



# Documents Needed Checklist

**Please bring the following documentation to your initial consultation:**

- ☐ **Your prior year's Federal and State income tax returns and W2s.**
- ☐ **Copies of the latest statements for all of your investment accounts.**
  - ☐ Mutual Funds, CD's
  - ☐ 401k statements & investment choices
  - ☐ Brokerage accounts
  - ☐ Annuities

If statement copies are provided, please include all pages of your statement.

- ☐ **Documentation on all employer-sponsored retirement, investment, and insurance plans.**

Should reveal all benefits and their related costs to you, if any.

- ☐ **Insurance policies and statements:**
  - ☐ Life Insurance
  - ☐ Long-Term Care Insurance
  - ☐ Annuities
  - ☐ Health and Medicare Supplement Policies
  - ☐ Disability Insurance
  - ☐ Personal Liability (homeowners & auto insurance declarations statements)

- ☐ **Estate planning documents such as:**

- ☐ Wills
- ☐ Powers of Attorney
- ☐ Trusts
- ☐ Health Care Declaration (Living Will)

- ☐ **Employee Benefits booklets.**

- ☐ **Social Security and Pension benefit estimates**

**NOTE:** You are welcome to provide originals from which we will make copies and then return the originals to you. If, however, you choose to make copies, be sure that you do not omit any pages from the original, no matter how insignificant they may seem to be.

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**CONFIDENTIAL CLIENT DATA FORM****Personal Information**

Last Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_

Client's First Name \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Call Name \_\_\_\_\_ M.I. \_\_\_\_\_ Call Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Second Home ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Your date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers Lic # \_\_\_\_\_ Drivers Lic # \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Annual Base Income \$ \_\_\_\_\_ Annual Base Income \$ \_\_\_\_\_

Annual Bonus Income \$ \_\_\_\_\_ Annual Bonus Income \$ \_\_\_\_\_

Social Security Income \$ \_\_\_\_\_ Social Security Income \$ \_\_\_\_\_

Children's Name	M.I.	Date of Birth	Soc Sec Number	Phone
		/ /	- - ( ) -	
		/ /	- - ( ) -	
		/ /	- - ( ) -	
		/ /	- - ( ) -	

## **Investment Planning**

Do you currently have a financial plan? Y / N

Have you written out specific financial goals? Y / N

What is your primary investment objective? (check one)

- ☐ Speculation
- ☐ Aggressive Growth
- ☐ Growth
- ☐ Balanced / Conservative Growth
- ☐ Preservation of Principal / Income

On a scale of 1 to 10, what is your risk tolerance number? (Please circle one)

1 2 3

4 5 6 7

8 9 10

**Conservative**

I am seeking to minimize risk or fluctuation of my principal.

**Moderate**

I am willing to assume some risk or fluctuation of principal for potentially higher returns.

**Aggressive**

I accept higher risk and fluctuation of principal for higher growth potential.

Does your current portfolio match your risk tolerance? Y / N

What is your expected pretax rate of return on your investments? \_\_\_\_\_%

What is your estimate of the annual inflation rate over the next 20 years? \_\_\_\_\_%

Who is the primary financial decision maker(s) in your household? \_\_\_\_\_

## **Retirement / Financial Independence Planning**

What is your desired financial security age? Client \_\_\_\_\_ Spouse \_\_\_\_\_

What percentage of your working income do you desire in retirement? \_\_\_\_\_%

Do you plan to work after retirement? Y/N If so, doing what? \_\_\_\_\_

Do you anticipate a job change or rollover of a retirement plan? If so, when? \_\_\_\_\_

Do you currently make annual IRA contributions? Y/N Type: Traditional/Roth/Sepp/other

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## **Education Planning**

Do you wish to assist your children with the costs of post-secondary education? Y / N

If so; estimated annual tuition \$\_\_\_\_\_ Desired percentage to fund \_\_\_\_\_%

Are you currently investing for your children's education? Y / N

If so, is it on a regular basis? Y / N How much and how often? \$\_\_\_\_\_

## **Tax Planning**

Do you prepare your own tax return? Y / N

How do you feel about the taxes you currently pay? \_\_\_\_\_

## **Life Insurance Planning**

What are your feelings about life insurance? \_\_\_\_\_

What do you feel is the right amount for you? Client \$\_\_\_\_\_ Spouse \$\_\_\_\_\_

Do you want any life insurance in force after your retirement? Client Y/N Spouse Y/N

## **Estate Planning**

Do you have a will? Y/N The date it was executed \_\_\_\_/\_\_\_\_/\_\_\_\_

Is your will current with your wishes as of today? Y / N

Do you have a durable power of attorney? Client Y/N Spouse Y/N

Do you have a Living Will/Health Care Directive? Client Y/N Spouse Y/N

Do you have a trust? Y/N Type\_\_\_\_\_ Date executed\_\_\_\_\_

Do you anticipate receiving a future inheritance? Y/N If so, approx when?\_\_\_\_\_

## **Other Advisors**

Your attorney is\_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Your tax preparer is\_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

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Other financial advisor \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

### **Your Goals**

Any major purchases / expenses the next 5 years? \_\_\_\_\_

Please rank what type of planning is most important to you: (1=most important; 7=least)

\_\_\_\_ Investment planning      \_\_\_\_ Income Tax planning      \_\_\_\_ Estate planning

\_\_\_\_ Retirement planning      \_\_\_\_ Life Insurance planning      \_\_\_\_ Other

\_\_\_\_ Education planning      \_\_\_\_ Long Term Care planning      \_\_\_\_ Other

If I could help you reach a goal(s) or solve a financial problem(s), what would they be?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

We are able and willing to save \$ \_\_\_\_\_ per month towards our financial goals.

X \_\_\_\_\_

Client's signature

X \_\_\_\_\_

Spouse's signature

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### **Referrals**

Others you know that might want help with their investments, taxes, or insurance:

Name \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

# CONFIDENTIAL BALANCE SHEET

**Client:**

**Date:**

## WHAT YOU OWN

### CASH ACCOUNTS:

Checking	
Savings/Money market	
Life insurance cash value	

### NONQUALIFIED SECURITIES ACCOUNTS:

Mutual funds	
Annuities	
CDs	
Stocks/Bonds	

### RETIREMENT ACCOUNTS:

Client 401K	
IRA	
Spouse 401K	
IRA	
<b>TOTAL INVESTABLE ASSETS:</b>	\$0

## WHAT YOU OWN

### REAL ESTATE:

Personal residence	
Cabin/Bare land	
Rental property	

### PERSONAL PROPERTY:

Automobiles/RVs	
Household furnishings	
Jewelry/Collectables	

### TOTAL ASSETS:

\$0

## WHAT YOU OWE

### LOANS:

Auto	
Education	
Credit cards	

### MORTGAGES:

Personal residence	
Home equity line	
Cabin/Bare land	
Rental property	

### OTHER:

Income taxes payable	
Child support	

### TOTAL LIABILITIES:

\$0

## NET WORTH:

\$0

### MONTHLY RETIREMENT INCOME:

Social Security - Client	
Social Security - Spouse	
IRAs - Client	
IRAs - Spouse	
Pension - Client	
Pension - Spouse	

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# CURRENT LIFE INSURANCE IN FORCE

Client	
GROUP TERM LIFE INSURANCE:	
	\$
PERSONAL OWNED TERM INSURANCE:	
	\$
PERMANENT (CASH VALUE) LIFE INS:	
	\$
<b>TOTAL</b>	\$

Spouse	
GROUP TERM LIFE INSURANCE:	
	\$
PERSONAL OWNED TERM INSURANCE:	
	\$
PERMANENT (CASH VALUE) LIFE INS:	
	\$
<b>TOTAL</b>	\$