

# Preliminary Financial Planning Pre-Appointment Worksheet

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Date:  Time:

## Your Information

Name	Date of Birth	Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Employer	
<input type="text"/>	<input type="text"/>	
Home Phone Number	Work Phone Number	
<input type="text"/>	<input type="text"/>	
Cell Number	Email Address	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Spouse's Information

Name	Date of Birth	Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Employer	
<input type="text"/>	<input type="text"/>	
Home Phone Number	Work Phone Number	
<input type="text"/>	<input type="text"/>	
Cell Number	Email Address	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Children/Grandchildren

Name	Date of Birth	Spouse	Spouse's Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Date of Birth	Spouse	Spouse's Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Date of Birth	Spouse	Spouse's Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Date of Birth	Spouse	Spouse's Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Date of Birth	Spouse	Spouse's Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Date of Birth	Spouse	Spouse's Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Date of Birth	Spouse	Spouse's Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Personal Financial Objectives

Rank in order of importance - "1" being most important.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Build Wealth         | <input type="checkbox"/> Retirement Comfort  | <input type="checkbox"/> Reduce Income Taxes         |
| <input type="checkbox"/> Children's Education | <input type="checkbox"/> Reduce Estate Taxes | <input type="checkbox"/> Cash Flow & Debt Management |
| <input type="checkbox"/> Other _____          |  |  |

How would you assess your risk tolerance?

- |  |  |  |
|--|--|--|
| Self   |  | Spouse   |
| <input type="checkbox"/> Safe <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |  | <input type="checkbox"/> Safe <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |

Specific planning objectives and/or issues to be addressed. Indicate time horizon, if applicable.

## Assets

### Personal Assets (Residence, Vacation Home, Auto, Time Share, Jewelry, Art/Antiques)

Asset	Owner			Current Value	Purchase Price/Date
	<input type="checkbox"/> Self	<input type="checkbox"/> Sp	<input type="checkbox"/> Jt	\$	/
	<input type="checkbox"/> Self	<input type="checkbox"/> Sp	<input type="checkbox"/> Jt	\$	/
	<input type="checkbox"/> Self	<input type="checkbox"/> Sp	<input type="checkbox"/> Jt	\$	/
	<input type="checkbox"/> Self	<input type="checkbox"/> Sp	<input type="checkbox"/> Jt	\$	/
	<input type="checkbox"/> Self	<input type="checkbox"/> Sp	<input type="checkbox"/> Jt	\$	/
	<input type="checkbox"/> Self	<input type="checkbox"/> Sp	<input type="checkbox"/> Jt	\$	/

### Other (Business Interest, Ltd. Partnerships, Receivables)

Asset	Owner			Current Value	Purchase Price/Date
	<input type="checkbox"/> Self	<input type="checkbox"/> Sp	<input type="checkbox"/> Jt	\$	/
	<input type="checkbox"/> Self	<input type="checkbox"/> Sp	<input type="checkbox"/> Jt	\$	/

## Income (Gross)

	Self	Spouse	Frequency
Salary	\$	\$	
Bonus	\$	\$	
Self-Employment	\$	\$	
Social Security	\$	\$	
Pension	\$	\$	
Rental	\$	\$	
Other	\$	\$	

## Living Expenses

Monthly	\$
Annually	\$

## Potential Tax-Related Expenses

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

## Risk Management

### Disability

	Employer Coverage	Independent Coverage		Employer Coverage	Independent Coverage
Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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### Long-Term Care

	Employer Coverage	Independent Coverage		Employer Coverage	Independent Coverage
Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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### Life Insurance

	Employer Coverage	Independent Coverage		Employer Coverage	Independent Coverage
Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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### Property & Casualty

Do You Have Automobile Insurance Coverage?  Yes  No

Do You Have Homeowners Insurance Coverage?  Yes  No

Do You Have an Umbrella Liability Policy?  Yes  No

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### Professional Liability/Business

Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### Estate Planning

Do You Have Financial Durable Powers of Attorney?  Yes  No

Do You Have Medical Powers of Attorney?  Yes  No

Do You Have Living Wills?  Yes  No

Do You Have Wills?  Yes  No

Do You Have Revocable Trusts?  Yes  No

Do You Have Irrevocable Trusts?  Yes  No

Date These Documents Last Reviewed?

### Additional Comments

## Document Checklist

(Please provide copies of the following documents)

- Last two years' Federal and State income tax returns
- Several recent pay stubs
- Most recent Social Security and/or pension benefits

### Current Statements:

- Bank Accounts – Checking, Savings, Money Markets, CDs, T-Bills, Savings Bonds
- Investment Accounts – Stocks, Bonds, Mutual Funds, Managed Accounts
- Retirement/Tax Deferred Accounts – IRA, SEP-IRA, 401(k), 403(b), Roth IRA, Pension/Profit Sharing, Annuities
- Children's Assets – Trusts, Custodial-UGMA/UTMA, Education-529, ESA
- Liabilities – Mortgages, Auto Loans, Lines of Credit, Margin, Credit Cards, Student Loans, Life Insurance  
Cash Value Loans

### Employee Benefit Information:

- Employer Summary Plan Description
- Deferred Compensation/Defined Benefit Plan Information
- Stock Option Information
- Risk Management – Automobile, Homeowners, Umbrella, Disability, Long-Term Care, Life, Professional Liability/Business
- Estate Planning Documents – Financial Durable Powers of Attorney, Medical Powers of Attorney, Living Wills, Wills, Revocable Trusts, Irrevocable Trusts
- Business Interests – Please provide business type, business value, and corporate/partnership tax returns for the last two years.



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