

*Upon completion, please mail to 425 Main Street, Harleysville, PA 19438
or fax to 215-256-1228 at least ONE WEEK PRIOR to your appointment
along with pages 1 and 2 of most recent tax return (form 1040). Material transmitted
by email should have confidential information blocked out or sent via encryption.*

APPOINTMENT AGENDA CHECKLIST

(For prospective clients)

Background Information:

Name(s): _____ Meeting Date: _____

Home Address: _____

Primary Phone Number: (Cell/Home/Work?) _____

Primary Email: _____

Date of Birth (both spouses if applicable): _____

Marital Status: _____

Name and Date of Birth of all dependents: _____

Employment Information:

Employer: _____

Job Title/Occupation: _____

Employer: _____

Job Title/Occupation: _____

Financial Goals:

Most clients come to us with financial goals in mind such as retirement, college planning, estate planning, legacy planning, establishing trusts for charitable gifting, new home or vacation home, etc. What financial goals do you have and when do you wish to accomplish them?

Goal #1: _____

Accomplishment Date: _____

Goal #2: _____

Accomplishment Date: _____

Goal #3: _____

Accomplishment Date: _____

Others: _____

Investment History / Experience:

Have you ever worked with a financial planner? _____

Are you currently working with a financial planner? _____

What part of the relationship did you value the most?

What part could have been improved?

Were they:

- commission based fee based both unsure

Were they:

- independent working for one specific investment/insurance company
 working at a bank working at a brokerage firm unsure

What brings you to us now?

What are your expectations of our meeting?

Financial information:

Total anticipated annual income (Household/Primary Investor?) _____

Salary	\$	\$
Self-employment	\$	\$
Pension	\$	\$
Social Security Income	\$	\$
Rental Property Income	\$	\$
Annual Gifting/Inheritance	\$	\$
Unemployment	\$	\$
Disability	\$	\$
Spousal/Child Support	\$	\$

Current Accounts
(Attach statements if desired)

Type of Account	Estimated Balance (\$)	Annual Additions (\$ or %)
Checking/Savings		
CD's		
Mutual Fund(s)		
Stock(s)		
Stock Options		
Bond(s)		
UTMA/UGMA's		
College 529 Plans		
IRA(s)		
Roth IRA(s)		
Non-Qualified Annuities		
401(k), 403(b), 457(b), SEP, Simple IRA, cash balance pension, TSA, other employer retirement plans		
Qualified Pension Plan A: B:	Estimated Monthly \$ A: B:	Age to Begin Payments A: B:

Other:

Real Estate Info:

Primary Home Market Value \$ _____
Secondary/Recreational Home Market Value \$ _____
Investment Property Value(s) \$ _____

Primary Mortgage Info: Balance \$ _____
Interest Rate _____% Fixed or Variable Loan Issue Date: _____
Original Term of Loan 15 yrs 30 yrs Other: _____
Monthly Payment (Principle + Interest) \$ _____

Second Mortgage Info: Balance \$ _____
Interest Rate _____% Monthly payment \$ _____

Home Equity Loan Info: Balance \$ _____
Interest Rate _____% Monthly Payment \$ _____

Home Equity Line of Credit Info: Available \$ _____ Borrowed \$ _____
Interest Rate _____% Monthly payment \$ _____

Additional:

Liabilities:

Credit Card Balance(s)/Rate	Auto Loan(s) Balance(s)/Rate
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Education Loan Balance(s)/Rate	Personal Loan(s) Balance/Rate
1. _____	1. _____
2. _____	2. _____
3. _____	

Miscellaneous (please explain):

Please check any items that you would like to discuss or review during your appointment:

Accumulation Goal/Investment Planning

Review Current Goal Funding	
Start Up New Goal Funding	
Review Systematic Investing	
Review Asset Allocation	
Review Risk Tolerance	
Discuss Stocks/Mutual Funds/ETF/REITS	

Retirement Planning

Review Retirement Date/Income Goals	
Retirement Goal Funding	
IRA Rollover Options	
Qualified Pension Options	
Social Security Benefits	
Self-Employment Retirement Planning	
Retirement Income Distribution Plan	
Private Pension Vehicles	
Fixed and Variable Annuities	

Financial Planning Services

Create Financial Plan	
Create Retirement Estimate	
Create College Funding Estimate	
Review Outside Investments/Asset Allocation (401k, 403b, etc.)	
Managed, Fee-Based Investment Accounts	

Estate Planning

Beneficiary Designations	
Wills	
Power of Attorney	
Gifts/Legacy	
Living Wills/Medical Directives	
Custodial Agreements	
Transfer on Death/Payable on Death	
Revocable/Irrevocable Trusts	
Charitable Giving/Remainder Trusts	
Ownership of Assets	
Life Insurance for Estate Planning	
Advanced Estate Planning	

General Tax Strategies

Max Pre-tax Contributions	
Interest/Dividend/Capital Gains Taxation	
Deductible/Non-Deductible IRA's	
Tax-Free Investing	
Tax Deferral	
Mortgage Interest	
College Funding Vehicles	
Refer to a Qualified CPA for Tax Advice	

Protection Planning

Disability Income Insurance	
Life Insurance	
Long Term Care Insurance	

Additional Topics for Discussion

Thank you for taking the time to complete this form. We look forward to meeting with you and beginning what we hope will be a long and positive relationship.

This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge forms. This information is provided by you (the client). If any of the information is incorrect, you should notify your financial advisor. The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.

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