



Financial Data Collection

Directions: Please collect the following statement relevant to your financial situation. Write-in amounts below. A detailed compiling of all materials and information will facilitate a more accurate evaluation of your financial data and the development of a comprehensive plan for you. If a section doesn't pertain to you, simply leave it blank. Please call 360-714-3378 with any questions.

Statements

- | | |
|--|--|
| <input type="checkbox"/> Retirement Accounts (401k, Roth IRA, IRA), 403b, 457) | <input type="checkbox"/> Employment Pay Stubs (last two pay periods) |
| <input type="checkbox"/> Investment Accounts | <input type="checkbox"/> Personal and Group Life Insurance Policy |
| <input type="checkbox"/> Social Security Benefits (www.ssa.gov) | <input type="checkbox"/> Long-Term Care Policy |

Values

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Bank Checking/Savings Account: average balance \$_____/ \$_____ | |
| <input type="checkbox"/> Money Market Account : current balance \$_____ Interest rate _____% | |
| <input type="checkbox"/> Household goods (furnishings, tools, electronics, etc): value \$_____ | |
| <input type="checkbox"/> Pension Plan: monthly pension amount due to you \$_____ at age _____ | |
| <input type="checkbox"/> Individual Stock Holdings: ticker symbol _____ # shares owned _____ purchase date _____ | |
| <input type="checkbox"/> Annuity Contract : value \$_____ | |
| <input type="checkbox"/> Credit Cards | |
| Balance due: _____ | Monthly payment: _____ |
| Interest rate: _____ | Payoff date: _____ |
| <input type="checkbox"/> Estimated Resale Value of Personal Property | |
| Balance due: _____ | Monthly payment: _____ |
| Interest rate: _____ | Payoff date: _____ |
| <input type="checkbox"/> Personal & Group Life Insurance Policy | |
| Type (term/whole life) _____ | Premium: _____ |
| Amount of Coverage: _____ | Date Issued: _____ |
| Term Length: _____ | Insured (client/spouse): _____ |
| <input type="checkbox"/> Long-Term Care Policy | |
| Insured (client/spouse): _____ | Premium: _____ |
| Elimination period: _____ | Benefit Length: _____ |
| Daily Benefit: _____ | |
| <input type="checkbox"/> Estimated Resale Value of Personal Property | |
| Market Value: _____ | Monthly Payment: _____ |
| Balance due: _____ | Loan Term: _____ |
| Interest rate: _____ | |
| <input type="checkbox"/> Real Estate Owned | |
| Market Value: _____ | Monthly Payment: _____ |
| Balance due: _____ | Loan Term: _____ |
| Interest rate: _____ | |

In order to help protect your personal information, please do NOT email this back to us, unless you use our secure email system. If you are uncertain whether you have the secure email, please call our office or email us requesting a secure email.

