2821 Wehrle Drive, Suite 4, Williamsville, NY 14221 4201 North Buffalo Road, Orchard Park, NY 14127

(716) 800-4290

www.TurningTidesFinancial.com

# **Financial Plan Document Checklist**

Please compile the following financial documents/statements listed below to help us gain a better perspective of your financial picture.

## **Bank Statements**

o CD's

Money Markets

Checking

#### **Retirement Accounts**

IRA

Deferred Compensation

o 401(k)

o Roth

### **Investment Account Statements**

Brokerage Account(s)

Annuities

#### Insurance

Life Insurance

Disability Policy

Home Owners Policy

# Budget

Debt (include amount owed, interest rate, and payment amount)

Mortgage Statement

Auto Loans

Credit Card

Income Sources

Employment Income

SSN Income

Pension Income

Savings

Christmas Club

Credit Union

o 403(b)

Social Security

Pension

Executive Bonus Plans

Mutual Funds(s)

Stock Holdings

Umbrella Policy

Car Insurance

Long Term Care

Auto Leases

Personal Loans

Monthly household Expenses

Worker's Comp

Disability Insurance



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## PERSONAL INFORMATION

Client Name:	
Spouse:	
Status:	
<ul><li>Married</li><li>Widowed</li></ul>	<ul><li>Single</li><li>Divorced</li></ul>
Employer	
Target Retirement Dat	e:
Desired Monthly Incor	ne in Retirement:
Current Retirement Pla	an Contributions:
<ul><li>Type of Plan _</li><li>Co. Match</li></ul>	<ul><li> Amount</li><li> Weekly/Bi</li></ul>
Expected Lump Sum R	etirement Fund Distributions:
<ul><li>When</li><li>Purpose</li></ul>	o Amount
Is Legacy Planning (gift	ting to heirs) Important to You
o Yes	o No