

What to Bring to Your Financial Planning Appointment

Completed Worksheets

Recent Statements from

- Savings Accounts
- CD's
- Mutual Fund Accounts
- IRA Accounts
- 401(k) Accounts
- 403(b) Accounts
- Other Investments

Policies for

- Life Insurance
- Disability Insurance
- Long Term Care Insurance

Copies of

- Recent paycheck stubs
- Most recent tax return
- Recent Social Security Statements
- Wills
- Trust Documents

CLIENT INFORMATION

NAME

First M Last

ADDRESS

City State Zip

PHONE

HOME WORK CELL

E-MAIL

SSN

_____ DOB _____

JOB INFO

COMPANY POSITION

SPOUSE INFORMATION

NAME

First M Last

E-MAIL

_____ PHONE _____

SSN

_____ DOB _____

JOB INFO

COMPANY POSITION

CHILDREN

First M Last DOB

First M Last DOB

First M Last DOB

First M Last DOB

Name: _____

NET WORTH WORKSHEET

ASSETS

Cash & Bank Accounts	Value or Balance
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other Assets

401 (k) _____	\$ _____
401 (k) _____	\$ _____
IRA _____	\$ _____
IRA _____	\$ _____
Mutual Fund _____	\$ _____
Mutual Fund _____	\$ _____
Mutual Fund _____	\$ _____
Stock/Bond _____	\$ _____
Stock/Bond _____	\$ _____
Annuity _____	\$ _____
Annuity _____	\$ _____
Life Insurance Cash Value (if any) _____	\$ _____
Life Insurance Cash Value (if any) _____	\$ _____
Auto Value _____	\$ _____
Auto Value _____	\$ _____
Savings Bonds _____	\$ _____
Personal Property _____	\$ _____
Home Value _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

LIABILITIES

	Balance
Home _____	\$ _____
Home Equity Loan _____	\$ _____
Credit Cards	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Auto Loan _____	\$ _____
Auto Loan _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

Date of Most Current Wills _____

Death Benefit of Life Insurance

Yourself	Work: _____
	Personal Policies: _____
Spouse	Work: _____
	Personal Policies: _____

Name: _____

CASH FLOW WORKSHEET

INCOME

MONTHLY

Source

Salary #1 (net after deductions)	\$ _____
Salary #2 (net after deductions)	\$ _____
Pension #1 (net after deductions)	\$ _____
Pension #1 (net after deductions)	\$ _____
Social Security #1 (net after deductions)	\$ _____
Social Security #2 (net after deductions)	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

TOTAL INCOME

\$ _____

MONTHLY EXPENSES

LIST THE TOTAL CHECKS/DEBITS/WITHDRAWALS MONTHLY FROM CHECKING FOR THE LAST THREE MONTHS:

Month 1 _____	\$ _____
Month 2 _____	\$ _____
Month 3 _____	\$ _____

ANNUAL EXPENSES

Christmas	\$ _____
Vacations	\$ _____
Property Insurance (if not paid monthly)	\$ _____
Property Taxes (if not paid monthly)	\$ _____
Auto Insurance (if not paid monthly)	\$ _____
Other _____	\$ _____
Other _____	\$ _____

Name: _____

SUPPLEMENTAL QUESTIONNAIRE

Are you contributing to your company's 401(k)/403(b)?

Yourself	Yes	No
Spouse	Yes	No

If yes, how much are you contributing?

Yourself	_____	%
Spouse	_____	%

How much does the company match?

Yourself	_____	% of the first	_____	%
Spouse	_____	% of the first	_____	%

How often do you get paid?

Yourself	___ Weekly	___ Every Two Weeks	___ Twice a Month
Spouse	___ Weekly	___ Every Two Weeks	___ Twice a Month

Will you receive a pension beyond your 401(k)/403(b)?

Yourself	Yes	No
Spouse	Yes	No

If yes, please give details _____

Will you continue to receive company health insurance after retirement?

Yourself	Yes	No
Spouse	Yes	No

Do you have long-term care insurance?

Yourself	Yes	No
Spouse	Yes	No

What is your anticipated retirement age?

Yourself	_____
Spouse	_____

PRIVACY POLICY
OF
STEVEN C. HEINEKAMP, CFP
&
SCH ENTERPRISES, INC.

We collect nonpublic personal information about clients from the following sources:

- Information we receive from clients on applications or other forms.
- Information about client transactions with us, our affiliate, or others.

We do not disclose, and do not wish to reserve the right to disclose, any nonpublic personal information about our clients or former clients to nonaffiliated third parties.

We restrict access to nonpublic personal information about clients to those employees who need to know that information to provide products or services to said clients. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

DISCLOSURE AVAILABILITY

A copy of my Form ADV, Pt. II Disclosure and my Client Brochure detailing relevant information about my services are available at our office by request, or they can be e-mailed to you by request.

I have read and understand the above privacy policy.

Printed Name: _____

Signature: _____