BACK OFFICE SOLUTIONS, LLC

Financial Planning Information Request Form

NAME: ______________________________

DATE: ______________________________

Business Name
Address
City State Zip
Phone
Fax
Email

Introduction

This ***Financial Planning Information Request Form*** is designed to help you and your advisor gather all the required 'hard' information to properly assess your current financial position and planning needs. We will collect 'soft' data such as your goals, your risk tolerance, and your estate planning desires through exploratory conversations. However, the 'hard' data collected via this form will provide the foundation for your financial plan. The more information you can provide at this time will increase the accuracy and detail of the analysis we can provide at the outset. However, do not be concerned if you don't have all the answers right now. If you are unsure of the meaning of any terms or questions please leave them blank and your investment advisor will discuss it with you. Planning is a process that takes time and thought to provide you with lasting benefits, so we are going to work together over time to address your specific financial planning concerns.

All the information you provide is held in the strictest confidence. We will not reveal or share any personal information that you provide to any outside parties without your written permission. We recognize the sensitivity of your financial information and have procedures in place to ensure it remains confidential.

The format of this Information Request Form is intended to make your data gathering effort as easy as possible. To that end, the form contains two basic sections. Some parts of the form are in a traditional worksheet format that requires you to fill in the missing and appropriate data. The second is simply a checklist of documents. Please supply all that are applicable. If, for any reason, you do not have or cannot obtain a statement for a particular item, an area is provided to allow you to write in any data from missing statements. Also, please feel free to make notes on the statement or record copies if there is an item of requested information that is not contained on the statement itself. Finally, if you prefer, we can make copies of any statements and return the originals to you.

Thank you for your time.

Family Information

Personal Data

	Client		Partner
First Name:	____________	First Name:	____________
Last Name:	____________	Last Name:	____________
Birth Date:	____________	Birth Date:	____________
US Citizen:	____________	US Citizen:	____________
Retirement Age:	____________	Retirement Age:	____________
Employer:	____________	Employer:	____________
Title or Duties:	____________	Title or Duties:	____________
Work Address:	____________	Work Address:	____________
City, State, ZIP:	____________	City, State, ZIP:	____________
Work Phone:	____________	Work Phone:	____________

Home Address: ________________________

City, State, Zip: ________________________

Home Phone: ________________________

Fax: ________________________

Email: ________________________

Children & Education Plans

First & Middle Name		Birth Date	Start Year	Dependent Until	# Yrs.	Annual Cost	Amount Saved	Monthly Savings

% Of College Costs Paid by Parents or Grandparents: ________

Pay education costs from parent's savings? ________

Other Advisors

	Name	Location	Phone
Accountant			
Lawyer			
Insurance Agent			

General Information

Document Copies: Please provide a copy of:

- Your most recent pay stub(s)
- Your Federal and State Tax Return for the prior year
- Your estimated Social Security Benefits Statement(s)
- Documentation of other income sources

Notes and/or Data for General Information Statements Unavailable:

Liabilities

Document Copies: Please provide a statement showing the most recent balance, the original liability amount, the lender, interest rate, and date the note was incurred:

- Mortgages
- Personal Notes
- Credit Cards and Lines of Credit

Notes and/or Data for Liability Statements Unavailable:

Description / Lender	Date Opened	Original Amount	Balance	Interest Rate	Loan Maturity	Monthly Payment

Assets

Document Copies: Please provide current statements or records from:

- Any Individual Bond holdings (Please include cost basis)
- Any Cash or Cash Equivalent accounts:
  - Checking Account(s)
  - Savings Account(s)
  - Money Market Accounts(s)
  - Certificates of Deposit(s)
- Any Limited Partnerships (Please include purchase price, number of units, and current value if known)
  - Real Estate
  - Oil and Gas
  - Equipment Leasing
  - Venture Capital
  - Other
- Notes Receivable (Please include Current Balance)
- Real Estate (Please include original purchase price and current market value)
- Non Retirement Stocks an Funds (Please include cost basis)
- Retirement Plans (Please include beneficiary information)
  - IRA
  - Keogh
  - SEP
  - Thrift Plan
  - Profit Sharing Plan
  - ESOP or PAYSOP
  - Stock Purchase Plan
  - Pension Plan
- Personal Property (Please include original purchase price and current market value)
  - Boats
  - Automobiles
  - Home Furnishings
  - Jewelry
  - Other

Notes and/or Data for Asset Statements Unavailable:

Description	Value ($)	Owner	Beneficiary

Insurance

Document Copies: Please provide a copy of the policy declaration page for any current policies:

- ❑ Annuities (Single, Flexible, Variable)
- ❑ Single Premium Life Insurance
- ❑ Life Insurance (Permanent, Term)
- ❑ Medical Insurance
- ❑ Disability Insurance
- ❑ Long Term Care Insurance
- ❑ Homeowner's or Renter's Insurance
- ❑ Automobile Insurance
- ❑ Umbrella Liability Insurance
- ❑ Professional Liability Insurance

Notes and/or Data for Insurance Declaration Pages Unavailable:

Description	Insurer	Insured	Coverage Amount	Premium	Benefit

Other Items

Document Copies: Please provide a copy, where applicable, of:

- ❑ Summary of Benefits from Employer
- ❑ Individual Tax Return (most recent)
- ❑ Business Tax Return (most recent)
- ❑ Retirement Plan Tax Return for the prior year
- ❑ Current Will(s)
- ❑ Current Trust Agreement(s)
- ❑ Divorce Decree(s)
- ❑ Prenuptial Agreement(s)
- ❑ Business Interests
- ❑ Buy/Sell Agreements
- ❑ Deferred Compensation
- ❑ Stock Options/Bonus Plans

Notes and/or Data for 'Other Item' Documents Unavailable:

Personal Expenses

Please fill in either monthly or annual expenses where applicable. (OR Quick Books Summary)

Expense Item	Monthly Expense	Annual Expense
Rent/Lease (NOT Mortgage)		
Food & Household Incidentals		
Groceries		
Household Supplies		
Eating Out		
Utilities/Telephone		
Gas/Electric		
Water/Trash		
Phone		
Auto Operating & Maintenance		
Gas/Oil		
Repair		
Parking/Tolls		
Child Expenses		
School Expenses		
Special Events		
Baby Sitting/Day Care		
Gifts/Birthday		
Holidays		
Domestic Help		
Clothing		
Laundry/Cleaning		
Property Improvements & Upkeep		
Home Furnishings		
Child Support		
Alimony		
Entertainment		
Vacations		
Hobbies		
Membership/Dues		
Pet Expenses		
Books/Subscriptions		
Cable TV		
Supplies		
Miscellaneous		