

BUDISH, SOLOMON, STEINER & PECK, LTD.

CONFIDENTIAL PLANNING INFORMATION—PLEASE PRINT NEATLY

CLIENT (for whom planning) FULL NAME

CLIENT (for whom planning) FULL NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

TELEPHONE NO.

TELEPHONE NO.

SOCIAL SECURITY NO.

SOCIAL SECURITY NO.

DATE OF BIRTH, AGE

DATE OF BIRTH, AGE

E-MAIL ADDRESS

Add to E-mail Newsletter? Yes No

US Citizens?

Yes No

Anyone a Veteran?

Yes No

List all Health Issues _____

WHO IS THE MAIN CONTACT PERSON? _____

CHILDREN'S OR INTERESTED PARTIES' NAMES

#1 - FULL NAME

#2 - FULL NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

TELEPHONE NO./EMAIL ADDRESS

TELEPHONE NO./EMAIL ADDR

DATE OF BIRTH, AGE/SS NUMBER

DATE OF BIRTH, AGE/SS NUMBER

Relation, Marital Status, Disability? Financial Issue?

Relation, Marital Status, Disability? Financial Issue?

#3 - FULL NAME

#4 - FULL NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

TELEPHONE NO./EMAIL ADDRESS

TELEPHONE NO./EMAIL ADDRESS

DATE OF BIRTH, AGE/SS NUMBER

DATE OF BIRTH, AGE/SS NUMBER

Relation, Marital Status, Disability? Financial Issue?

Relation, Marital Status, Disability? Financial Issue?

ANY FAMILY ISSUES OR DEPENDENT INDIVIDUALS? _____

PLEASE LIST YOUR ASSETS

<u>ASSETS</u>	<u>VALUE</u>	<u>HOW ASSET IS TITLED (FOR EXAMPLE JOINT WITH SPOUSE OR CHILD OR IN YOUR SOLE NAME)</u>
<u>Residence House:</u>	\$ _____	_____
<u>Other Real Estate:</u>		
Ohio	\$ _____	_____
Non-Ohio	\$ _____	_____
Other	\$ _____	_____
<u>Cash & Equivalents:</u>		
Checking Account(s)	\$ _____	_____
Savings Account(s)	\$ _____	_____
CD's & Money Market	\$ _____	_____
<u>Marketable Securities (not held in Retirement Accounts):</u>		
Stocks	\$ _____	_____
Mutual Funds	\$ _____	_____
Brokerage Accounts	\$ _____	_____
Other	\$ _____	_____
<u>Retirement Plans and Accounts:</u>		
Pension/Profit-sharing /401K,etc (assets--not monthly income)	\$ _____	_____
IRA's	\$ _____	_____
Roth IRA	\$ _____	_____
Annuity	\$ _____	_____
Other	\$ _____	_____
<u>Personal Property:</u>		
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:

Do you have any of the following documents?		
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?