

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 _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Date of Most Current Wills _____

Death Benefit of Life Insurance

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

Name: _____

CASH FLOW WORKSHEET

INCOME	MONTHLY	or	ANNUALLY
Salary #1 (net after deductions)	\$ _____		\$ _____
Salary #2 (net after deductions)	\$ _____		\$ _____
Other Salary (net after deductions)	\$ _____		\$ _____
Interest	\$ _____		\$ _____
Dividends	\$ _____		\$ _____
Rental Income (net after expenses)	\$ _____		\$ _____
Gift Income	\$ _____		\$ _____
Tax Refund	\$ _____		\$ _____
Other _____	\$ _____		\$ _____
TOTAL INCOME	\$ _____		\$ _____
EXPENSES	MONTHLY	or	ANNUALLY
AUTO			
Payment #1	\$ _____		\$ _____
Payment #2	\$ _____		\$ _____
Insurance	\$ _____		\$ _____
Fuel	\$ _____		\$ _____
Maintenance	\$ _____		\$ _____
License Plates	\$ _____		\$ _____
HOME			
Mortgage/Rent Payment	\$ _____		\$ _____
Homeowners Ins. (if not in payment)	\$ _____		\$ _____
Property Taxes (if not in payment)	\$ _____		\$ _____
Utilities	\$ _____		\$ _____
Electric	\$ _____		\$ _____
Gas	\$ _____		\$ _____
Water	\$ _____		\$ _____
Phone	\$ _____		\$ _____
Trash	\$ _____		\$ _____
Cable	\$ _____		\$ _____
Home Repair/Maintenance	\$ _____		\$ _____
GROCERIES	\$ _____		\$ _____
LIFE INSURANCE	\$ _____		\$ _____
DISABILITY INSURANCE (if not in paycheck)	\$ _____		\$ _____
MEDICAL INSURANCE (if not in paycheck)	\$ _____		\$ _____
MEDICAL COPAYS	\$ _____		\$ _____

HOME EQUITY LOAN	\$ _____	\$ _____
CREDIT CARDS	\$ _____	\$ _____
CELL PHONE	\$ _____	\$ _____
CHARITY	\$ _____	\$ _____
CHILDCARE	\$ _____	\$ _____
CHRISTMAS	\$ _____	\$ _____
CLOTHING	\$ _____	\$ _____
DINING OUT	\$ _____	\$ _____
DRY CLEANING	\$ _____	\$ _____
INVESTMENTS	\$ _____	\$ _____
IRA'S	\$ _____	\$ _____
PETS	\$ _____	\$ _____
RECREATION	\$ _____	\$ _____
SUBSCRIPTIONS	\$ _____	\$ _____
VACATIONS	\$ _____	\$ _____
MISCELLANEOUS	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____

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	_____

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

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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.

I have read and understand the above privacy policy.

Printed Name: _____

Signature: _____