



SageSpring

WEALTH PARTNERS

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Financial Planning Information Information Gathering Worksheet

Please complete this worksheet prior to our appointment. If you are not sure about a question, leave it blank. It is okay to use an approximate amount. Please bring a copy of your most recent tax return, as well as copies of your most recent statements for Investment Accounts (IRA, 401(k), CDs, Stocks, Mutual Funds, Annuities, Insurance, etc.)

Name: _____ Date of Birth: _____

Spouse Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Email: _____ Cell Phone : (_____) _____

Spouse Email: _____ Spouse Cell Phone: (_____) _____

PART 1: FINANCIAL GOALS

What are your 3 most important financial goals?

What are your primary financial concerns?

If you could, what would you do to improve your financial situation? Why?

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PART 2 : RETIREMENT ACCOUNTS

*(IRA, Roth IRA, 401(k), 403b, SEP IRAs, Profit Sharing Plans, Annuities, Pensions,
Previous 401(k) Plans from other employers)*

Location: (Bank, Broker, Employer)	Type (IRA, Roth IRA, 401(k), etc.)	Balance
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____

PART 3 : NON IRA ACCOUNTS

*(Banks, Checking, Savings, Credit Unions, Certificate of Deposits, Stocks,
Bonds, REITS, Mutual Fund Accounts)*

Name of institution	Type of Account	Maturity Date	Interest Rate	Balance
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____

PART 4 : LIFE INSURANCE

Company	Owner	Insured
1. _____	_____	_____
Type (whole life, term, etc.)	Death Benefit	Monthly/Annual Payment
_____	\$ _____	\$ _____
Company	Owner	Insured
2. _____	_____	_____
Type (whole life, term, etc.)	Death Benefit	Monthly/Annual Payment
_____	\$ _____	\$ _____

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Company	Owner	Insured
3. _____	_____	_____
Type (whole life, term, etc.)	Death Benefit	Monthly/Annual Payment
_____	\$ _____	\$ _____
Company	Owner	Insured
4. _____	_____	_____
Type (whole life, term, etc.)	Death Benefit	Monthly/Annual Payment
_____	\$ _____	\$ _____

PART 5 : REAL ESTATE (RESIDENCE AND OTHER)

Property address	Mortgage Balance	Mortgage Rate/Term
1. _____	\$ _____	% _____
_____	Monthly Payment	Market Value
	\$ _____	\$ _____
Property address	Mortgage Balance	Mortgage Rate/Term
2. _____	\$ _____	% _____
_____	Monthly Payment	Market Value
	\$ _____	\$ _____
Property address	Mortgage Balance	Mortgage Rate/Term
3. _____	\$ _____	% _____
_____	Monthly Payment	Market Value
	\$ _____	\$ _____

PART 6 : OTHER ASSETS

(Artwork, Antiques, Automobiles, Other)

Type	Tax Basis	Market Value	Current Debt
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____

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PART 7 : OTHER LIABILITIES

Type	Balance of Loan	Interest Rate/Monthly Payment
1. _____	\$ _____	_____ / _____
2. _____	\$ _____	_____ / _____
3. _____	\$ _____	_____ / _____
4. _____	\$ _____	_____ / _____
5. _____	\$ _____	_____ / _____

PART 8 : CASH FLOW PLANNING

Client Wages \$ _____ /year Source: _____

Spouse Wages \$ _____ /year Source: _____

Other Income \$ _____ /year Source: _____

 \$ _____ /year Source: _____

Pensions (Future/Current) \$ _____ /month Source: _____

Approximate Annual Expenses \$ _____

What age would you like to retire? Client: _____ Spouse: _____

What are your estimated Soc. Sec. benefits? Client: _____ Spouse: _____

Do you feel like you have adequate Disability Insurance? Yes No

Do you anticipate receiving any inheritance? Yes No

PART 9 : ESTATE PLANNING

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you/spouse have an updated Will? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you/spouse have an updated Living Trust? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you have a General Power of Attorney (Financial Matters)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you have a General Power of Attorney (Healthcare)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Do you/spouse have an updated Living Will? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you feel like you have too much insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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PART 10 : OTHER ISSUES

1. Who is your current CPA? Who is your current Estate Planning Attorney?

2. Do you have a spending plan (budget) ? Can/should you increase your monthly/annual savings and/or monthly investments?

3. Are you fully maximizing tax-free and tax-deferred accounts (i.e. 401(k) Plans, Roth IRA Accounts, Traditional IRA Accounts)? Can you?

4. Are you concerned personally about Long-Term Care or avoiding nursing home expenses? What about a family member?

5. If you are 64 years old or older, do you have any Medicare questions or concerns?

6. Are there any special circumstances you would like to plan for in addition to retirement (weddings, college tuition, sabbaticals, etc.)?

7. Any additional financial or retirement concerns?

Thank you so much for taking the time to fill out this information prior to our meeting. I am looking forward to meeting about your financial goals soon.

