425 Main Street Harleysville, PA 19438 – Phone: (215)256-7845 – Web: FinancialVoyages.com

APPOINTMENT AGENDA CHECKLIST

Upon completion, please mail or fax to 215-701-8706 at least ONE WEEK PRIOR to your appointment; <u>material transmitted by email should have confidential information blocked out or sent via encryption</u>

Client Name(s):					
Date of Appointment:					
-	Personal Information Update : Since our last review, have there been any changes in your ersonal situation that we should be aware of?				
No Changes					
Home address/phone numb	per/email?				
Occupation or job title/wor	k address or phone	number?			
Marital status and depende	nts (Name and date	of birth for ea	ch)		
Income and Tax Informa	tion:				
Please provide pages 1 If you are not currently Retirement Estimate from S Please provide Pension	y taking Social Secu SSA.gov	rity, please pro	most recent tax return. ovide your Social Security		
Additionally, please compl	ete the following tal	ble.			
Annual Amount	Name:		Name:		
Earned Income	\$		\$		
Pensions	\$		\$		
Social Security Income	\$		\$		
Rental Property	\$		\$		
Self-Employment	\$		\$		
Other	S		\$		

Asset Information: Please provide statements for all assets held <u>OUTSIDE</u> of Financial Voyages that are not linked to Cash Edge.

1)	Cash Reserves: (Checking, Savings, CD's, etc.)	\$	
2)	401K/403B/457 Plan balances:	#1 \$	
	(Attach a copy of investment options if you desire	#2 \$	
	investment options to be reviewed.)		
	a.) #1 contributes% to my 401K/403B/457 an	d my employer matches _	%
	#2 contributes% to my 401K/403B/457 an	d my employer matches _	%

Real Estate Information:

Property Values:

Primary Home	\$
Secondary Home	\$
Investment Property	\$
Other	\$

Property Loans:

Type of	Type of	Loan	Interest	Fixed or	Term:	Monthly	Start Date:
Property:	Loan: (Mtg,	Balance:	Rate:	Variable:	(15 or	Payment	(MM/YYYY)
	HELOC)			(F or V)	30 yr)	: (P&I)	
Primary		\$	%			\$	/
		\$	%			\$	/
Secondary		\$	%			\$	/
		\$	%			\$	/
Investment		\$	%			\$	/
Other		\$	%			\$	/

Home Equity Lines of Credit: Approved Amount \$_____

Other Liabilities: (Auto Loans, Credit Cards, Education Loans, etc.)

Type:	Loan Balance:	Interest Rate:	Monthly Payment:	Term: *	Start Date: *
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		

^{*} If Applicable

Additional Topics You Wish To Discuss (Mark with X)

Goal Planning		
Changing Current Goals		
Adding New Goals		

Retirement Income Planning

Social Security Benefits	
Review Pension options	

Investment Management

investment management				
Review Rollover Options				
Review Risk Tolerance				
Review Asset Allocation				
Systematic Investing				
Self-Employment Accounts				
Review Stock Options				
Review Outside Investments and Asset Allocation (401K/403B,				
etc.) *** For Households with less than \$750,000 managed by				
financial voyages, a \$150 fee may apply.				

Estate Planning

<u> </u>				
Legacy Planning/Gifting				
Power of Attorney				
Medical Directives				
Special Needs Trust				
Other Trust				
Beneficiary Designations				
Transfer on Death Accounts				
Refer to Attorney				
Wills				
Using Life Insurance for Estate Planning				
Titling of Accounts				

Tax Management

Tax Issues	
Referral to CPA	

Risk Management

Disability Insurance	
Life Insurance	
Long-Term Care Planning	

Cash Management

Other Topics for	: Discussion?			
Additional Note	s:			

Thank you for taking the time to complete this form. This form will help us provide quality time reviewing your goals, concerns, plans and investments.

Please don't keep us a secret. We enjoy helping people just like you!

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.