

Personal Information Summary & Financial Data Request Form

CONFIDENTIAL Client: _____ **CONFIDENTIAL**

The checklist below identifies the documentation we would like to review on your behalf throughout the financial planning process.

Please provide the information requested below to _____.

Howard Financial Services employees will review and analyze the information to develop a financial plan for you and your family.

Any data provided will remain confidential and will not be shared with any other parties, without your consent.

Financial Data Request Checklist			
Cash Flow & Net Worth Planning			
<input type="checkbox"/> Cash Flow Details	<input type="checkbox"/> Most Recent Pay stub(s)	<input type="checkbox"/> Social Security Statement(s)	
<input type="checkbox"/> Net Worth Summary	<input type="checkbox"/> Summary of Pension Benefit(s)	<input type="checkbox"/> Previous Financial Plans	
Personal Tax Returns (Please Include Returns for Prior 3 Years - Including K-1s and Supporting Schedules)			
Income Tax	<input type="checkbox"/> Form 1040 (Personal) <input type="checkbox"/> Form 1041 (Trust & Estate)	Estate Tax	<input type="checkbox"/> Form 706
		Gift Tax	<input type="checkbox"/> Form 709 <input type="checkbox"/> Summary of Gifting History
Business Entity Planning			
Financial Statements for Each Entity	<input type="checkbox"/> Balance Sheet(s)	<input type="checkbox"/> Profit & Loss Statement(s)	<input type="checkbox"/> Cash Flow Statement(s)
Tax Returns (For Prior 3 Years - Include K-1s and Supporting Schedules)	Form 1065 (Partnerships & LLCs)	Form 1120 (C Corps)	Form 1120-S (S Corps)
Business Agreements	<input type="checkbox"/> Buy / Sell Agreement(s)	<input type="checkbox"/> Partnership or LLC Agreement(s)	
Investment Planning			
Taxable Account Statements	<input type="checkbox"/> Brokerage Accounts <input type="checkbox"/> Trust Accounts (TTEE or Beneficiary)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Markets	<input type="checkbox"/> CDs <input type="checkbox"/> Other:
Annuity Statements	<input type="checkbox"/> Variable (Include Policy)	<input type="checkbox"/> Fixed (Include Policy)	<input type="checkbox"/> Immediate
Retirement Account Statement(s)	<input type="checkbox"/> Traditional IRA <input type="checkbox"/> ROTH IRA	<input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b)	<input type="checkbox"/> SEP-IRA/SIMPLE IRA <input type="checkbox"/> 457
Education Savings Account Statements	<input type="checkbox"/> 529 Plans	<input type="checkbox"/> UTMA/UGMA	<input type="checkbox"/> Coverdell IRA
Equity Based Compensation (Please provide a summary of your Benefits)	<input type="checkbox"/> Stock Options	<input type="checkbox"/> Restricted Stock	<input type="checkbox"/> Deferred Compensation
Life, Disability, & Long-Term Care Insurance (Please Provide a Copy of the Full Policy)			
Life Insurance:	<input type="checkbox"/> Term Life	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Variable/Universal Live
Disability Insurance:	<input type="checkbox"/> Long-Term Disability	<input type="checkbox"/> Short-Term Disability	<input type="checkbox"/> Long-Term Care Insurance
Property & Casualty Insurance (Please Provide a Copy of the Declarations Page)			
<input type="checkbox"/> Homeowner's Insurance	<input type="checkbox"/> Separately Insured Property	<input type="checkbox"/> Auto Insurance	<input type="checkbox"/> Personal Liability (Umbrella)
Employee Benefits & Group Insurance (Please Provide a Summary of the Benefits Provided by Each)			
<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Flexible Spending Account(s)
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Long-Term Disability	<input type="checkbox"/> Short-Term Disability	<input type="checkbox"/> Other
Estate Planning (Please Provide a Copy of Each of the Executed Documents)			
<input type="checkbox"/> Last Will and Testament(s)	<input type="checkbox"/> Medical Power of Attorney	<input type="checkbox"/> QPRT	<input type="checkbox"/> GRAT/GRUT
<input type="checkbox"/> Revocable Living Trust	<input type="checkbox"/> HIPAA Release	<input type="checkbox"/> Charitable Trust(s)	<input type="checkbox"/> Other Irrevocable Trust(s) (Whether TTEE or Beneficiary)
<input type="checkbox"/> Life Insurance Trust	<input type="checkbox"/> Directive to Physicians	<input type="checkbox"/> Defective Grantor Trust	
<input type="checkbox"/> Durable Power of Attorney	<input type="checkbox"/> Declaration of Guardian	<input type="checkbox"/> Family Limited Partnership Agreement(s)	
Legal Documents			
Marital or (Pre/Post) Nuptial Agreement(s)	Divorce Decree(s)	Separate Property Agreement(s)	

Personal & Family Information

Last Name:		First Name:		Middle Name:	
SSN:	Citizenship:	Former Name (if any):		Birth Date: / /	
Currently Retired?	Date Retired: / /	If not, Desired Retirement Date: / /			

Spouse Information

Last Name:		First Name:		Middle Name:	
SSN:	Citizenship:	Former Name (if any):		Birth Date: / /	
Currently Retired?	Date Retired: / /	If not, Desired Retirement Date: / /			

Contact Information

Street address:			Home Phone: ()		
City:		State:	ZIP Code:		Cell Phone: ()
Employer:	Employer Address:			Business Phone: ()	
Business Email:		Personal Email:		Fax Number: ()	
Spouse Employer:	Spouse Employer Address:			Spouse Cell Phone: ()	
Spouse Business Email:		Spouse Personal Email:		Spouse Business Phone: ()	

Children

Name	SSN	Date of Birth	Dependent (On Tax Return)	Spouse's Name?
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Net Worth (Estimated)

Estimated Current Net Worth	Estimated Investable Assets	
	Taxable Assets	
Annual Income (Include tax exempt income)	Tax-Deferred Assets	

Advisors

	Name	Firm	Phone	Email
Attorney			()	
Accountant			()	
Insurance Agent			()	
Investment Advisor			()	

Investment Objectives											
Objective Identification		Importance to You					Importance to Spouse				
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Current Income:	I do not require a high level of income from my investments.	5	4	3	2	1	5	4	3	2	1
Liquidity:	I am able to accept a low level of liquidity in my portfolio.	5	4	3	2	1	5	4	3	2	1
Capital Appreciation:	Earning a high long-term return in order to grow my capital faster than inflation is important.	5	4	3	2	1	5	4	3	2	1
Safety:	I am willing to risk sharp short-term swings in the market for a potentially higher return over the long term.	5	4	3	2	1	5	4	3	2	1
Tax Shelter:	I would like to defer taxation on my investments to future years.	5	4	3	2	1	5	4	3	2	1

Planning Goals											
Goal Identification Check <u>only</u> those goals which are applicable		Importance to You					Importance to Spouse				
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Organize financial records		5	4	3	2	1	5	4	3	2	1
Initiate regular savings program		5	4	3	2	1	5	4	3	2	1
Pursue family/social/personal activities		5	4	3	2	1	5	4	3	2	1
Provide for children/grandchildren's education		5	4	3	2	1	5	4	3	2	1
Pay for children's wedding(s)		5	4	3	2	1	5	4	3	2	1
Upgrade current residence		5	4	3	2	1	5	4	3	2	1
Purchase a vacation home		5	4	3	2	1	5	4	3	2	1
Purchase a new vehicle every _____ years		5	4	3	2	1	5	4	3	2	1
Provide support for parents/adult children		5	4	3	2	1	5	4	3	2	1
Minimize income taxes		5	4	3	2	1	5	4	3	2	1
Achieve financial independence at 65 (or age_____)		5	4	3	2	1	5	4	3	2	1
Maintain standard of living in retirement		5	4	3	2	1	5	4	3	2	1
Improve standard of living in retirement		5	4	3	2	1	5	4	3	2	1
Stay in current residence throughout retirement		5	4	3	2	1	5	4	3	2	1
Purchase a new home in retirement		5	4	3	2	1	5	4	3	2	1
Protect assets against a financial loss		5	4	3	2	1	5	4	3	2	1
Provide for spouse/children in my absence		5	4	3	2	1	5	4	3	2	1
Transfer ownership/control of business		5	4	3	2	1	5	4	3	2	1
Make a large gift to charity in my lifetime		5	4	3	2	1	5	4	3	2	1
Pass wealth down to my heirs		5	4	3	2	1	5	4	3	2	1
Make a large donation to charity from my estate		5	4	3	2	1	5	4	3	2	1
Other:		5	4	3	2	1	5	4	3	2	1
Other:		5	4	3	2	1	5	4	3	2	1
Other:		5	4	3	2	1	5	4	3	2	1
Other:		5	4	3	2	1	5	4	3	2	1

Balance Sheet

Assets

CASH ASSETS

Custodian/Account Description	Account Titling	Account Type	Current Value
Total Cash Assets:			

NON-QUALIFIED ASSETS
(Brokerage Accounts, Stocks, Mutual Funds, Hedge Funds, Annuities, HSAs, Deferred Comp., Etc)

Custodian/Account Description	Account Titling	Account Type	Current Value
Total Non-Qualified Assets:			

QUALIFIED ASSETS
(Traditional & Roth IRAs, Retirement Plans, Stock Purchase Plans, Etc)

Custodian/Account Description	Account Titling	Account Type	Current Value
Total Qualified Assets:			

REAL ESTATE ASSETS
(Primary Residence, Vacation Property, Rental Property, & Investment Property)

Location	Ownership	Property Use	Current Value
Total Real Estate Assets:			

BUSINESS INTERESTS
(Sole Proprietorships, Partnerships, Corporations, LLCs, etc)

Description	Ownership (%)	Entity Type	Current Value
Total Business Interests:			

PERSONAL PROPERTY				
Description	Brief Description	Insured?		Current Value
Cars, Boats, RVs		YES	NO	
Furniture & Household Items		YES	NO	
Jewelry & Furs		YES	NO	
Art, Antiques, Collectibles		YES	NO	
Other:		YES	NO	
Other:		YES	NO	
Total Personal Property:				

Total Assets:	
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Liabilities

PERSONAL LIABILITIES					
(Credit Cards, Student Loans, Promissory Notes, Loans on Cash Value of Life Insurance, etc)					
Lender/Description	Term (Years)	Interest Rate (%)	Initial Loan Date	Monthly Payment (Principle & Interest)	Remaining Balance (Please enter as NEGATIVE Values)
Total Personal Liabilities:					

ASSET LINKED LIABILITIES					
(Mortgages, Auto Loans, Personally Guaranteed Business Loans, etc)					
Lender/Description	Term (Years)	Interest Rate (%)	Initial Loan Date	Monthly Payment (Principle & Interest)	Remaining Balance (Please enter as NEGATIVE Values)
Total Personal Liabilities:					

Total Liabilities:	
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Net Worth:	
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Life Insurance – Outside Employer
(Attach copy of policy and any recent illustrations)

Whole Life						
Insured	Death Benefit	Cash Surrender Value	Owner	Beneficiary	Insurance Company	Premium
You						
Spouse						
Term Life						
Insured	Death Benefit	Cash Surrender Value	Owner	Beneficiary	Insurance Company	Premium
You						
Spouse						
Variable/Universal Life						
Insured	Death Benefit	Cash Surrender Value	Owner	Beneficiary	Insurance Company	Premium
You						
Spouse						
Other Life						
Insured	Death Benefit	Cash Surrender Value	Owner	Beneficiary	Insurance Company	Premium
You						
Spouse						

Life Insurance – Through Employer

Insured	Death Benefit	Beneficiary	Premium
You			
Spouse			

General Insurance
(Attach copy of policy)

Check all of the following for which coverage exists	You		Spouse	
	YES	NO	YES	NO
Homeowner's/Renter's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance – Major Medical, HMO, Hospitalization, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Supplemental /Medigap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability - Short Term and/or Long Term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directors & Officers Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Separately Insured Personal (Please List)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment Income
Please provide a copy of your most recent pay stub

Income Type	Payment Mode	You (Annualized)	Payment Mode	Spouse (Annualized)
Gross Salary				
Bonus				
Commission				
Self-Employment				
Other:				
Other:				
Employment Income:			Employment Income:	

Total Combined Employment Income (Annualized)			
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Income from Non-Retirement Investments
(Please provide a copy of most recent tax return)

Income Type	Community		Separate	
	You (Annualized)	Spouse (Annualized)	You (Annualized)	Spouse (Annualized)
Interest - Taxable				
Interest - Non-Taxable				
Dividends				
Installment Payments				
Partnerships				
Corporate Distributions				
Net Rental Income				
Royalties				
Trust Distributions				
Other:				

Your Total				
Spouse's Total				

Community Total			Separate Total	
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Total Income from Non-Retirement Investments			
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Other Income

Income Type	Payment Mode	You (Annualized)	Payment Mode	Spouse (Annualized)
Pension				
Social Security Benefits				
IRA Distributions				
Alimony				
Child Support				
Gifts				
Other:				
Other:				

Your Total			Spouse's Total	
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Total Other Income			
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Total Income from All Sources			
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Expenditures

Housing - Primary Residence					
	Current Monthly	Current Annual		Current Monthly	Current Annual
Primary Mortgage (Principal & Interest Only)			Utilities		
Secondary Mortgage (Principal & Interest Only)			Telephone		
Home Equity Loan			TV		
Property Taxes			Cleaning		
Insurance			Groceries		
Maintenance			Other:		
Repairs			Other:		
Total Housing Expenses					

Other Real Estate					
	Current Monthly	Current Annual		Current Monthly	Current Annual
Vacation Home - Mortgage (Principal & Interest Only)			Property Taxes		
Other Mortgage #1 (Principal & Interest Only)			Other:		
Other Mortgage #2 (Principal & Interest Only)			Other:		
Total Other Real Estate Expenses					

Transportation					
	Current Monthly	Current Annual		Current Monthly	Current Annual
Auto Payment #1			Maintenance		
Auto Payment #2			Licensing		
Auto Payment #3			Fuel		
Auto Payment #4			Repairs		
Insurance			Other:		
Total Transportation Expenses					

Medical					
	Current Monthly	Current Annual		Current Monthly	Current Annual
Insurance - Medical			Prescriptions		
Insurance - Dental			Office Visits		
Insurance - Vision			Labs, Scans, Etc.		
Insurance - Other:			Other:		
Total Medical Expenses					

Insurance					
	Current Monthly	Current Annual		Current Monthly	Current Annual
Life			Directors & Officers		
Disability			Professional Liability		
Long-Term Care			Other:		
Umbrella			Other:		
Total Insurance Expenses					

Personal Liabilities/Debt (Payments Toward Recurring Balances)					
	Current Monthly	Current Annual		Current Monthly	Current Annual
AMEX/Discover/MC/Visa			Debt Obligations:		
Store Cards			Other:		
Gasoline Cards			Other:		

Total Personal Debt Expenses					
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Entertainment					
	Current Monthly	Current Annual		Current Monthly	Current Annual
Dining Out			Hobbies		
Vacations			Other:		
Events			Other:		
Memberships			Other:		

Total Entertainment Expenses					
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Miscellaneous					
	Current Monthly	Current Annual		Current Monthly	Current Annual
Alimony			Other:		
Child Support			Other:		
Education Funding (K-12)			Other:		
Education Funding (College)			Other:		
Personal Grooming			Other:		
Charitable Contributions			Other:		
Investment Advisory Fees			Other:		
Unreimbursed Business Expenses			Other:		

Total Miscellaneous Expenses					
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Savings					
	Current Monthly	Current Annual		Current Monthly	Current Annual
Retirement Plan Contributions (401k, 403b, SEP-IRA, 457, Etc.)			Educational Savings		
Traditional IRA Contributions			After Tax Savings		
Roth IRA Contributions			Other:		
Health Savings - HSA/FSA			Other:		

Total Savings					
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Total Expenditures					
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Education Funding				
Pre-School & K-12				
Are you currently providing funding for Pre-School or K-12?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Ceases:	<input type="checkbox"/> Public <input type="checkbox"/> Private
Do you plan on providing assistance for Pre-School & K-12 in the future?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Projected Enrollment:	<input type="checkbox"/> Public <input type="checkbox"/> Private
College & Graduate School				
Are you currently providing funding for college or graduate school expenses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Ceases:	<input type="checkbox"/> Public <input type="checkbox"/> Private
Do you plan on providing assistance for college or graduate school funding in the future?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Projected Enrollment:	<input type="checkbox"/> Public <input type="checkbox"/> Private

Estate Planning				
Wills				
Please include copies of existing will(s)	You		Spouse	
	YES	NO	YES	NO
Do you currently have a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you planning to make changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are anticipating an inheritance, has your will taken this into consideration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusts				
Are you the beneficiary of a trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you created any trusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a trust the owner of life insurance on your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any dependents with special needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Estate Planning Issues				
Are you in a Separate Property Marriage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any nuptial agreements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children from other marriages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever presented a letter of instruction to the executor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have a Living Will, Health Care Power of Attorney, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you discussed your estate planning issues with all interested parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please describe any other estate planning issues which are of concern to you				

Client Signatures	Please Print Your Name	Date