

# ACCOUNTABLE FINANCIAL PLANNING LLC

Please complete the following pages and gather the applicable documents from the checklist on the last page.  
All information provided will remain strictly confidential.

## PERSONAL INFORMATION COLLECTION SHEET

|   |                         |                          |                 |  |      |                |      |            |
|---|-------------------------|--------------------------|-----------------|--|------|----------------|------|------------|
| CLIENT _____  |                         |                          |                 | CO-CLIENT _____  |      |                |      |            |
| Birth-date ____ - ____ - ____ (MM-DD-YYYY)<br>SSN ____ - ____ - ____  |                         |                          |                 | Birth-date ____ - ____ - ____ (MM-DD-YYYY)<br>SSN ____ - ____ - ____   |      |                |      |            |
| Please Check One: <input type="checkbox"/> Married ____ - ____ - ____ (MM-DD-YYYY)  |                         |                          |                 | <input type="checkbox"/> Widowed   |      |                |      |            |
| <input type="checkbox"/> Divorced   |                         |                          |                 | <input type="checkbox"/> Other _____   |      |                |      |            |
| Street Address _____  |                         |                          |                 |  |      |                |      |            |
| Mailing Address (if different) _____  |                         |                          |                 |  |      |                |      |            |
| Home Phone (____) _____   |                         |                          |                 |  |      |                |      |            |
| <b>CLIENT</b><br>Driver's License No. _____ State _____<br>Issue Date _____ Exp. Date _____<br>Cell Phone (____) _____<br>Work Phone (____) _____<br>Preferred Email _____<br>Occupation _____<br>Title _____<br>Employer _____<br>Employer Address _____ |                         |                          |                 | <b>CO-CLIENT</b><br>Driver's License No. _____ State _____<br>Issue Date _____ Exp. Date _____<br>Cell Phone (____) _____<br>Work Phone (____) _____<br>Preferred Email _____<br>Occupation _____<br>Title _____<br>Employer _____<br>Employer Address _____ |      |                |      |            |
| <b>CHILDREN / DEPENDENTS</b>  |                         |                          |                 |  |      |                |      |            |
| Name  | Birth-date (MM-DD-YYYY) | SSN                      | Marital Status  | No. of Kids  |      |                |      |            |
| 1. _____  | ____ - ____ - ____      | ____ - ____ - ____       | _____           | _____  |      |                |      |            |
| 2. _____  | ____ - ____ - ____      | ____ - ____ - ____       | _____           | _____  |      |                |      |            |
| 3. _____  | ____ - ____ - ____      | ____ - ____ - ____       | _____           | _____  |      |                |      |            |
| 4. _____  | ____ - ____ - ____      | ____ - ____ - ____       | _____           | _____  |      |                |      |            |
| 5. _____  | ____ - ____ - ____      | ____ - ____ - ____       | _____           | _____  |      |                |      |            |
| 6. _____  | ____ - ____ - ____      | ____ - ____ - ____       | _____           | _____  |      |                |      |            |
| <b>REAL ESTATE</b>  |                         |                          |                 |  |      |                |      |            |
| Address   | Market Value            |                          | Current Balance | Initial Balance  | Rate | Fixed/Variable | Term | Start Date |
| 1.  | \$                      | 1 <sup>st</sup> Mortgage | \$              | \$   | %    |                | Yrs  |            |
|   |                         | 2 <sup>nd</sup> Mortgage | \$              | \$   | %    |                | Yrs  |            |
| 2.  | \$                      | 1 <sup>st</sup> Mortgage | \$              | \$   | %    |                | Yrs  |            |
|   |                         | 2 <sup>nd</sup> Mortgage | \$              | \$   | %    |                | Yrs  |            |
| 3.  | \$                      | 1 <sup>st</sup> Mortgage | \$              | \$   | %    |                | Yrs  |            |
|   |                         | 2 <sup>nd</sup> Mortgage | \$              | \$   | %    |                | Yrs  |            |



# LIST OF HOUSEHOLD INCOME, EXPENSES, SAVINGS

Please make your best estimate of amounts for which you are unsure.

|  | Monthly | or | Annually |
|--|---------|----|----------|
| <b>Income</b>  |         |    |          |
| Salary (include typical bonus) – Client .....                            | _____   |    | _____    |
| Salary (include typical bonus) – Co-Client .....                         | _____   |    | _____    |
| Other Non-investment Income .....  | _____   |    | _____    |
| Other Non-investment Income .....  | _____   |    | _____    |
| <b>Expenses</b>  |         |    |          |
| Mortgage Payments/Rent .....   | _____   |    | _____    |
| Real Estate Taxes (if paid separately).....                              | _____   |    | _____    |
| Homeowner/Renter Insurance Premiums (if paid separately).....            | _____   |    | _____    |
| Auto Insurance Premiums .....  | _____   |    | _____    |
| Umbrella Liability Insurance Premiums .....                              | _____   |    | _____    |
| Other Loan Payment .....   | _____   |    | _____    |
| Personal Property Taxes .....  | _____   |    | _____    |
| Health Insurance Premiums .....  | _____   |    | _____    |
| Dental Insurance Premiums .....  | _____   |    | _____    |
| Out-of-Pocket Medical Expenses .....                                     | _____   |    | _____    |
| Disability Insurance Premiums .....                                      | _____   |    | _____    |
| Life Insurance Premiums .....  | _____   |    | _____    |
| Utilities (Gas, Water, Electric, Cable, Phone, Cell, Internet, etc)..... | _____   |    | _____    |
| Groceries (Food, Household Supplies, etc) .....                          | _____   |    | _____    |
| Home Maintenance (Repairs, Cleaning, Yard, Pool) .....                   | _____   |    | _____    |
| Automobile Maintenance (Gas, Tires, Oil, Service) .....                  | _____   |    | _____    |
| New Household Purchases .....  | _____   |    | _____    |
| New Clothes & Dry Cleaning .....   | _____   |    | _____    |
| Child Care .....   | _____   |    | _____    |
| Family Personal Expenses (Hair cuts, etc) .....                          | _____   |    | _____    |
| Allowances/Cash Spending .....   | _____   |    | _____    |
| Vacations/Travel .....   | _____   |    | _____    |
| Entertainment (Hobbies, Club Dues, Recreation, Subscriptions) .....      | _____   |    | _____    |
| Education .....  | _____   |    | _____    |
| Dining Out .....   | _____   |    | _____    |
| Gifts to Others .....  | _____   |    | _____    |
| Charitable Donations .....   | _____   |    | _____    |
| Pets and Pet Care.....   | _____   |    | _____    |
| Other Ongoing Expense .....  | _____   |    | _____    |
| Other Ongoing Expense .....  | _____   |    | _____    |
| Other Ongoing Expense .....  | _____   |    | _____    |
| <b>Ongoing Additions to Savings</b>                                      |         |    |          |
| Retirement Plan (401k, 403b, etc) – Client .....                         | _____   |    | _____    |
| Retirement Plan (401k, 403b, etc) – Co-Client .....                      | _____   |    | _____    |
| IRA (Traditional, Roth) – Client .....                                   | _____   |    | _____    |
| IRA (Traditional, Roth) – Co-Client .....                                | _____   |    | _____    |
| Non-retirement (Taxable) Account .....                                   | _____   |    | _____    |
| Other .....  | _____   |    | _____    |

# ✓ ACCOUNTABLE FINANCIAL PLANNING LLC CHECKLIST

**You do not need to make copies of all of these documents.** If you provide us with the original documents, we will scan what we need and return the originals to you. Please be as complete as possible.

• **Personal Information**

- 1. Completed Personal Information Collection Sheet
- 2. Copy of Driver's License

• **Cash Flow Information**

- 1. Completed List of Household Income, Expenses, Savings
- 2. Pay Check Stubs (2 most recent)

• **Tax Returns from last 3 years (federal and state with pertinent schedules attached):**

- 1. Personal Income Tax Returns
- 2. Gift Tax Returns (most recent)
- 3. Business Income Tax Returns
- 4. Children's Income Tax Returns

• **Estate Planning & Legal Documents**

- 1. Wills
- 2. Living Wills/ Advance Medical Directives
- 3. Medical Powers of Attorney
- 4. Financial Powers of Attorney
- 5. Letters of Final Instruction
- 6. Trust Agreements
- 7. Divorce or Separation Agreements
- 8. Prenuptial Agreements

• **Account Statements for Assets**

- 1. Bank Accounts (checking, savings, money market, CDs)
- 2. Brokerage / Mutual Fund Accounts
- 3. IRA Accounts (traditional, Roth)
- 4. Retirement Plans (401k, 403b, 457b, TSP, etc. Include list of available investment options)
- 5. Annuities (immediate, variable, fixed)
- 6. Deferred Compensation Plans
- 7. Pension Plans (defined benefit)
- 8. Social Security Statements (most recent)
- 9. 529 or Prepaid Tuition Plans
- 10. Children's/Custodial Accounts

• **Account Statements for Liabilities**

- 1. Mortgages
- 2. Equity Lines or Loans
- 3. Car Loans
- 4. Student Loans
- 5. Credit Cards (any account for which you carry a balance)
- 6. Any Other Debt

• **Insurance Policy Information**

- 1. Life - group, term, whole, universal, variable (summary of coverage)
- 2. Health - medical, dental (summary of coverage)
- 3. Disability - group, individual, short term, long term (details of coverage)
- 4. Automobile (declaration pages)
- 5. Homeowners/Renters (declaration pages)
- 6. Umbrella Liability (declaration pages)
- 7. Professional liability (declaration pages)

• **Other Information (anything else you feel is important for us to have)**