DATA CHECKLIST

Name: ______________________ Name: ______________________

DOB: ______________________ DOB: ______________________

SS#: ______________________ SS#: ______________________

Driver's License#: ______________________ Driver's License#: ______________________

Children/Dependent Information

Name:______________________ DOB:____________ SS#: ____________

Name:______________________ DOB:____________ SS#: ____________

Name:______________________ DOB:____________ SS#: ____________

Name:______________________ DOB:____________ SS#: ____________

Home Address: ____

____

Home Phone: ______________________

Client: ______________________ Client: ______________________

Cell Phone: ______________________ Cell Phone: ______________________

Fax: ______________________ Fax: ______________________

Email: ______________________ Email: ______________________

Occupation: ______________________ Occupation: ______________________

Company: ______________________ Company: ______________________

Address: ______________________ Address: ______________________

______________________ ______________________

Work Phone: ______________________ Work Phone: ______________________

Work Fax: ______________________ Work Fax: ______________________

Work email: ______________________ Work email: ______________________

Approx. Annual Income: ______________________ Approx. Annual Income: ______________________

DATA CHECKLIST

Please gather the following applicable documents. Not all of the following will apply to everyone. I have attempted to compile a comprehensive list in order to assist you.

Personal Documents:

A. Estate Documents (husband and wife) – Wills, Trusts, Living Wills, POA, Health Care Proxy
B. Assets:
- Indicate title: (husband, wife, children, and trust)
- Cash, cash equivalents (most recent savings & checking statements)
- 401K's, stocks, mutual funds, bonds, annuities (most recent statements)
- Limited partnerships (most recent K-1)
- Homes - purchase price, market value, date of purchase
- Mortgage information - date of origination, %, term, monthly payment, line of credit

C. Liabilities: secured, unsecured, terms
D. Income tax returns (most recent two years)
E. Insurances: *All policies and last annual statements*
- Life
- Disability
- Professional
- Long term health care
- Medical
- Property & Casualty

F. Pre/post nuptial agreements/amendments
G. Potential inheritances
H. Gift tax returns
I. List of personal advisors
J. Monthly cash flow
K. Anything else you feel may apply to a comprehensive plan....

Business Documents:

1. Group benefit books and statements
2. Pension plan documents and most recent statement
3. Savings plan, 401(k) plan, profit sharing, Defined Benefit plans
4. Deferred compensation documents and statements
5. Employee agreements
6. Buy-sell agreements, partnership agreements
7. Census of all employees: dates of birth, dates of hire, salary, sex
8. Type of entity: s-corp, c-corp, partnership, LLC, etc
9. Most recent financial statement and business tax returns