

**BUDISH, SOLOMON, STEINER & PECK, LTD.**

**CONFIDENTIAL PLANNING INFORMATION—PLEASE PRINT NEATLY**

\_\_\_\_\_  
**CLIENT (for whom planning) FULL NAME**

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
TELEPHONE NO.

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
DATE OF BIRTH, AGE

\_\_\_\_\_  
E-MAIL ADDRESS

Add to E-mail Newsletter? Yes No

List all Health Issues \_\_\_\_\_

**WHO IS THE MAIN CONTACT PERSON?** \_\_\_\_\_

**CHILDREN'S NAMES**

\_\_\_\_\_  
**#1 - FULL NAME**

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
TELEPHONE NO./EMAIL ADDRESS

\_\_\_\_\_  
DATE OF BIRTH, AGE/SS NUMBER

\_\_\_\_\_  
Relation, Marital Status, Disability? Financial Issue?

\_\_\_\_\_  
**#3 - FULL NAME**

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
TELEPHONE NO./EMAIL ADDRESS

\_\_\_\_\_  
DATE OF BIRTH, AGE/SS NUMBER

\_\_\_\_\_  
Relation, Marital Status, Disability? Financial Issue?

\_\_\_\_\_  
**CLIENT (for whom planning) FULL NAME**

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
TELEPHONE NO.

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
DATE OF BIRTH, AGE

US Citizens?

Yes No

Anyone a Veteran?

Yes No

\_\_\_\_\_  
**#2 - FULL NAME**

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
TELEPHONE NO./EMAIL ADDR

\_\_\_\_\_  
DATE OF BIRTH, AGE/SS NUMBER

\_\_\_\_\_  
Relation, Marital Status, Disability? Financial Issue?

\_\_\_\_\_  
**#4 - FULL NAME**

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
TELEPHONE NO./EMAIL ADDRESS

\_\_\_\_\_  
DATE OF BIRTH, AGE/SS NUMBER

\_\_\_\_\_  
Relation, Marital Status, Disability? Financial Issue?

**ANY FAMILY ISSUES OR DEPENDENT INDIVIDUALS?** \_\_\_\_\_

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**PLEASE LIST YOUR ASSETS**

<b><u>ASSETS</u></b>	<b><u>VALUE</u></b>	<b><u>HOW ASSET IS TITLED (FOR EXAMPLE JOINT WITH SPOUSE OR CHILD OR IN YOUR SOLE NAME)</u></b>
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Residence House:            \$ \_\_\_\_\_

Other Real Estate:

    Ohio                         \$ \_\_\_\_\_

    Non-Ohio                 \$ \_\_\_\_\_

    Other                      \$ \_\_\_\_\_

Cash & Equivalents:

    Checking Account(s)    \$ \_\_\_\_\_

    Savings Account(s)     \$ \_\_\_\_\_

    CD's & Money Market    \$ \_\_\_\_\_

Marketable Securities (not held in Retirement Accounts):

    Stocks                    \$ \_\_\_\_\_

    Mutual Funds             \$ \_\_\_\_\_

    Brokerage Accounts     \$ \_\_\_\_\_

    Other                     \$ \_\_\_\_\_

Retirement Plans and Accounts:

    Pension/Profit-sharing   \$ \_\_\_\_\_  
    /401K,etc (assets--not monthly income)

    IRA's                     \$ \_\_\_\_\_

    Roth IRA                 \$ \_\_\_\_\_

    Annuity                  \$ \_\_\_\_\_

    Other                     \$ \_\_\_\_\_

Personal Property:

    Automobiles             \$ \_\_\_\_\_

Collections of value \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Life Insurance:

Insured \_\_\_\_\_ Face Value \_\_\_\_\_ Death benefit \_\_\_\_\_ Cash Value \_\_\_\_\_ Benef \_\_\_\_\_

Insured \_\_\_\_\_ Face Value \_\_\_\_\_ Death benefit \_\_\_\_\_ Cash Value \_\_\_\_\_ Benef \_\_\_\_\_

Insured \_\_\_\_\_ Face Value \_\_\_\_\_ Death benefit \_\_\_\_\_ Cash Value \_\_\_\_\_ Benef \_\_\_\_\_

Business Interests: \$ \_\_\_\_\_

Limited Liability Companies \$ \_\_\_\_\_

Other Assets: \$ \_\_\_\_\_

LIABILITIES: \_\_\_\_\_

INCOME:

Salary Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_

Pension Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_

Social Security Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_

Other Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_

Do you have Long Term Care Insurance? Yes No If so, describe terms: \_\_\_\_\_

Do you have a Prepaid Funeral Contract? Yes No If so, describe terms: \_\_\_\_\_

Do you have a Cemetery Plot? Yes No If so, where: \_\_\_\_\_

Do you have supplemental Health Insurance? Yes No

If so, which one and what is the monthly cost? \_\_\_\_\_

Do you have Rx Insurance? Yes No

If so, which one and what is the monthly cost? \_\_\_\_\_

**PLEASE BRING YOUR LAST INCOME TAX RETURN ALONG WITH WRITTEN PROOF OF YOUR ASSETS AND INCOME, INCLUDING THE DEED TO YOUR HOME, BANK AND**

**INVESTMENT STATEMENTS, CAR TITLES, INSURANCE POLICIES, SS STATEMENTS, ETC.**

**HAVE YOU MADE ANY GIFTS IN EXCESS OF \$500 TO AN INDIVIDUAL OR TRUST WITHIN THE LAST FIVE YEARS?**       Yes    No

If so, please bring written proof.

**ESTATE PLANNING DOCUMENTS--PLEASE BRING THESE TO THE MEETING:**

<b>Do you have any of the following documents?</b>	<b>Husband</b>	<b>Wife</b>
Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revocable Living Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ADVISORS AND OTHER IMPORTANT PEOPLE**

Accountant: \_\_\_\_\_  
 \_\_\_\_\_

Financial Planner: \_\_\_\_\_  
 \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_  
 \_\_\_\_\_

Physician: \_\_\_\_\_  
 \_\_\_\_\_

Caregivers: \_\_\_\_\_  
 \_\_\_\_\_

Others: \_\_\_\_\_  
 \_\_\_\_\_

**How did you find out about our services?**

- Internet       Newspaper       Telephone Book   
 Seminar       Golden Opportunities   
 Referral  If referred, by whom: \_\_\_\_\_

**COMMENTS OR QUESTIONS?**