

ASSET INFORMATION
CASH ACCOUNTS

TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD". (*Indicate type below for all bank and credit union accounts.*) If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Institution and Branch Where Account was Opened	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

ASSET INFORMATION
INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

TYPE: Money Market “MM” ♦ Investment Account “IA” ♦ Cash Management “CM” ♦ or Other Account “OA”. (*Indicate type below for all investment and street accounts.*) If you hold individual stock certificates, please indicate those under “Stocks” on the following page. If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Brokerage Firm	Type	Account #	Owner	Amount
_____	_____	_____	_____	_____
Address: _____		Phone: _____		
Are funds electronically deposited or withdrawn from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this account pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

ASSET INFORMATION

STOCKS

Please indicate any **stock certificates** that are in your possession. Stock owned in a family business or non-publicly-traded company should be listed under “Corporate and Professional Business Interests.” Stocks held in a **Street Account** or **Investment Account** should be listed under “Investment Accounts”. If you are named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ASSET INFORMATION

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____
Please provide name and address of Transfer Company: Name: _____			
Address: _____ Phone: _____			

Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TOTAL \$ _____

ASSET INFORMATION
PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business personal property. *(Indicate type below and give a lump sum value for miscellaneous items.)*

Type	Owner	Value	Indicate Primary Driver for Automobiles	Is there a lien against the asset? <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
_____	_____	_____	_____	<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
_____	_____	_____	_____	<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
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL \$ _____

Name of Car Insurance Agent _____			
Policy # _____			
Company _____			
Address _____	City _____	State _____	Zip _____
Phone # _____	Fax # _____	E-Mail _____	

ASSET INFORMATION
RETIREMENT PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) (*Indicate type below.*) Please provide a copy of your Retirement Plan Summary Agreement.

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____
Account # _____				
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

ASSET INFORMATION
PENSION PLANS

Company Name _____	Account # _____	Owner _____	Beneficiary Upon Your Death _____	Value _____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name _____	Account # _____	Owner _____	Beneficiary Upon Your Death _____	Value _____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name _____	Account # _____	Owner _____	Beneficiary Upon Your Death _____	Value _____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name _____	Account # _____	Owner _____	Beneficiary Upon Your Death _____	Value _____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name _____	Account # _____	Owner _____	Beneficiary Upon Your Death _____	Value _____
Address: _____			Phone: _____	
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL \$ _____

ASSET INFORMATION
INSURANCE POLICIES

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability ♦ Long Term Care (*Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation"*).

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

Company Name	Insured	Policy #	Owner	Type of Policy	Face Amount	Cash Value
_____	_____	_____	_____	_____	_____	_____
Address: _____			Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____			

Face Amount TOTAL \$ _____

Are any of the above referenced insurance policies pledged as collateral on any loans? Yes No

ASSET INFORMATION

ANNUITIES

Please provide a copy of each annuity contract.

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$_____	\$_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain					

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$_____	\$_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain					

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$_____	\$_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain					

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
_____	_____	_____	_____	\$_____	\$_____
Address: _____		Phone: _____		Agent: _____	
Primary Beneficiary: _____			Secondary Beneficiary: _____		
Are you receiving any regular distributions from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain					

TOTAL \$ _____

ASSET INFORMATION

BONDS

TYPE: US Savings Bonds

Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills (*Indicate type below.*) If you are named as a co-owner on any bonds owned by or with someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Type	Owner	Face Value	Social Security # on Bond Face
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL \$ _____

MONIES OWED TO YOU

TYPE: Promissory notes payable to you ♦ Other monies owed to you
(Please provide a copy of any promissory notes.)

Name of Debtor	Date Due	Owed To	Current Balance	Promissory Note
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL \$ _____

ASSET INFORMATION

PARTNERSHIP & LLC INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own.
(Please provide a copy of the Partnership Agreement.)

Name of Partnership or LLC _____

Owners _____ Value _____

Who holds Partnership or LLC papers _____ Phone: _____

Is this a "Professional" Partnership or LLC? Yes No

Entity Type: General Partnership Limited Partnership Limited Liability Company

Name of General Partner or Managing Member _____

Name of Partnership or LLC _____

Owners _____ Value _____

Who holds Partnership or LLC papers _____ Phone: _____

Is this a "Professional" Partnership or LLC? Yes No

Entity Type: General Partnership Limited Partnership Limited Liability Company

Name of General Partner or Managing Member _____

TOTAL \$ _____

ASSET INFORMATION

CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.

(Please provide a copy of your Corp. book and any Buy/Sell agreements, if applicable.)

Company _____ Address _____ Phone: _____
Number of Shares _____ % of Ownership _____
Owner _____ Value _____
Is there a Buy/Sell Agreement Yes No Is this an "S-Corporation" Yes No
Is this a "Professional" Corporation? Yes No

Company _____ Address _____ Phone: _____
Number of Shares _____ % of Ownership _____
Owner _____ Value _____
Is there a Buy/Sell Agreement Yes No Is this an "S-Corporation" Yes No
Is this a "Professional" Corporation? Yes No

Company _____ Address _____ Phone: _____
Number of Shares _____ % of Ownership _____
Owner _____ Value _____
Is there a Buy/Sell Agreement Yes No Is this an "S-Corporation" Yes No
Is this a "Professional" Corporation? Yes No

TOTAL \$ _____

ASSET INFORMATION

SOLE PROPRIETORSHIP INTERESTS

TYPE: All assets owned by you in a sole proprietorship type of business.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Insurance Agent _____ Phone _____ Policy # _____			
Address _____ City _____ State _____ Zip _____			

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Insurance Agent _____ Phone _____ Policy # _____			
Address _____ City _____ State _____ Zip _____			

TOTAL \$ _____

ASSET INFORMATION

**ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT
JUDGMENT**

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

Description	Value
_____	_____
_____	_____

TOTAL \$ _____

OIL, GAS AND MINERAL INTERESTS

TYPE: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest ♦ Pooling agreement, etc. *(Please provide copy of Agreement, Certificate, or Deed.)*

Company _____	Type _____	Name _____
Address _____	City _____	State _____ Zip _____
County _____	Phone # _____	
Owner _____	Value _____	

Company _____	Type _____	Name _____
Address _____	City _____	State _____ Zip _____
County _____	Phone # _____	
Owner _____	Value _____	

TOTAL \$ _____

ASSET INFORMATION

OTHER ASSETS

TYPE: Any property you own that does not fit into any other listed category.

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$ _____

ASSET INFORMATION
REAL PROPERTY

TYPE: Land ♦ Buildings ♦ Homes ♦ Time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS) ♦ Tenants in common (TC) ♦ Tenancy by the entireties (TBE) *(Please provide a copy of the Deed or Agreement relating to each property.)*

Address _____	Owner	Mortgage Amount	Fair Market Value
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____ How much did you pay? _____			
Please provide a copy of your Title Insurance Policy			

Address _____	Owner	Mortgage Amount	Fair Market Value
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____ How much did you pay? _____			
Please provide a copy of your Title Insurance Policy			

ASSET INFORMATION

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____ How much did you pay? _____			
Please provide a copy of your Title Insurance Policy			

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____
City _____ State _____ Zip _____	_____	_____	_____
County _____			
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lender _____	Loan # _____		
Address _____			
Home Insurance Agent _____	Phone _____		
Company _____	Policy # _____		
Address _____	City _____	State _____	Zip _____
What year did you buy this property? _____ How much did you pay? _____			
Please provide a copy of your Title Insurance Policy			

TOTAL \$ _____

ASSET INFORMATION

ASSETS*	CLIENT #1	CLIENT # 2
	AMOUNT	
Cash Accounts		
Investment Accounts		
Stocks		
Personal Effects		
Retirements Plans		
Pension Plans		
Life Insurance Policies		
Annuities		
Bonds		
Monies Owed to You		
Partnership & LLC's Interests		
Corporate Business Interests		
Sole Proprietorship Interests		
Anticipated Inheritance, Gift, or Judgment		
Oil, Gas, and Mineral Interests		
Other Assets		
Real Property		
TOTAL ASSETS		
	CLIENT #1	CLIENT # 2
	AMOUNT	
Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
TOTAL LIABILITIES		
NET ESTATE		
ANNUAL INCOME		

** The value of assets owned in co-ownership with a spouse should be divided equally between the two columns. If an asset is owned in co-ownership with someone other than a spouse, the full value of that asset should be reported under that client's column.*