions	Annual Employer Total Contributions	How is account titled?
401k/403b					
401k/403b					
401k/403b					
401k/403b					
401k/403b					
401k/403b					
Deferred Comp					
Stock Options					
Stock Purchase Plan					
Other					
Other					

**ADDITIONAL NOTES**

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# NEW CLIENT DISCOVERY

## Pension & Social Security

*(Please provide Current Annual Pension and Social Security Statements)*

	Vested Benefits if Terminated	Benefit at 65 OR Full Retirement for Social Security Rows	How is account titled?
Defined Benefit Pension			
Defined Benefit Pension			
Defined Benefit Pension			
Social Security #1			
Social Security #2			

Are you already currently receiving Social Security Benefits? If yes, what age did you start?

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Have you ever performed a social security maximization analysis?

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### ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

## Individual/Joint Investment Plans *(Please provide most recent statements in last 90 days)*

	Current Balance	Current Custodian	Annual Contributions	Equity/Fixed Income Asset Mix	For NQ Accounts; How is account titled?
IRA #1					
IRA #2					
IRA #3					
IRA #4					
Roth IRA #1					
Roth IRA #2					
Roth IRA #3					
NQ Investment Account #1					
NQ Investment Account #2					
NQ Investment Account #3					

When is the last time a fee/benchmark return analysis was performed on your above accounts?

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Do all of your accounts above list a primary and contingent beneficiary?

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Do you know if your beneficiary designations are per capita or per stirpes?

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Are any of your listed beneficiaries minors under the age of 18?

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### ADDITIONAL NOTES

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# NEW CLIENT DISCOVERY

**Annuities** *(Please provide most recent statement in last 90 days):*

	<b>Annuity Carrier</b>	<b>When annuity was purchased</b>	<b>Immediate or Deferred Annuity</b>	<b>Annual Additions to Annuity</b>	<b>Type of Annuity</b>	<b>Current Balance</b>
Qualified Annuity #1						
Qualified Annuity #2						
Qualified Annuity #3						
NQ Annuity #1						
NQ Annuity #2						
NQ Annuity #3						

## Cash Equivalent Assets

	<b>Institution Held</b>	<b>Current Interest Rate</b>	<b>How is account titled?</b>	<b>Owner(s)</b>
Checking #1				
Checking #2				
Checking #3				
Savings #1				
Savings #2				
Savings #3				
Money Market #1				
Money Market #2				
Money Market #3				
CD Account #1				
CD Account #2				
CD Account #3				

## ADDITIONAL NOTES

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