Upon completion, please mail to 425 Main Street, Harleysville, PA 19438 or fax to 215-701-8706 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
1.______________________
2.______________________
3.______________________
4.______________________

Auto Loan(s) Balance(s)/Rate
1.______________________
2.______________________
3.______________________
4. ______________________

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

Personal Loan(s) Balance/Rate
1.______________________
2.______________________

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	
Gifting/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.