

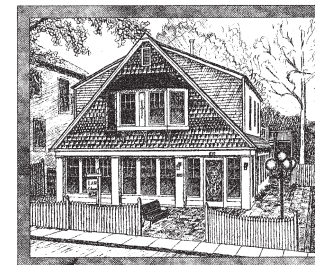
**LIVING EXPENSES**

**Annual**

Savings \$ \_\_\_\_\_  
Children's Expenses \_\_\_\_\_  
Food \_\_\_\_\_  
Clothing \_\_\_\_\_  
Entertainment/Dining Out \_\_\_\_\_  
Vacations \_\_\_\_\_  
Gifts/Celebrations \_\_\_\_\_  
Auto Gas & Repairs \_\_\_\_\_  
Other Transportation \_\_\_\_\_  
Home Repair & Maintenance \_\_\_\_\_  
Utilities \_\_\_\_\_  
Telephone (Cell/Internet) \_\_\_\_\_  
Home Improv/Purchases \_\_\_\_\_  
Homeowners Insurance \_\_\_\_\_  
Auto Insurance \_\_\_\_\_  
Umbrella Insurance \_\_\_\_\_  
Life Insurance \_\_\_\_\_  
Disability Insurance \_\_\_\_\_  
Personal Care \_\_\_\_\_  
Household Help \_\_\_\_\_  
Dues/Subscriptions \_\_\_\_\_  
Pet Expenses \_\_\_\_\_  
Other Living Expenses \_\_\_\_\_  
Miscellaneous Cash \_\_\_\_\_

**TAX RELATED EXPENSES**

Medical Insurance \$ \_\_\_\_\_  
Long-Term Care Insurance \_\_\_\_\_  
Medical/Dental \_\_\_\_\_  
Real Estate Tax \_\_\_\_\_  
Personal Property Tax \_\_\_\_\_  
Charitable Contributions \_\_\_\_\_  
Tax Preparation Fee \_\_\_\_\_  
Other Miscellaneous \_\_\_\_\_



FINANCIAL REVIEW  
PRE-APPOINTMENT  
PREPARATION INFORMATION

Please return these pages and requested documents to our office  
at least two weeks prior to your appointment.

Your appointment is scheduled for \_\_\_\_\_

**LAW & ASSOCIATES, INC.**  
AN INDEPENDENT REGISTERED INVESTMENT ADVISOR  
6111 TULANE AVENUE  
GLEN ECHO, MARYLAND 20812-1205

301/229-8500 800/835-6111 Fax 301/229-8504

Securities offered through  
Raymond James Financial Services, Inc.  
Member FINRA/SIPC

[www.lawandassociates.com](http://www.lawandassociates.com)

**LAW & ASSOCIATES, INC.**

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_  
Home Work-Self Work-Spouse

Cell Phone \_\_\_\_\_  
Self Spouse

Email \_\_\_\_\_  
Self Spouse

1. Areas of interest for discussion during upcoming appointment.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Any new additions to the family expected, *i.e.* children, dependent parents? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

3. Any employment changes expected, *i.e.* change of position, retirement? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

4. Any new or different employer-provided benefits? If yes, please enclose information.  
\_\_\_\_\_  
\_\_\_\_\_

5. Risk management, including life, disability, long-term care, and property and casualty should be reviewed every few years. Please provide copies of policies if appropriate.  
\_\_\_\_\_

6. Estate planning documents should be reviewed every two years. If you have not done so already, please provide copies of the following estate planning documents for our files: Wills, Trusts, Durable Powers of Attorney, Medical Powers of Attorney, Living Wills. Do you feel this area needs to be reviewed?  
\_\_\_\_\_

7. Good service is important to us. Are there ways we could serve you better?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE BELOW UPDATED VALUES FOR ASSETS  
NOT HELD THROUGH RAYMOND JAMES.**

**A. Assets**

1. Cash Alternatives
  - Checking \_\_\_\_\_
  - Savings \_\_\_\_\_
  - Credit Union \_\_\_\_\_
  - Money Market \_\_\_\_\_
  - CDs (include interest rate and maturity date) \_\_\_\_\_

2. Securities
  - Stocks/Bonds \_\_\_\_\_
  - Mutual Funds \_\_\_\_\_
  - Managed Accounts \_\_\_\_\_

3. Retirement Assets \_\_\_\_\_
  - IRAs, SEPs \_\_\_\_\_
  - Employer-Provided Plans (401(k), Thrift) \_\_\_\_\_

4. Real Estate Market Value
  - Residence \_\_\_\_\_
  - Vacation Home/Rental Property \_\_\_\_\_

5. Other Assets Market Value
  - Autos \_\_\_\_\_
  - Life Insurance Cash Value \_\_\_\_\_
  - Other \_\_\_\_\_

**B. Liabilities**

	Financed Amount	Interest Rate	Start Date	Term	Monthly Payment
1. Residence	_____	_____	_____	_____	_____
2. Vacation	_____	_____	_____	_____	_____
3. Rental	_____	_____	_____	_____	_____
4. Car Loan	_____	_____	_____	_____	_____
5. Lines of Credit	_____	_____	_____	_____	_____
6. Credit Cards	_____	_____	_____	_____	_____
7. Other	_____	_____	_____	_____	_____

**C. Income (Gross)**

	Self	Spouse
1. Salary	_____	_____
2. Bonus	_____	_____
3. Self-Employment	_____	_____
4. Other	_____	_____

**D.** Please use the cash flow worksheet on the following page to provide either actual or estimated living expenses. If you provided detailed expenses last year you can indicate changes only.

**E.** Please provide copies of the following

1. Most recent Federal and State tax returns
  2. Most recent paystubs/pension statements
- We will assume deductible expenses are the same as on your most recent tax return. Please note changes on an attached sheet.