

2. EMPLOYER STOCK OPTIONS

ISO/NQ/ESPP	Grant Date	Vest Date	# of Options	Option Price	---- EXERCISE ---- Date	FMV	----- SALE ----- Date	PRICE

3. LIABILITIES

Description	Term	Rate	Amount Borrowed	Current Balance	Monthly Payment	---- Origination ---- Amount	Date

*Description: mortgage, credit card, personal, margin, etc.
Term: original duration of loan*

4. INSURANCE

Please describe your insurance coverage or provide a copy of the policy declaration page:

Life	_____
Disability	_____
Health	_____
Auto	_____
Homeowners	_____
Umbrella Liability	_____
Business/Partnership	_____

5. EMPLOYER BENEFITS

	CLIENT 1		CLIENT 2	
	Available Benefit	Your Participation	Available Benefit	Your Participation
401(k) pre-tax				
401(k) after-tax				
FSA-medical				
FSA-dependent care				
term life insurance				
disability insurance				
pre-tax health insurance				
after-tax health insurance				
stock purchase plan				
deferred compensation				
other				

6. ESTATE PLAN

Do you have a current will? _____ Last updated? _____ Estate Plan? _____ Last updated? _____

Please include a copy of your wills, trust documents and/or estate plan.

Comments _____

Do you or your children expect to receive an inheritance?

Are you or your children the beneficiaries of a trust? Have you, or do you plan to, fund(ed) trusts yourself?

8. TAX RETURNS

Provide a copy of your most recent federal and state income tax return.

Please note below your year-to-date quarterly estimated tax payments that you have made, and expect to make.

9. ANNUAL SOURCES OF INCOME

Please provide a copy of a recent payroll voucher for both clients.

	CLIENT 1	CLIENT 2
Salary	_____	_____
Bonus	_____	_____
Self-Employment	_____	_____
Loans Received	_____	_____
Gifts Received	_____	_____
Other Sources	_____	_____
Expected increase per year for the next 5 years	_____	_____
How much of last year's income did you save or invest?	_____	_____

10. REGULAR ANNUAL LIVING EXPENSES

	Description	Annual Expense	Notes
Property taxes	Property taxes	_____	_____
Mortgage / rent	Mortgage / rent payments	_____	_____
Home expenses	Insurance - homeowners	_____	_____
	Gas & electric	_____	_____
	Utilities	_____	_____
	Cable/satellite	_____	_____
	Internet (see telephone)	_____	_____
	Telephone	_____	_____
	Decorating/Furniture	_____	_____
	Repairs & Maintenance	_____	_____
	Capital Improvements	_____	_____
	Housekeeping	_____	_____
	Gardening	_____	_____
	Other	_____	_____
	Other	_____	_____
Personal expenses	Food (at home)	_____	_____
	Clothing/dry cleaning	_____	_____
	Hair/cosmetics	_____	_____
	Animals	_____	_____
	Cushion	_____	_____
	Other	_____	_____
	Other	_____	_____
Children's expenses	Private school tuition	_____	_____
	Day care/pre-school	_____	_____
	Babysitting	_____	_____
	Hobbies/activities	_____	_____
	College tuition	_____	_____
	Lifestyle expenses	_____	_____
	Other	_____	_____
	Other	_____	_____
Transportation	Maintenance and repairs	_____	_____
	Gas	_____	_____
	Other commuting costs	_____	_____
	Loan / lease payments	_____	_____
	Registration	_____	_____
	Insurance	_____	_____
	Other	_____	_____
	Other	_____	_____

	Description	Annual Expense	Notes
Insurance and medical			
	Insurance premiums:		
	Life		
	Disability		
	Medical		
	Dental		
	Long-term care		
	Umbrella liability		
	Umbrella liability: (Jewelry Rider)		
	Out-of-pocket expenses:		
	Medical		
	Dental		
	Other		
	Other		
Hobbies / entertainment			
	Entertainment		
	Dining		
	Recreation		
	Electronics/computers		
	Software		
	Vacation / travel		
	Books / subscriptions		
	Health clubs		
	Other		
	Other		
Charitable donations			
	Donations		
Gifts			
	Personal gifts		
Other			
	Business / employment		
	Parental support		
	Interest on credit cards		
	Other finance charges		
	Other		
	Other		
	Other		
Retirement contributions			
	Client 1		
	Client 2		
Savings or (Deficit)			

11. SEMI-REGULAR AND COLLEGE EXPENSES
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SEMI-REGULAR EXPENSES

	Description	Amount	Frequency or Expected Payment Date ⁽¹⁾
Auto purchases	Client 1	_____	_____
	Client 2	_____	_____
	Other	_____	_____
	Other	_____	_____
Home remodel / repair	Home remodel	_____	_____
	Major home repair	_____	_____
	Other	_____	_____
	Other	_____	_____
Other	Other	_____	_____
	Other	_____	_____

	Description	Annual Amount	Notes
<u>COLLEGE EXPENSES</u>			
College tuition	Child 1	_____	_____
	Child 2	_____	_____
	Child 3	_____	_____
	Child 4	_____	_____
	Other	_____	_____
Living expenses	Child 1	_____	_____
	Child 2	_____	_____
	Child 3	_____	_____
	Child 4	_____	_____
	Other	_____	_____

⁽¹⁾ i.e. "every 3, 5, 7, 10, etc...years" or "December 2008"

12. OTHER UNUSUAL/FUTURE/SURVIVOR EXPENSES

a) Extraordinary expenses

Do you anticipate any other unusual expenses in the near future (not indicated above)? Such as new home purchase, travel?

b) Retirement

How do you expect your retirement living expenses to compare to your current expenses?
Should we assume a reduction or an increase?

c) Survivor Support

If one partner were to die, what standard of living would the survivor assume? Same as current or reduced?
Sale of current home and move to less expensive home?

d) Parental Support

Do you expect to provide for your own parents or siblings? Please indicate the amount and duration of that expense.

13. FINANCIAL GOALS

Please rank your financial goals in order of importance to you. Be sure to add any other goals.

		HIGHEST	< ----->	LOWEST	
Provide for children's college educations	4	3		2	1
Provide for children's private education pre-college	4	3		2	1
Provide for retirement by age 65	4	3		2	1
Provide for retirement by age:	4	3		2	1
Provide for support of parents/siblings	4	3		2	1
Other	4	3		2	1
Other	4	3		2	1
Other	4	3		2	1
Other	4	3		2	1

14. FORMS CHECKLIST

<u>Check</u>	<u>Form</u>	<u>Check</u>	<u>Form</u>
—	Account statements	—	Estimated tax payment schedule
—	Employment benefit options	—	Insurance Declarations pages
—	Employer stock option reports	—	Wills & trusts
—	Federal and state tax returns	—	Estate plan
—	Recent payroll voucher	—	Social Security statements
—	Pension statements		