

FINANCIAL INFORMATION

Client 1 Name: _____ Date: _____

Client 2 Name: _____

Please attach a printout of this information if it is in your private database.

Bank, Savings and Loan, and Credit Union Accounts (Non-IRA Assets)

(e.g., checking, savings, money market accounts)

Name of Institution	Name of Owner	Type of Account	Maturity Date	Interest Rate	Approximate Balance
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

IRA and Other Retirement Accounts

(Attach your most recent statement/report.)

Name of Institution and Location (e.g., bank, broker)	Name of Owner	Type of Account (e.g., IRA, TSA)	Approximate Market Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Employer Retirement Accounts

(Attach your most recent statement/report.)

Name of Firm and Location (e.g., employer)	Name of Owner	Type of Account (e.g., 401(k), TSA)	Current Employee Contribution	Projected Future Contribution	Current Employer Matching Contribution	Approximate Market Value
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$



THE WEALTH TRANSITION
COLLECTIVE

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(Projected) Retirement Income

(Attach your most recent statement/report.)

Name of Owner	Source of Income	Amount	Projected Benefit
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$

Stocks and Bonds

(e.g., assets you hold yourself in certificate form)

(Attach your most recent statement/report.)

Name of Stock/Bond	Name of Owner	Number of Shares	Approximate Market Value
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$

Mutual Funds and/or Brokerage Accounts

(Attach your most recent statement/report.)

Name of Brokerage/ Mutual Fund	Name of Owner	Number of Shares	Approximate Market Value
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$

Annuities

(Attach your most recent statement and your contracts.)

Name of Annuity Company	Name of Annuitant/Owner	Interest Rate	Approximate Value	Date Purchased
1.		%	\$	
2.		%	\$	
3.		%	\$	
4.		%	\$	
5.		%	\$	

Promissory Notes and Trust Deeds

(e.g., amounts owed to you by someone who is paying you on a note)

Name of Debtor	Name of Owner	Interest Rate	Approximate Balance of Note
1.		%	\$
2.		%	\$

Residence and Other Real Estate

Property Address	Name of Owner	Original Cost	Approximate Value	Debt	Net Cash Flow Before Depreciation (if a rental)
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
5.		\$	\$	\$	\$

Limited or General Partnerships

Name of Partnership	Name of Owner	Type of Investment	Approximate Market Value or Amount Invested
1.			\$
2.			\$

Stock Options

Name of Firm	Name of Owner	Incentive or Nonqualified?	Number of Shares	Year to Sell	Current Value	Vested Amount	Unvested Amount
1.					\$	\$	\$
2.					\$	\$	\$

Stock Option Vesting Schedule

After 1 year of service	%
After 2 years of service	%
After 3 years of service	%
After 4 years of service	%
After 5 years of service	%
After 6 years of service	%
After 7 years of service	%

Life Insurance

(Attach your most recent statement and your policies.)

Name of Insurance Company	Name of Owner	Beneficiary	Type of Insurance (e.g., whole life, term)	Approximate Death Benefit	Approximate Cash Value (before loans)	Loan Amount	Annual Premium
1.				\$	\$	\$	\$
2.				\$	\$	\$	\$
3.				\$	\$	\$	\$
4.				\$	\$	\$	\$
5.				\$	\$	\$	\$

Disability Insurance

(Attach your most recent statement and your policies.)

Company	Name of Insured	Monthly Benefit	Delay Before Benefits Begin	Length of Benefit Period	Actual Premium
1.		\$			\$
2.		\$			\$

Health Insurance

(Attach your most recent statement and your policies.)

Company	Name of Insured	Deductible	Maximum Limits	Annual Premium
1.		\$	\$	\$
2.		\$	\$	\$

Long-Term Care Insurance

(Attach your most recent statement and your policies.)

Company	Name of Insured	Daily Benefit Amount	Length of Benefit Period	Annual Premium
1.		\$	\$	\$
2.		\$	\$	\$

Trust-Owned Second-to-Die Insurance

(Attach your most recent statement and your policies.)

Company	Approximate Death Benefit	Approximate Cash Value	Annual Premium
1.	\$	\$	\$
2.	\$	\$	\$

Auto Insurance

(Attach your most recent statement and your policies.)

Company	Liability Coverage	Collision Deductible	Comprehensive	Medical Amount	Expiration Date	Annual Premium
1.	\$	\$	\$	\$		\$
2.	\$	\$	\$	\$		\$

Homeowners Insurance

(Attach your most recent statement and your policies.)

Company	Dwelling	Personal Liability/Property	Medical	Expiration Date	Annual Premium
1.	\$	\$	\$		\$
2.	\$	\$	\$		\$

Other Assets

Description	Name of Owner	Approximate Value
1.		\$
2.		\$
3.		\$

Household Cash Flow

Client 1's wages and bonuses	\$	/YR	Source:
Client 2's wages and bonuses	\$	/YR	Source:
Other income	\$	/YR	Source:
Other income	\$	/YR	Source:
What are your approximate annual expenses?	\$	/YR	

Liabilities

Source (e.g., credit cards, car payments)	Name of Owner	Interest Rate/ Finance Charge	Approximate Debt
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Comments: _____

