

PREPARING FOR OUR FIRST MEETING

In order for our time together to be most beneficial for you, please complete the Financial Planning Data Sheet and email to our team (mkaizerman@royalaa.com OR acox@royalaa.com) or bring with you to our first meeting. Additionally, bring copies of the following documents:

Bank/Investment Statements (most recent)

- Bank and Credit Union Statements
- IRA Account Statements
- Brokerage Statements
- Mutual Fund Statements

Loan Documents (if applicable)

- Auto Loan
- Credit Card Debt
- Home Mortgages (First, Second and Line of Credit)

Income Tax Documents (most recent)

- Federal Return
- State Return

Estate Planning Documents

- Wills
- Trusts
- Powers of Attorney
- Health Care Proxy

Insurance Statements/Policies

- Homeowners Insurance
- Automobile Insurance
- Life Insurance
- Disability Insurance
- Long Term Care Insurance
- Umbrella Liability Insurance

Other Employment Related Benefits

- Recent paystub from each employer
- Retirement Plan Statements (401(k), 403(b), etc.)
- Stock Option Schedules
- Employee Benefit Manual/Summary Plan Descriptions



FINANCIAL PLANNING DATA SHEET

Date Prepared: _____

Approximate numbers are acceptable. Please print clearly if writing by hand.

CLIENT INFORMATION

CLIENT NAME _____

SS# _____ Date of Birth _____ Age _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Business Phone (_____) _____

Cell Phone (_____) _____ Email _____

SPOUSE NAME _____

SS# _____ Date of Birth _____ Age _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Business Phone (_____) _____

Cell Phone (_____) _____ Email _____

DEPENDENT INFORMATION

Dependent(s) Name(s) and Date(s) of Birth _____

Do you have a current will? Y _____ N _____

Living Trust? Y _____ N _____

Are you concerned about possible Long Term Care needs? Y _____ N _____

AMOUNTS IN BANKS, SAVINGS & LOANS & CREDIT UNIONS (NON-IRA)
(e.g., Checking, Savings, Money Market)

NAME OF INSTITUTION	TYPE OF ACCOUNT	MATURITY DATE	INTEREST RATE	APPROXIMATE BALANCE
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	\$ _____

IRA, ROTH IRA, OTHER BROKERAGE RETIREMENT ACCOUNTS

(Please bring in latest report/statements.)

ACCOUNT TYPE & OWNER	TYPE (401K, IRA, TSA, ETC.)	APPROXIMATE MARKET VALUE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Planned retirement date: _____ or if retired, date retired: _____

INDIVIDUAL STOCKS AND BONDS

(Where you hold certificates yourself.)

NAME OF STOCK/BOND	NUMBER OF SHARES	APPROXIMATE MARKET VALUE
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS (NON-RETIREMENT ACCOUNTS)

(Please bring in latest reports/statements.)

NAME OF BROKERAGE FIRM OR MUTUAL FUND	APPROXIMATE MARKET VALUE
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____



RESIDENCE AND OTHER REAL ESTATE OWNED

PROPERTY ADDRESS	ORIGINAL COST	CURRENT COST	NET CASHFLOW BEFORE DEPREC (RENTAL PROPERTY ONLY)
1. Primary Residence	\$ _____	\$ _____	N/A
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____

BUSINESS(ES) OWNED

NAME OF BUSINESS	ENTITY TYPE	CURRENT MARKET VALUE
1. _____	_____	\$ _____
2. _____	_____	\$ _____

OTHER ASSETS

1. FURNITURE AND FIXTURES	\$ _____
2. AUTOMOBILE(S)	\$ _____
3. JEWELRY/COLLECTIBLES	\$ _____
4. _____	\$ _____
5. _____	\$ _____

MORTGAGE/ LOANS/CREDIT CARD BALANCES

MORTGAGE - Interest Rate = _____ %	\$ _____
HOME EQUITY LINE OF CREDIT - Interest Rate = _____ %	\$ _____
AUTOMOBILE LOAN - Interest Rate = _____ %	\$ _____
CREDIT CARDS - Interest Rate = _____ %	\$ _____
5. _____	\$ _____
6. _____	\$ _____



LIFE INSURANCE

INSURANCE COMPANY	NAME OF INSURED	TYPE OF INSURANCE (WHOLE LIFE, TERM)	DEATH BENEFIT	LOAN AGAINST?
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

DISABILITY AND/OR LONG TERM CARE INSURANCE

INSURANCE COMPANY	NAME OF INSURED	DISABILITY OR LONG TERM CARE	BENEFIT	EMPLOYER PAID?
1. _____	_____	_____	\$ _____	_____
2. _____	_____	_____	\$ _____	_____
3. _____	_____	_____	\$ _____	_____
4. _____	_____	_____	\$ _____	_____

HOUSEHOLD CASH FLOW

(Please bring in a recent paystub.)

WAGES: \$ _____ /YR SOURCE: _____

SPOUSE'S WAGES: \$ _____ /YR SOURCE: _____

OTHER INCOME: 1. _____ /YR SOURCE: _____

2. _____ /YR SOURCE: _____

WHAT ARE YOUR APPROXIMATE ANNUAL EXPENSES? \$ _____

WHAT AMOUNT ARE YOU SAVING PER MONTH? \$ _____

What are your primary financial concerns? (List in order of importance.)

