RISK MANAGEMENT

Life Insurance

Company	Face Amt	Cash Value	Insured	Owner	Benef
____________	$______	Y N	______	______	______
____________	$______	Y N	______	______	______
____________	$______	Y N	______	______	______
____________	$______	Y N	______	______	______
____________	$______	Y N	______	______	______

Disability

	Employer Coverage	Independent Coverage
Self	Y N	Y N
Spouse	Y N	Y N

Long-Term Care

	Employer Coverage	Independent Coverage
Self	Y N	Y N
Spouse	Y N	Y N

Property & Casualty

Date Last Reviewed? ____________________

Homeowners Ins. Co. ____________________

Auto Ins. Co. ____________________

Do You Have an Umbrella Liability Policy? Y N

ESTATE PLANNING

Do You Have Wills? Y N

Do You Have Trusts? Y N

Do You Have Powers of Attorney? Y N

Do You Have Medical Powers of Attorney? Y N

Do You Have Medical Health Directives? Y N

Date These Documents Last Reviewed? ____________________

ADDITIONAL COMMENTS

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DOCUMENT CHECKLIST

Please provide *copies* of the following documents

1. Last two years' Federal and State income tax returns ________
2. Several recent pay vouchers ________
3. Current statements of the following
   - Bank Accounts ________
   - Stocks and Bonds ________
   - Mutual Funds ________
   - Managed Accounts ________
   - IRA, SEP-IRA, Roth IRA Accounts ________
   - Employer-Provided Retirement Plans, 401(k), 403(b) ________
   - Loan Statements (Mortgage, Auto, Line of Credit, Margin, Credit Cards, Student Loans, Cash Value Loans) ________
4. Employee Benefit Information ________
5. Insurance Policies (Life, Disability, Major Medical, Long-Term Care, Auto, Homeowners, Umbrella, Professional Liability) ________
6. Estate Planning Documents (Wills, Trusts, Durable Powers of Attorney, Medical Powers of Attorney Medical Health Directives) ________
7. For closely-held business owners, please provide business form, business value, and corporate/partnership tax returns for the last two years ________

LAW & ASSOCIATES, INC.

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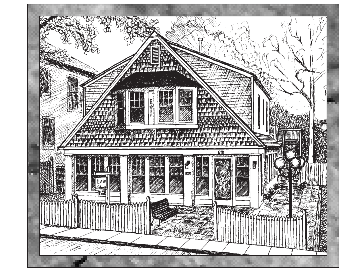

PRELIMINARY FINANCIAL PLANNING QUESTIONNAIRE

Date ____________________

Name ____________________

Date of Birth ____________ Social Security # ____________

Occupation ____________________

Employer ____________________

Home Address ____________________

____

Telephone ____________________
Home Work Fax

Email ____________________ ________
Cell

Spouse's Name ____________________

Date of Birth ____________ Social Security # ____________

Occupation ____________________

Employer ____________________

Home Address ____________________

____

Telephone ____________________
Home Work Fax

Email ____________________ ________
Cell

LAW & ASSOCIATES, INC.

CHILDREN

	Name	DOB	Soc. Sec. #
1.			
2.			
3.			
4.			

Children's Assets (Trusts, Custodial-UGMA/UTMA, Education-529, ESA)

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____

Education Funding Analysis Required for ________________

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PERSONAL FINANCIAL OBJECTIVES

Rank in order of importance – "1" being most important.

____	Build Wealth	____	Retirement Comfort
____	Reduce Income Taxes	____	Children's Education
____	Reduce Estate Taxes	____	Cash Flow & Debt Management

HOW WOULD YOU ASSESS YOUR RISK TOLERANCE?

Self ❐ Safe ❐ Low ❐ Medium ❐ High **Spouse** ❐ Safe ❐ Low ❐ Medium ❐ High

SPECIFIC PLANNING OBJECTIVES AND/OR ISSUES TO BE ADDRESSED INDICATE TIME HORIZON IF APPLICABLE

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ASSETS

Cash Equivalents (Checking, Money Market, CD, T-Bill, Savings Bond)

	Asset	Owner	Current Balance	Interest Rate
1.		Self Sp Jt	$	%
2.		Self Sp Jt		%
3.		Self Sp Jt		%
4.		Self Sp Jt		%

Securities (Stocks, Bonds, Mutual Funds, Managed Accounts)

	Asset	Owner	Shares	Current Value	Cost
1.		Self Sp Jt		$	$
2.		Self Sp Jt			
3.		Self Sp Jt			
4.		Self Sp Jt			

Retirement Assets (IRA, SEP-IRA, 401(k), 403(b), Roth IRA, Pension/Profit Sharing)

	Asset	Owner	Current Value	Annual Contrib Yours/Employers
1.		Self Sp	$	/
2.		Self Sp		/
3.		Self Sp		/
4.		Self Sp		/

Personal Assets (Residence, Vacation Home, Auto, Time Share, Jewelry, Art/Antiques)

	Asset	Owner	Current Value	Purchase Price/Date
1.		Self Sp Jt	$	
2.		Self Sp Jt		
3.		Self Sp Jt		

Other (Business Interest, Ltd. Partnerships, Receivables, Cash Value Life Insurance)

	Asset	Owner	Current Value	Purchase Price/Date
1.		Self Sp Jt	$	
2.		Self Sp Jt		
3.		Self Sp Jt		

LIABILITIES (Mortgages, Auto Loans, Lines of Credit, Margin, Credit Cards, Student Loans, Cash Value Loans)

	Liability	Owner	Financed Amt	Interest Rate	Start Date	Term
1.		Self Sp Jt	$	%		
2.		Self Sp Jt				
3.		Self Sp Jt				
4.		Self Sp Jt				
5.		Self Sp Jt				

INCOME (GROSS)

	Self	Spouse	Frequency
Salary	$	$	
Bonus	$	$	
Self-Employment	$	$	
Other (Retirement, Rental, etc.)	$	$	

LIVING EXPENSES

	Monthly	Annual
Savings	$	$
Children's Expenses		
Food		
Clothing		
Dry Cleaning/Laundry		
Entertainment/Dining Out		
Vacations		
Gifts/Celebrations		
Auto Gas & Repairs		
Other Transportation		
Rent/Mortgage Payment		
Line of Credit Payment		
Auto Payment		
Credit Card Payment		
Other Loan Payment		
Home Repair & Maintenance		
Utilities		
Telephone (Cell/Internet)		
Home Improv/Purchases		
Homeowners Insurance		
Auto Insurance		
Umbrella Insurance		
Life Insurance		
Disability Insurance		
Personal Care		
Household Help		
Dues/Subscriptions		
Pet Expenses		
Other Living Expenses		
Miscellaneous Cash		

TAX RELATED EXPENSES

Medical Insurance	$	$
Long-Term Care Insurance		
Medical/Dental		
Real Estate Tax		
Personal Property Tax		
Charitable Contributions		
Tax Preparation Fee		
Other Miscellaneous		