

Names: \_\_\_\_\_

DOB: \_\_\_\_\_

### ACCOUNT STATEMENTS

- Liability Statements<sup>(2)</sup>** (Mortgage, HELOC(s), Auto Loan(s), Credit Card(s), Student Loans, etc)
- Banks & Credit Unions<sup>(1),(2)</sup>** (Checking, Savings, CD(s), IRA(s), etc)
- Brokerage / Mutual Fund / Investment<sup>(2)</sup>** (Dividend Reinvestment Plans, etc)
- Education Savings Plans<sup>(1),(2)</sup>** (529s / Coverdells / UTMAs)
- Individual Retirement Accounts (IRAs) - Traditional and Roth<sup>(1),(2)</sup>**
- Qualified Retirement Savings Plans<sup>(1),(2)</sup>** (Employer Sponsored Retirement Plans)
- Options (Stock from Employer)<sup>(2)</sup>**
- Social Security Benefit Statements**       **Pensions Benefit Statement**

### INSURANCE

- Policies - Life Insurance<sup>(1),(2)</sup> (Permanent & Term)**
- Contracts - Annuities<sup>(1),(2)</sup>**
- Policies - Disability Insurance<sup>(2)</sup>**
- Policies - Long-Term Care Insurance<sup>(2)</sup>**
- Policies - Health (Medical Expense) Insurance<sup>(2)</sup>**
- Policies - Property, Casualty & Liability Insurance<sup>(2)</sup>** (Homeowners, Automobile, etc)
- Policies - Umbrella Insurance<sup>(2)</sup>**

*Please include your most recent Statement.*

### OTHER ITEMS

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Drivers License</b>   | <input type="checkbox"/> <b>Federal &amp; State Tax Returns<sup>(2)</sup></b> ( ____ years) |
| <input type="checkbox"/> <b>Pay Stubs (12, 24 or 26 Pays/Year)</b>                      | <input type="checkbox"/> <b>Vehicle Registration Receipts</b>                               |
| <input type="checkbox"/> <b>Social Security Retirement Benefit</b>                      | <input type="checkbox"/> <b>Pension / Annuity Income Benefit</b>                            |
| <input type="checkbox"/> <b>Savings Bonds</b>   | <input type="checkbox"/> <b>Stock Certificates<sup>(2)</sup></b>                            |
| <input type="checkbox"/> <b>Property Tax Bills</b>                                      | <input type="checkbox"/> <b>Real Estate Information</b> (2nd Property, etc.)                |
| <input type="checkbox"/> <b>Powers of Attorney<sup>(2)</sup></b>                        | <input type="checkbox"/> <b>Last Will &amp; Testament<sup>(2)</sup></b>                     |
| <input type="checkbox"/> <b>Military Discharges (DD-214)</b>                            | <input type="checkbox"/> <b>Medicare Advantage or</b>                                       |
| <input type="checkbox"/> <b>Information on Collectibles</b>                             | <input type="checkbox"/> <b>Medicare Supplement Information</b>                             |
| <input type="checkbox"/> <b>Living Wills &amp; Health Care Directives<sup>(2)</sup></b> | <input type="checkbox"/> <b>Business Interest Information</b> (Farm, etc)                   |
| <input type="checkbox"/> <b>Certificates of Birth</b>                                   | <input type="checkbox"/> <b>Trust Documents<sup>(2)</sup></b>                               |
| <input type="checkbox"/> <b>Certificates of Death</b>                                   | <input type="checkbox"/> <b>Certificates of Marriage</b>                                    |
| <input type="checkbox"/> <b>Guardianship Agreements</b>                                 | <input type="checkbox"/> <b>Certificates of Divorce</b>                                     |
| <input type="checkbox"/> _____  | <input type="checkbox"/> <b>Pre-Nuptial Agreements</b>                                      |
| <input type="checkbox"/> _____  | <input type="checkbox"/> _____  |

(1) Include ALL Beneficiary Designation Information (including for POD & TOD Accounts)

(2) Include your Agent's/Advisor's Contact Information and ALL Supporting Docs (W-2, 1099, etc)