



Your Financial Plan Information Gathering



We love planning for financial confidence! Let's plan to succeed! Output of the modeling is only as good as the accuracy of the facts. Please take some time to gather your information so that we can do the best job possible on your plan. We look forward to assisting you with this analysis.

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FINANCIAL PLANNING DOCUMENTS CHECKLIST

When you are scheduled to meet with your financial planner, please bring the following types of documents.

Retirement Planning Documents

Recent IRA, 401(k), 403(b), 457, HSA, SEP IRA statements

Employee benefits program

Deferred compensation and stock agreements

Pension and profit-sharing statements

Tax Planning Documents

Tax returns for last year

W-2 and a recent pay stub

Financial Documents

Savings account statements

Mutual fund statements

Brokerage account statements

Investment documents

Mortgage and Personal Loan details

List of stocks held outside of brokerage account

Partnership agreements

Asset Protection Documents

Life insurance policies and statements

Medical, homeowners and auto insurance policies and statements

Disability, umbrella liability, and long-term care insurance policies

Annuity policies and statements

Estate Planning Documents

Wills, living wills, durable powers of attorney and health care powers

Personal Information

	Client			Co-Client		
Name						
Date of Birth	/ /	Gender	M F	/ /	Gender	M F
Employment Income	\$	Or retired		\$	Or retired	
Marital Status				State of Residence		

Children and/or Grandchildren (or any other participant included in this plan)

Name	Date of Birth	Relationship
	// age	
	// age	
	// age	
	// age	
	// age	
	// age	
	// age	

Retirement Age

If not now, when would you like to retire? Enter your target retirement age. Then, indicate how willing you are to delay retirement beyond that age if it helps you to fund your goals.

	Client		Co-Client	
Retire at Age				
How willing to retire later?	Not at all Somewhat	Slightly Very	Not at all Somewhat	Slightly Very

What order of retirement do you prefer? Both retire in the same year
 Either can retire first

Spending Needs:

Please indicate (to the best of your knowledge) what your spending needs are:

Monthly Household Spending Estimate \$ _____

(do not include debt service, mortgage, taxes, healthcare or vacation/travel)

Mortgage monthly payment: Principal and Interest portion \$ _____, Escrow portion \$ _____
 Original term _____ years Number of payments left _____
 Interest Rate _____ %

Other Income

Description:

Rental Income \$ _____ monthly or Annually (circle one)

Part-Time Income \$ _____ monthly or Annually (circle one): Starting _____ For # years _____

Pension Income \$ _____ monthly benefit currently receiving or Not till Age _____

Is the payment Fixed or is there a COLA Spousal benefit: 0% 50% 75% or 100%

Other \$ _____ monthly or annually (circle one)

Social Security Benefits

		Client		Co-Client		
Are you Eligible?	Yes	No	Receiving Now	Yes	No	Receiving Now
Benefit Amount At Full Retirement Age	\$	Use Program Estimate	Benefit Amount At Full Retirement Age	\$	Use Program Estimate	
When to start	Full Retirement At Age ____ At Retirement	Age per SSN	When to start	Full Retirement At Age ____ At Retirement	Age per SSN	

Lifestyle Goals:

Lifestyle goals are above and beyond what you need to pay your basic expenses. Rate the importance of each Goal on a scale of 10 – 1. Needs are (10,9,8) Wants are (7,6,5,4) and Wishes are (3,2,1).

Examples of some common goals are:

- | | | | | |
|-----------------|------------------|----------------|------------------|--------------|
| Travel | Relocation | Wedding | Private School | Celebration |
| Car replacement | Home Improvement | Major Purchase | New Home | Provide Care |
| Healthcare | Gift or Donation | Leave bequest | Start a Business | Other |

Importance High Low 10 - 1	Description	Start At		Target Amount	How Often	How Many Times
		Year	Retirement			
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		

Education Goals:

Student	Age to Start	In-State	Private	Specific institution

Assets

	Current Value	Owned by – in the name of	Future Sale ?
Residence			
Other real estate			
Other			
Other			
Other			

Investment Assets

Please provide recent statements showing investment holdings in both retirement and individual/taxable accounts for analysis purposes including all choices within any retirement plans at work.

Executive Benefits (please include any statements or detail available)

	Client	Co-Client	Notes
Stock Options			
Restricted Stock			
Deferred Compensation			
Small Business Ownership			

Current Savings

For retirement plan accounts, please provide your deferral (contribution) as a % of your pay Client _____% Co-Client _____%

Please describe your employer's match, if any:

Client	Co-Client

Savings monthly into non-retirement Investment Accounts \$ _____
 Savings monthly into 529 college Savings accounts \$ _____
 Annual Savings into IRA's \$ _____
 Annual savings into ROTH IRA's \$ _____

Risk Management (Insurance)

	Client		Co-Client		Notes
Group/Term Life Insurance	Yes	No	Yes	No	
• Death Benefit	\$		\$		
Cash Value Life Insurance					
• Death Benefit	\$		\$		
• Cash Value	\$		\$		
Disability Insurance	Yes	No	Yes	No	
Long-Term Care Insurance	Yes	No	Yes	No	
Health Insurance (pre-Medicare)	Needed?		Needed?		Mark if private healthcare is needed for retirement age before age 65

Planning Age (Life Expectancy)

	Client		Co-Client	
	Yes	No	Yes	No
Smoker				
How would you rate your health?	Poor	Good Excellent	Poor	Good Excellent
How long does your family Live compared to others?	Shorter	Average Longer	Shorter	Average Longer

Retirement Concerns

	Client	Co-client	High/Med/Low
Running out of Money			
Suffering investment losses			
Leaving money to others			
Spending too much			
Cost of Health Care or Long-term Care			
Current or Future Health Issues			
Dying Early			
Living too long			
Getting Alzheimer's (or other illness)			
Going to a nursing home			
Being Bored			
Too much time together			
Parents needing care			
Family needs financial help			
Kids moving home			
Care of child with special needs			
Other:			

Budget - Optional to Help Determine Basic Living Expense

Home Expenses	Current	Retirement
Mortgage / Rent	\$	\$
Equity Line	\$	\$
Real Estate Tax	\$	\$
Homeowner's Insurance	\$	\$
Association Fees	\$	\$
Electricity	\$	\$
Gas/Oil	\$	\$
Trash Pickup	\$	\$
Water/Sewer	\$	\$
Cable/Satellite TV	\$	\$
Internet	\$	\$
Telephone (land line)	\$	\$
Lawn Care	\$	\$
Maintenance	\$	\$
Furniture	\$	\$
Other:	\$	\$
TOTAL	\$	\$

Personal Insurance Expenses	Current	Retirement
Disability for Client	\$	\$
Disability for Co-client	\$	\$
Life for Client	\$	\$
Life for Co-client	\$	\$
Long-Term Care for Client	\$	\$
Long-Term Care for Co-client	\$	\$
Medical for Client	\$	\$
Medical for Co-client	\$	\$
Umbrella Liability	\$	\$
Other:	\$	\$
TOTAL	\$	\$

Total All Expenses	Current	Retirement
Personal & Family Expenses	\$	\$
Vehicle Expenses	\$	\$
Home Expenses	\$	\$
Personal Insurance Expenses	\$	\$
TOTAL	\$	\$

Budget - Optional to Help Determine Basic Living Expense

Personal & Family Expenses	Current	Retirement
Alimony	\$	\$
Bank Charges	\$	\$
Business Expense	\$	\$
Cash - Miscellaneous	\$	\$
Cell Phone	\$	\$
Charitable Donations	\$	\$
Child Allowance/Expense	\$	\$
Child Care	\$	\$
Child Support	\$	\$
Clothing	\$	\$
Club Dues	\$	\$
Credit Card Debt Payment	\$	\$
Dining	\$	\$
Entertainment	\$	\$
Gifts	\$	\$
Groceries	\$	\$
Healthcare	\$	\$
Hobbies	\$	\$
Household Items	\$	\$
Laundry/Dry Cleaning	\$	\$
Personal Care	\$	\$
Pet Care	\$	\$
Recreation	\$	\$
Vacation/Travel	\$	\$
Other:	\$	\$
TOTAL	\$	\$

Vehicle Expenses	Current	Retirement
Loan / Lease	\$	\$
Insurance	\$	\$
Personal Property Tax	\$	\$
Fuel	\$	\$
Repairs / Maintenance	\$	\$
Parking / Tolls	\$	\$
Other:	\$	\$
TOTAL	\$	\$