DOCUMENTS NEEDED FOR ANALYSIS

Please mark the appropriate box as provided, not applicable, or not available. Most documents will be returned to you quickly.

Item Provided	Item Returned	Not Applicable	Not Available	A Brief Description of the Financial Document(s)
☐	☐	☐	☐	Income tax returns for past two years (fed & state)
☐	☐	☐	☐	Wills, durable power of attorney (poa), health poa, trust agreements for client, spouse and/or children
☐	☐	☐	☐	Divorce settlements and/or pre-marital agreements
☐	☐	☐	☐	Copy of real estate deeds, contracts and lease agreements
☐	☐	☐	☐	All debt statements with balance, interest rate and monthly payment- including mortgage & cards
☐	☐	☐	☐	All bank and securities statements – checking, savings, CDs, bonds, 401ks, IRAs, stocks, etc.
☐	☐	☐	☐	Life insurance policies and the most recent policy statements (include group at wk)
☐	☐	☐	☐	Disability, medical and long term care insurance policies (include group at wk)
☐	☐	☐	☐	Homeowners & umbrella insurance policies and the current declaration page(s)
☐	☐	☐	☐	Auto, other vehicle, and boat or other insurance policies and the current declaration page(s).
☐	☐	☐	☐	Employee benefits statements, policies and procedures. Current and old pension plans.
☐	☐	☐	☐	Social Security benefits statements (recent)
☐	☐	☐	☐	Prior analysis regarding life insurance, estate, investment or retirement planning.
☐	☐	☐	☐	List of all income sources (paystubs) & expenses

This certifies that I have received from ____ the following documents listed above or on the other side of this document in order to review their provisions and benefits in connection with the financial analysis being provided. When the review is completed, all documents will be returned. Unless you wish otherwise, we will scan the documents for our records and as backup for you.

Signed: ____ Date: ________________

RETURN OF THE DOCUMENTS

I hereby acknowledge that all of the policies and documents checked above have been returned to me by ________________________, excepting __________________________.

Signed: ____ Date: ___________