

Materials to Review

Please send or bring to our office the follow items that apply to you:

- Most recent pay stubs
- Last **two years** of federal income tax returns
- Employee benefit statements and booklets
- Pension statements and/or booklets with pension formula
- Most recent Social Security benefit statements
- Bonus plans
- Values of titled personal assets
- Most recent investment statements
- Most recent mortgage statements, origin date and amount
- Current wills, trust documents and other legal documents
- Life, disability and long-term care insurance policies, statements and illustrations (if available)
- Auto, home and liability insurance declaration pages
- Annuity statements
- Last three months of bank and/or money market statements
- Stock option and restricted stock statements
- Deferred compensation arrangements

Please complete and include the following:

- Spending Plan
- Investor's Questionnaire

Ellen R. Siegel & Associates
7344 SW 48 Street, Ste. 301 Miami, FL 33155
305-665-2130, Fax: 305-665-3504

Personal and Financial Data

First Person: _____
 Sex: _____ Birth date: _____ Retirement Age: _____
 Social Security #: _____
 Marital Status: _____ Home Phone #: _____
 Business/Cell Phone: _____
 Street: _____
 City: _____ ST: _____ Zip Code: _____
 e-mail: _____
 Are you or your parents Veterans? _____

Second Person: _____
 Sex: _____ Birth date: _____ Retirement Age: _____
 Social Security #: _____
 Marital Status: _____ Home Phone #: _____
 Business/Cell Phone: _____
 Street: _____
 City: _____ ST: _____ Zip Code: _____
 e-mail: _____
 Are you or your parents Veterans? _____

PERSONAL FOCUS AREAS THAT APPLY TO YOU

- | | | |
|--|--|---|
| <input type="checkbox"/> Comprehensive financial plan | <input type="checkbox"/> Grow retirement savings | <input type="checkbox"/> Increase retirement income |
| <input type="checkbox"/> Provide college funds for children | <input type="checkbox"/> Life insurance review | <input type="checkbox"/> Long-term care insurance |
| <input type="checkbox"/> Borrow funds for college educations | <input type="checkbox"/> Protect earned income if disabled | <input type="checkbox"/> Cash flow / debt management |
| <input type="checkbox"/> Avoid probate costs and delays | <input type="checkbox"/> Establish /review estate plan | <input type="checkbox"/> Portfolio review |
| <input type="checkbox"/> Minimize estate taxes | <input type="checkbox"/> Maximize inheritance assets | <input type="checkbox"/> Home loan review |
| <input type="checkbox"/> Discuss program of gifting | <input type="checkbox"/> Stock option planning | <input type="checkbox"/> Sell highly appreciated assets |

BUSINESS FOCUS AREAS THAT APPLY TO YOU

- | | | |
|---|--|--|
| <input type="checkbox"/> Establish a continuation / succession plan | <input type="checkbox"/> Sell, buy or start a business | <input type="checkbox"/> Key employee/partner protection |
| <input type="checkbox"/> Deferred compensation | <input type="checkbox"/> Equalize estate for heirs | <input type="checkbox"/> Buy insurance through business |

CHILDREN / DEPENDENTS

Name	Dependent of	Birth Date	Years of College	Annual Cost Today	Wedding Date/Cost	Current Savings Amount	Money Earmarked for this Goal	Concerns or Special Needs

PERSONAL PROPERTY

Specific Asset Name <small>(Home, Boat, Business, Vacation Home)</small>	Owner	Type <small>(Residence, Personal Use, Business)</small>	Purchase Date	Current Value	Future Sale Date / Replace?

INVESTMENTS

Description <small>(401k, IRA, Pension)</small>	Owner	Type <small>(Mutual Fund, Stock, Bond)</small>	Current Value	Monthly / Annual Savings	Beneficiary <small>(Primary & Contingent)</small>	Goal for Account

INSURANCE				
Description – (Type)	Insured	Company	Expiration date	Amount
Life Insurance				
Disability Insurance				
Long Term Care				
Home Owners				
Auto				
Umbrella				

INCOME				
Description	Person	Annual Amount	Applicable Period (Start Date - End Date)	Rate of Increase (Percentage)
First Person's Salary				
Second Person's Salary				

ESTATE PLANNING					
Person	Will /date	Trust name & date	ILIT date	Living Will / Health Care POA	Durable POA

Estate Attorney Name & Address & Phone: _____

DEBTS										
Description	Owner	Start Date	Original Principal	Principal Balance Remaining	Interest Rate	Interest Only / Principal & Interest	Loan Period (Years)	Payment Frequency	Additional Payments / Final Payoff	Frequency / Payoff Date

TAX INFORMATION				
Date of last tax return				
CPA Name & Address & Phone: _____				

MESSAGE TO ELLEN FOR DISCUSSION AND/OR REVIEW DURING MEETING:

INTERNAL USE : VERIFY COPIES RECEIVED				
Description	Date	Score	Type of Investor	Spending Plan on File
Investment Questionnaire				Y N

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