Annual Review Checklist

	Name	DOB
Client:		
Spouse:		
Children/Dependents:		

Contact Information

		Preferred Method of Contact
Address:		[ ]
Phone Number (C):		[ ]
Phone Number (S):		[ ]
E-Mail (C):		[ ]
E-Mail (S):		[ ]

Trusted Contact

Name: ____________________

Phone Number: ____________________

E-Mail ____________________

Employment Information

Client/Spouse	Employer Name	Title	Years of Service
Select			
Select			

Annual Review Checklist

Financial Plan Assumptions

	Retirement Date/Age	Estimated Annual Expenses In Retirement
Client:		$
Spouse:		(Not Including Taxes Owed/Liabilities)

Real Estate

Property/Address	Estimated Value	Property Tax
Residence		

Mortgage

Company/Lender	Term/Balance/Payment	Interest Rate	Start Date	Linked To Portal? (Y/N)
				Select

Home Equity Line of Credit

Company/Lender	Balance & Payment	Interest Rate	Start Date	Linked To Portal? (Y/N)
				Select

Personal Property

Vehicles

Vehicle Make & Year	Value	Owner (C/S)	Loan (Y/N)	Lease (Y/N)
		Select	Select	Select
		Select	Select	Select
		Select	Select	Select

Other (jewelry, collectibles, etc)

Item	Value	Owner (C/S)	Insured? (Y/N)
		Select	Select
		Select	Select

Annual Review Checklist

Investments

Institution/Bank	Account Type & Owner (C/S)	Value	Contribution	Linked To Portal? (Y/N)
	Select			Select
	Select			Select
	Select			Select
	Select			Select
	Select			Select
	Select			Select

Income

Employment

Client/Spouse	Annual Wages	Annual Bonus	Self Employed? (Y/N)	Paystubs Provided? (Y/N)
Select			Select	Select
Select			Select	Select

Social Security

Client/Spouse	Gross Monthly Benefit	Collecting? (Y/N)	Start Date/Age? (Y/N)	Statement Provided? (Y/N)
Select		Select	Select	Select
Select		Select	Select	Select

Pension

Client/Spouse	Gross Monthly Benefit	Collecting? (Y/N)	Start Date/Age? (Y/N)	Statement Provided? (Y/N)
Select		Select	Select	Select
Select		Select	Select	Select

Annual Review Checklist

Auto Loan/Credit Card

Company/Lender	Term/Balance/Payment	Interest Rate	Start Date	Linked To Portal? (Y/N)
				Select
				Select
				Select
				Select

Insurance

Life Insurance

Insured	Policy Type	Death Benefit	Beneficiary	Premium
Select				
Select				

Long Term Care Insurance

Insured	Company	Benefit	Premium
Select			
Select			

Disability Insurance

Insured	Policy Type	Benefit	Premium
Select			
Select			

Property Insurance

Type	Coverage Amount	Premium
Home		
Auto		
Umbrella		

Annual Review Checklist

Expenses

List of Upcoming Notable/Major Expenses

Expense Type	Amount	Year(s)

Estimated Monthly Living Expenses

Amount

$

Additional Information

Please let us know of any additional questions/concerns that you may have below. Also, if there are any scenarios you would like for us to go over during your meeting, let us know below (ex: retire early, collect social security later, etc)

Important Documents

To create the most accurate and up to date comprehensive financial plan, we ask that you provide as much relevant information as possible. Please use this checklist as a guide to provide any and all that apply to you.

Investment and Savings Statements

- ◯ Bank Account Statements
- ◯ Investment Account Statements
  Stock, Bonds Mutual Funds, ETFs
- ◯ Retirement Account Statements
  401(k), 403(b), SIMPLE, SEP, IRA
- ◯ Annuities

Children's Accounts

- ◯ 529 Plan Statements
- ◯ UTMA/UGMA Statements
- ◯ Coverdell Savings Statements

Income and Cash Flow Information

- ◯ Budget of Current Expenses
- ◯ Pay Stubs
- ◯ Estimated Pension Payments
- ◯ Social Security Statement
- ◯ Current Pension or Annuity Payments

Debt Information

- ◯ Mortgage Statement
- ◯ Credit Card Statements
- ◯ Auto Loan Statements

Insurance Information

- ◯ Life Insurance Policies
- ◯ Disability Policies
- ◯ Long Term Care Insurance
- ◯ Property/Casualty Declaration Pages
  Includes Home & Auto & Umbrella
- ◯ Health Insurance Policy
- ◯ Employee Benefits

Company Benefits

- ◯ Non Qualified Stock Plan
- ◯ Restricted Stock
- ◯ Deferred Compensation
- ◯ Employee Stock Purchase Plan

Income and Cash Flow Information

- ◯ Most Recent 2 Years of Taxes
  Federal & State Income Tax Returns

Estate Planning Information

- ◯ Last Will & Testament
- ◯ Living Will
- ◯ Power of Attorney