

FINANCIAL PLANNING CHECKLIST

Please provide our office with a copy of the following documents and the information below 5 days prior to your second appointment.

- Current year's federal and state tax returns (*personal and business, if applicable*)
- Current year's W2(s)
- Most recent paystub
- Annual real estate taxes (*for all properties*)
- Deeds (*for all properties*)
- Pension plan statement you will receive in retirement
- Most recent Social Security statement
- Will(s), Power of Attorney, Medical POA
- Trusts you may have set up, are a party to or trustee for
- Partnership agreements
- Driver's license (**front and back**)
- Life and Disability Income Insurance Policies
- Long Term Care Insurance Policies
- Current Homeowner's Insurance Policy declaration page
- Current Auto Insurance declaration page
- Current Liability Insurance declaration page (*if applicable*)
- Current benefits through your employer
- Retirement Account Statements – 401(k)'s, IRA's, 457, 403b
- Retirement Account Fund Menus – your list of fund choices from your employer's plan
- Non Retirement Account Statements – Stocks, bonds, Roth IRA, Mutual Funds
- Children's Account Statements – 529, UTMA, UGMA, savings accounts

Please provide total household \$ amount for each line item.

Liquid Assets – Include checking, savings, CDs and Money Market accounts..... \$ _____ .00

Retirement Accounts – Include Traditional IRAs, 401(k), 403(b)..... \$ _____ .00

Retirement Accounts – Include Roth IRA, Roth 401(k),..... \$ _____ .00

Non-Retirement Accounts – Include investments, stocks, bonds, ETFs, mutual funds and brokerage accounts..... \$ _____ .00

Education Accounts – (*529, passbook, etc*)..... \$ _____ .00

Cash Value of Life Insurance Policies..... # of policies _____ \$ _____ .00

Total Value of Real Estate..... # of properties _____ \$ _____ .00

Mortgage/Loans: Loan for: _____ Balance: _____ .00
 Loan for: _____ Balance: _____ .00

Credit Card Balances: Card Name: _____ Balance: _____ .00
 Card Name: _____ Balance: _____ .00

FINANCIAL PLANNING CHECKLIST -continued

Please provide our office with a copy of the following information below 5 days prior to your Education (second) appointment.

Provide total household \$ amount for each line item below.

CASH FLOW

Annual Gross Pay (before taxes) \$ _____ .00 Annual Net Pay (after taxes) \$ _____ .00

Monthly Household Expenses (attach additional sheet if needed)

Include Mortgage, Utilities, Car & Debt payments \$ _____ .00

CURRENT SAVINGS SNAPSHOT

Annual Retirement Savings

401(k)/IRA's \$ _____ .00

Roth IRA's \$ _____ .00

Monthly Non-Retirement Savings (Goal specific, emergency fund, etc.) \$ _____ .00

Monthly Education Savings for \$ _____ .00

(NAME)

Monthly Education Savings for \$ _____ .00

(NAME)

CURRENT INSURANCE SUMMARY

Life Insurance	Term – Face Value	Whole Life – Face Value	Group (at work)
You	_____	_____	_____
Spouse	_____	_____	_____

Disability Income Insurance - Monthly Benefit

	Individual Policy	Group (at work)	Supplemental (at work)
You	_____	_____	_____
Spouse	_____	_____	_____

Please return documents via

Secure Document Upload: Visit www.hfmadvisors.com, click "Upload Documents" at bottom left of screen

Fax: 856-307-0300

Drop-off: 209 Rowan Blvd, Glassboro, NJ 08028 (next to Barnes & Noble)

For Questions, contact Jason Gabrieli, Investor Coach at 856-302-7044 or email jgabrieli@hfmadvisors.com

The NJ Office of

