

BACK OFFICE SOLUTIONS, LLC

Financial Planning Information Request Form

NAME: _____

DATE: _____

Business Name

Address

City State Zip

Phone

Fax

Email

Introduction

This ***Financial Planning Information Request Form*** is designed to help you and your advisor gather all the required 'hard' information to properly assess your current financial position and planning needs. We will collect 'soft' data such as your goals, your risk tolerance, and your estate planning desires through exploratory conversations. However, the 'hard' data collected via this form will provide the foundation for your financial plan. The more information you can provide at this time will increase the accuracy and detail of the analysis we can provide at the outset. However, do not be concerned if you don't have all the answers right now. If you are unsure of the meaning of any terms or questions please leave them blank and your investment advisor will discuss it with you. Planning is a process that takes time and thought to provide you with lasting benefits, so we are going to work together over time to address your specific financial planning concerns.

All the information you provide is held in the strictest confidence. We will not reveal or share any personal information that you provide to any outside parties without your written permission. We recognize the sensitivity of your financial information and have procedures in place to ensure it remains confidential.

The format of this Information Request Form is intended to make your data gathering effort as easy as possible. To that end, the form contains two basic sections. Some parts of the form are in a traditional worksheet format that requires you to fill in the missing and appropriate data. The second is simply a checklist of documents. Please supply all that are applicable. If, for any reason, you do not have or cannot obtain a statement for a particular item, an area is provided to allow you to write in any data from missing statements. Also, please feel free to make notes on the statement or record copies if there is an item of requested information that is not contained on the statement itself. Finally, if you prefer, we can make copies of any statements and return the originals to you.

Thank you for your time.

Family Information

Personal Data								
<u>Client</u>					<u>Partner</u>			
First Name: _____					First Name: _____			
Last Name: _____					Last Name: _____			
Birth Date: _____					Birth Date: _____			
US Citizen: _____					US Citizen: _____			
Retirement Age: _____					Retirement Age: _____			
Employer: _____					Employer: _____			
Title or Duties: _____					Title or Duties: _____			
Work Address: _____					Work Address: _____			
City, State, ZIP: _____					City, State, ZIP: _____			
Work Phone: _____					Work Phone: _____			
Home Address: _____								
City, State, Zip: _____								
Home Phone: _____								
Fax: _____								
Email: _____								
Children & Education Plans								
First & Middle Name		Birth Date	Start Year	Dependent Until	# Yrs.	Annual Cost	Amount Saved	Monthly Savings
% Of College Costs Paid by Parents or Grandparents: _____				Pay education costs from parent's savings? _____				
Other Advisors								
	Name	Location	Phone					
Accountant								
Lawyer								
Insurance Agent								

General Information

Document Copies: Please provide a copy of:

- Your most recent pay stub(s)
- Your Federal and State Tax Return for the prior year
- Your estimated Social Security Benefits Statement(s)
- Documentation of other income sources

Notes and/or Data for General Information Statements Unavailable:

Liabilities

Document Copies: Please provide a statement showing the most recent balance, the original liability amount, the lender, interest rate, and date the note was incurred:

- Mortgages
- Personal Notes
- Credit Cards and Lines of Credit

Notes and/or Data for Liability Statements Unavailable:

Description / Lender	Date Opened	Original Amount	Balance	Interest Rate	Loan Maturity	Monthly Payment

Assets

Document Copies: Please provide current statements or records from:

- Any Individual Bond holdings (Please include cost basis)
- Any Cash or Cash Equivalent accounts:
 - Checking Account(s)
 - Savings Account(s)
 - Money Market Accounts(s)
 - Certificates of Deposit(s)
- Any Limited Partnerships (Please include purchase price, number of units, and current value if known)
 - Real Estate
 - Oil and Gas
 - Equipment Leasing
 - Venture Capital
 - Other
- Notes Receivable (Please include Current Balance)
- Real Estate (Please include original purchase price and current market value)
- Non Retirement Stocks an Funds (Please include cost basis)
- Retirement Plans (Please include beneficiary information)
 - IRA
 - Keogh
 - SEP
 - Thrift Plan
 - Profit Sharing Plan
 - ESOP or PAYSOP
 - Stock Purchase Plan
 - Pension Plan
- Personal Property (Please include original purchase price and current market value)
 - Boats
 - Automobiles
 - Home Furnishings
 - Jewelry
 - Other

Notes and/or Data for Asset Statements Unavailable:

Description	Value (\$)	Owner	Beneficiary

Insurance

Document Copies: Please provide a copy of the policy declaration page for any current policies:

- Annuities (Single, Flexible, Variable)
- Single Premium Life Insurance
- Life Insurance (Permanent, Term)
- Medical Insurance
- Disability Insurance
- Long Term Care Insurance
- Homeowner's or Renter's Insurance
- Automobile Insurance
- Umbrella Liability Insurance
- Professional Liability Insurance

Notes and/or Data for Insurance Declaration Pages Unavailable:

Description	Insurer	Insured	Coverage Amount	Premium	Benefit

Other Items

Document Copies: Please provide a copy, where applicable, of:

- Summary of Benefits from Employer
- Individual Tax Return (most recent)
- Business Tax Return (most recent)
- Retirement Plan Tax Return for the prior year
- Current Will(s)
- Current Trust Agreement(s)
- Divorce Decree(s)
- Prenuptial Agreement(s)
- Business Interests
- Buy/Sell Agreements
- Deferred Compensation
- Stock Options/Bonus Plans

Notes and/or Data for 'Other Item' Documents Unavailable:

Personal Expenses

Please fill in either monthly or annual expenses where applicable. (OR Quick Books Summary)

Expense Item	Monthly Expense	Annual Expense
Rent/Lease (NOT Mortgage)		
Food & Household Incidentals		
Groceries		
Household Supplies		
Eating Out		
Utilities/Telephone		
Gas/Electric		
Water/Trash		
Phone		
Auto Operating & Maintenance		
Gas/Oil		
Repair		
Parking/Tolls		
Child Expenses		
School Expenses		
Special Events		
Baby Sitting/Day Care		
Gifts/Birthday		
Holidays		
Domestic Help		
Clothing		
Laundry/Cleaning		
Property Improvements & Upkeep		
Home Furnishings		
Child Support		
Alimony		
Entertainment		
Vacations		
Hobbies		
Membership/Dues		
Pet Expenses		
Books/Subscriptions		
Cable TV		
Supplies		
Miscellaneous		

