

# The Enrichment Group



Exploring Dreams...Enhancing Wealth... Enriching Lives

*Confidential*

## Personal Data Organizer for New Clients

Prepared by: \_\_\_\_\_ Date \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date \_\_\_\_\_

## How to Use This Organizer

Effective financial management depends on effective communication. This Organizer will help you gather some initial information we will use to begin drafting your financial plan. As we continue to work together, we will gain a closer understanding of your overall financial situation, your individual goals, and your resources. Our overall objective is to make valid planning recommendations, based on this and other information, so that you will have the greatest opportunity to achieve each of your goals within your time frame. Please take the appropriate amount of time to gather, review, and record this data.

To assure our first meeting is mutually productive, it would be helpful to receive your completed Organizer at least two weeks prior to your appointment. That will allow us time to prepare properly for your meeting, research any specific information required, produce various worksheets or schedules, and perhaps suggest some preliminary recommendations.

It may be helpful for you to refer to the following *Document Checklist* when gathering your financial records. That way if you need to look up a figure on an account statement or a tax return, you won't have to stop repeatedly to search for it. If you find that you are unable to provide an exact number, just make your best estimate.

Please take the time to complete the *General Information* page so we won't have to trouble you for these details at a later date. In the pages that follow, we want to minimize the time and effort you spend collecting your financial data. In fact, we often prefer to take numerical details directly from the documents we ask you to provide. We will not ask you to copy any information available on statements or other records onto this Data Organizer.

On those questions that ask for a preference, simply give the best answer you can. Your answers will help us understand your needs, goals, and past experience.

Above all, don't feel like we're going to penalize you if you don't finish! Come in for your scheduled appointment and we will work with you in any way we can to make your financial situation as strong and problem-free as possible.

# Documents Checklist

---

*Please locate and bring with you as many of the following documents as possible. While the list is quite comprehensive, providing these documents now will save you much time and effort later on as we continue working together. Every document we request will be used in the design of your plan.*

## **Tax Planning and Cash Management**

- Most recent tax return, including W-2 forms and all supporting documentation sent to the IRS
- Social Security Statements or Estimates of Benefits Statements
- Recent pay stub for each wage earner
- Driver's license for each client (We will need to make a copy while you are at our office.)

## **Debts, Including mortgages and lines of credit**

- Most recent statements from mortgage holders, showing the original loan date and amount, current mortgage balance, P&I payment amount, interest rate, fixed or variable, estimated date of full payoff
- Description of any personal loans, including initial loan date, balance, interest rates, terms, etc.
- Status and current balance of any revolving lines of credit, including home equity lines
- List of each credit card typically not paid in full each month, balance, interest rate on each
- 

## **Insurance**

- Disability insurance description and cost
- Long term care policy description and cost
- Auto, home, boat, and umbrella insurance policy declaration pages
- Medical coverage information and cost
- Life insurance description and cost
- Flood, windstorm, and personal articles declaration pages

## **Estate Planning**

- Wills, Living Wills, Health Care Powers, Durable Powers of Attorney
- Living Trusts
- Life Insurance Trusts
- Other \_\_\_\_\_

## **Retirement Planning**

- Most recent statements from all IRA, 401(k), 403(b), 457, TSA, Simple IRA, SEP, Keogh, and other retirement plans
- Employee benefits information (life, health, disability insurance, etc.)
- Other \_\_\_\_\_

## **Investments**

- Most recent statements from each investment account (bank, brokerage, credit union, mutual funds, etc.)
- Savings account and Certificate of Deposit statements showing terms and maturity dates
- Limited Partnership agreements
- Statements showing balances on any TOD or POD accounts, and the beneficiaries designated



## Issues and Goals

In this section, please answer as many questions as you can. If this plan will be designed for two people, each of you should separately complete the information for "Client A" and "Client B" and then compare the results. It is normal for two people to have different opinions and different answers to some of these questions. These differences will be incorporated in the overall planning process.

Please circle Yes, No, or Uncertain separately for "Client A" and for "Client B." If you can provide statements, declaration pages, or other documents showing any of the requested information, it is not necessary to transfer that information to this form. Just enter "see statement" in the blank.

### General

Do you anticipate significant changes in any of the following in the next year or two? Enter brief explanations in the blank lines, or add another sheet for longer explanations.

Client A    Client B

Y N U	Y N U	Family or personal lifestyle changes? _____
Y N U	Y N U	Employment status changes? _____
Y N U	Y N U	Cash inflow or earnings? _____
Y N U	Y N U	Cash outflow or expenditures? _____
Y N U	Y N U	Pension, Annuity, Social Security benefit changes? _____
Y N U	Y N U	Responsibility for children or parents? _____
Y N U	Y N U	Receipt of an insurance settlement? _____
Y N U	Y N U	Receipt of a gift or an inheritance? _____
Y N U	Y N U	Any planned gifts to others? _____
Y N U	Y N U	Receipt of significant investment gains? _____
Y N U	Y N U	Recognition of significant investment loss? _____
Y N U	Y N U	Large purchases planned? Describe each and \$ amount. _____
Y N U	Y N U	Significant sales of property or assets planned? Describe profit or loss \$ _____
Y N U	Y N U	Conclusion of a legal matter, settlement, or judgment? _____

Comments / Concerns: \_\_\_\_\_

### Debts and debt management

Client A    Client B

Y N U	Y N U	Do you typically carry credit card balances from month to month? Amount \$ _____
Y N U	Y N U	Do you have a mortgage on your home? Balance \$ _____ Interest rate ____%. Fixed rate? (Y) (N)
Y N U	Y N U	Any large debts beyond your home mortgage? Balance \$ _____ Interest rate ____%. Fixed rate? (Y) (N)
Y N U	Y N U	Do you plan to incur any significant new debt within the next year or two? Amount \$ _____

### Cash Reserves and Savings Plans

Y N U	Y N U	Do you make regular "permanent" monthly additions to (bank) savings? A: \$ _____ B: \$ _____
Y N U	Y N U	Do you have enough cash reserves to feel comfortable in an emergency? Current amount \$ _____
Y N U	Y N U	Are you contributing to a taxable brokerage account? Amount monthly: A: \$ _____ B: \$ _____
- - -	- - -	Approximate balance in all of your <u>non-retirement</u> brokerage accounts A: \$ _____ B: \$ _____

Comments / Concerns: \_\_\_\_\_

### Protection and Insurance Planning

Client A    Client B

Y N U	Y N U	Do you have any known health problems? _____
Y N U	Y N U	Do you have health insurance? Describe - (employer plan) (personal plan) (other) _____
Y N U	Y N U	Do you have disability insurance? Describe - (employer plan) (personal plan) (other) _____



## Estate Planning

Please check if your answer is **YES**:

*Client A*    *Client B*

_____	_____	Are changes needed for beneficiaries of IRA, Roth IRA, 401(k), 403(b), or similar retirement accounts?
_____	_____	Do you have any children who are minors and/or dependents?
_____	_____	If you have minor children, have you made specific arrangements for potential guardianship?
_____	_____	Do you have a will? What was date of last update? Client A _____ Client B _____
_____	_____	Have you established living wills?
_____	_____	Have you declared health care surrogates?
_____	_____	Have you granted durable powers of attorney?
_____	_____	Have you established any revocable living trusts?
_____	_____	If you have created a trust, have you titled assets in the name of your trust?
_____	_____	Are you the beneficiary of any trusts or estates?
_____	_____	Is it likely that you will be receiving a significant inheritance?
_____	_____	Will your estate generally avoid probate?
_____	_____	Will your estate be disbursed in one "lump sum" payment to your heirs?
_____	_____	Have you provided adequate estate liquidity for your heirs?
_____	_____	Do you plan to make any significant gifts to charities or other organizations. Describe below:
_____	_____	Do you plan to make any significant gifts to family members? Describe below:

Comments / Concerns: \_\_\_\_\_

### **Tell us about any additional issues not addressed above.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Your Plan – Your Goals**

Your plan will be specifically designed to help you achieve your personal goals, and will be adjusted over time as needed to remain current and relevant. Some of your goals will probably be near term, while others may focus on very long term objectives. Some goals will be readily defined by specific dollar amounts and hard time frames, while others may be much less analytical or numerical, and less specific.

As our work together progresses, your thoughts around the following types of questions may help you articulate the goals we need to address in the planning process. We will spend more time on this later.

- What specific financial situations will you need to address over the next few years?
- What specific concerns do you have that could get in the way of achieving your goals?
- How (and where) would you want to live, if time or money were not an issue?
- What would you do differently if you knew for certain that you could not fail?
- What would you regret most if you failed to accomplish it?
- If your personal security was assured (financial independence), what lifestyle changes would you like to make today? Would you consider spending time differently, making specific gifts, having more community involvement, relocating?
- When you think about retirement, what thoughts come to mind?

## Cash Flow Information

In this section we ask you to look at the "big picture." We are looking for your total income, total expenses, total taxes paid, and total savings. Enter either a monthly or annual amount, but NOT both. This information is used as a core component for numerous aspects of your plan. Round numbers or good estimates are sufficient at this early stage of your planning. We may need to bring more accuracy to these items later on.

	<u>Per Year</u>	or	<u>Per Month</u>
<b><u>Income provided by Client A</u></b>			
Salary	\$ _____		\$ _____
Bonus	_____		_____
Social Security	_____		_____
Pensions, Annuities	_____		_____
Other Income (alimony, rents received, etc.)	_____		_____
<b>Total Income for Client A</b>	<b>\$ _____</b>		<b>\$ _____</b>

<b><u>Income provided by Client B</u></b>			
Salary	\$ _____		\$ _____
Bonus	_____		_____
Social Security	_____		_____
Pensions, Annuities	_____		_____
Other Income (alimony, rents received, etc.)	_____		_____
<b>Total Income for Client B</b>	<b>\$ _____</b>		<b>\$ _____</b>

### **Spending** (Please see the next section if you are unable to provide a realistic estimate of **your total spending**)

Basic Living Expenses	_____	_____
Discretionary Expenses	_____	_____
<b>Total Spending for Client A and B</b>	<b>\$ _____</b>	<b>\$ _____</b>

### **Income Taxes**

Federal	_____	_____
State	_____	_____
Local	_____	_____
<b>Total Taxes for Client A and B</b>	<b>\$ _____</b>	<b>\$ _____</b>

### **Savings Additions— (Annual Amounts Only)**

	<u>Client A</u>	<u>Client B</u>
Personal, after tax savings	_____	_____
Qualified Plans, 401(k), 403(b), etc	_____	_____
IRA additions	_____	_____
Roth IRA additions	_____	_____
Other savings additions	_____	_____
<b>Total Savings for Client A and B</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Accuracy Check.** You can easily verify the "accuracy" of your work on this page. The total **Income** for both Client A and Client B should approximately equal the sum of (**Spending** plus **Income Taxes** plus **Savings**).

# Spending Information

Use this page Only If you were unable to provide a realistic estimate of total spending on the previous page.

An accurate understanding of your total current spending requirement will help form many of the financial recommendations you will receive, including estimates of future income needs, the possible timing of a comfortable retirement, or what additional savings may be required to accomplish other important goals. If you do not already have a good idea “where the money goes,” this worksheet can help you gain control over that aspect of your plan. You will also see the amount of your “bottom line total” spending recurring throughout your plan, so a rather high degree of confidence in this total will naturally lead to a more reliable plan. On these two pages, please enter your spending data in each category as completely as possible. Remember, the goal here is to arrive at an accurate summation, so please make good estimates rather than leaving out any actual spending items.

			Per Year	or	Per Month
<b><u>Basic Living Expenses</u></b>					
Auto	Fuel		\$ _____		\$ _____
	Insurance		_____		_____
	Loan/Lease		_____		_____
	Other		_____		_____
	Parking/Tolls		_____		_____
	Personal Property Tax		_____		_____
	Repairs/Maintenance		_____		_____
Home	Association Fees		_____		_____
	Cable/Satellite		_____		_____
	Domestic		_____		_____
	Electricity		_____		_____
	Equity Line		_____		_____
	First Mortgage		_____		_____
	Furniture		_____		_____
	Gas/Oil		_____		_____
	Insurance	Flood	_____		_____
		Homeowner	_____		_____
		Windstorm	_____		_____
	Internet		_____		_____
	Lawn Care		_____		_____
	Maintenance	Major Repair	_____		_____
		Regular	_____		_____
	Other		_____		_____
	Real Estate Tax		_____		_____
	Rent		_____		_____
	Second Mortgage		_____		_____
	Security System		_____		_____
	Telephone (Land line)		_____		_____
	Water/Sewer/Trash Pickup		_____		_____
Insurance	Disability	Client A	_____		_____
		Client B	_____		_____
	Life	Client A	_____		_____
		Client B	_____		_____
	LTC	Client A	_____		_____
		Client B	_____		_____
	Medical	Client A	_____		_____
		Client B	_____		_____

	Umbrella	_____	_____
	Personal Articles	_____	_____
Personal	Alimony	\$ _____	\$ _____
	Bank Charges	_____	_____
	Books/Magazines	_____	_____
	Care for Parents	_____	_____
	Cash-Miscellaneous	_____	_____
	Cell Phone	_____	_____
	Children	_____	_____
	Activities	_____	_____
	Care	_____	_____
	Support	_____	_____
	Tutor	_____	_____
	Clothing	_____	_____
	Children	_____	_____
	Client A	_____	_____
	Client B	_____	_____
	Club Dues	_____	_____
	Credit Card Dept Payment	_____	_____
	Dinning Out	_____	_____
	Education	_____	_____
	Entertaining	_____	_____
	Groceries	_____	_____
	Healthcare	_____	_____
	Dental	_____	_____
	Medical	_____	_____
	Prescription	_____	_____
	Vision	_____	_____
	Hobbies	_____	_____
	Household Items	_____	_____
	Laundry/Dry Cleaning	_____	_____
	Other	_____	_____
	Personal Care	_____	_____
	Personal Loan Care	_____	_____
	Pet Care	_____	_____
	Public Transportation	_____	_____
	Recreation	_____	_____
	Safe Deposit Box	_____	_____
	Student Loan Payment	_____	_____
	Tax Preparation	_____	_____
	Theater/Movies/Sport Events	_____	_____

**Total Basic Living Expenses**      \$ \_\_\_\_\_      \$ \_\_\_\_\_

**Discretionary Expenses**

	Charitable Donations	\$ _____	\$ _____
	Gifts to Relatives	_____	_____
	Vacations and Travel	_____	_____

**Total Discretionary Expenses**      \$ \_\_\_\_\_      \$ \_\_\_\_\_

**YOUR TOTAL ANNUAL LIVING EXPENSES**      \$ \_\_\_\_\_      \$ \_\_\_\_\_

(You may now want to enter the above "Basic" and "Discretionary" totals on the earlier Cash Flow page.)