



ENDOWMENT

WEALTH MANAGEMENT

CLIENT INFORMATION WORKSHEET

Data/Items Necessary to Create a Wealth Plan

- Driver's License(s) (*hard copy required under Anti-Money Laundering Act*)
- Tax returns for the last two years
- Most recent pay stub, previous year W-2 and Employee Benefit Plan information
- Mortgage statement and bank account statement(s) including CDs and Money Market Accounts
- Debt statements for home equity loan, auto, credit cards, education, etc.
- All Investment Statements including unrealized gain/loss summary info
 - Trust accounts (including inherited trust accts)
 - Mutual funds (Fidelity, Vanguard, American Funds, etc.)
 - Brokerage (Fidelity, TD Ameritrade, BMO Harris, etc.)
 - IRAs, Roth IRAs, Simple IRAs
 - 401(k)/403(b)/SEP and other pensions from current/previous employers
 - Social Security Benefit statement
 - Annuity policies and statement
 - Health Savings Account or Flexible Spending Account statement
- Estate Plan Documents (Will, Trust, Healthcare and Durable Powers of Attorney, Advanced Directive, HIPAA Authorizations)
- Life Insurance, Identity Protection, Home/Auto Insurance, Long Term Care and Disability insurance policies and billing statement(s)
- 529 education statement(s)
- Any additional information you believe is pertinent to your goals

- View *Why Clients Hire Us* video on www.EndowmentWM.com under **What We Do** tab

Ask or call us if you have any questions regarding any item on the checklist



How did you hear about Endowment Wealth Management, Inc.? _____

Client Information

Client

Legal Name: _____
SS#: _____ DOB: _____
Drivers Lic#: _____
Marriage anniversary date: _____

Co-Client

Legal Name: _____
SS#: _____ DOB: _____
Drivers Lic #: _____

Contact Information

Home Address: _____

Home Phone: _____
Client Cell: _____
Client E-Mail: _____

Mailing Address: _____

Years at address: _____
Co-Client Cell: _____
Co-Client E-Mail: _____

Employment Information

Client

Job Title: _____
Employer: _____
Address: _____

Phone: _____

Co-Client

Job Title: _____
Employer: _____
Address: _____

Phone: _____

Children/Dependents

1. Full Name: _____
SS#: _____
2. Full Name: _____
SS#: _____
3. Full Name: _____
SS#: _____
4. Full Name: _____
SS#: _____

- Birth Date: _____
Sex: _____ Age: _____
- Birth Date: _____
Sex: _____ Age: _____
- Birth Date: _____
Sex: _____ Age: _____
- Birth Date: _____
Sex: _____ Age: _____

Annual Income Information

Client

 Annual Salary: _____
 401(k) Contribution %: _____
 Employer match %: _____
 Annual Business Income _____

Co-Client

 Annual Salary: _____
 401(k) Contribution %: _____
 Employer match %: _____
 Annual Business Income _____

Monthly Expense Information

Estimated Monthly Fixed Expenses	\$ _____
Estimated Monthly Variable Expenses	\$ _____
Estimated Monthly Total Expenses:	\$ _____

Mortgage Information

Primary Residence

 Current value of home \$ _____
 Current mortgage amount: \$ _____
 Interest rate on mortgage: _____
 Monthly payment: \$ _____
 Property Taxes: \$ _____
 Homeowner's Ins. Coverage: \$ _____

Additional Residence

 Current value of property \$ _____
 Current mortgage amount \$ _____
 Interest rate on mortgage: _____
 Monthly payment: \$ _____
 Property Taxes: \$ _____
 Homeowner's Ins. Coverage: \$ _____

Loan Information

(Home Equity, Auto, Educational, Credit Card, Personal loans, etc.)

<u>Type of Loan</u>	<u>Total Debt</u>	<u>Interest Rate</u>	<u>Monthly Payment</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Personal Goals

1. Retirement Goals
Client
Co-Client

- At what age do you plan to retire? _____
- Will you sell any significant assets before retirement? _____
- What are your retirement goals? _____
- Please estimate retirement expenses: _____

2. Education Goals

- What percent of education expenses will you pay for your children? _____
- How much do you expect to pay each school year? _____
- Do you have 529 education accounts for your children's or grandchildren's education? Which ones? _____

3. Charitable Goals

- Do you have special charitable goals you want to pursue? Please describe.

- Would you be interested in learning about a family foundation account? _____

4. Special Purchases or Sales

Do you have special purchases or sales of property? Please describe.

5. Sale of Business

Do you plan to sell a business now or in the near future? Please describe.

6. Career Change

Are you or your spouse contemplating a career change? Please describe.

7. Legal Changes

Are you or your spouse contemplating any legal changes in your life? Please describe.

8. Other Goals

Do you have other goals you feel may have an impact on your wealth plan? Please describe.

Investment Experience

Client

Investment Experience:

- None
- Limited Experience
- Experienced
- Very Experienced

Co-Client

Investment Experience:

- None
- Limited Experience
- Experienced
- Very Experienced

Net Worth Statement as of _____ (date)

ASSETS
Cash & Equivalents

 Cash & Checking \$ _____
 CD's _____
 Money Market Accts _____
 Other _____
Total Cash & Equiv. \$ _____

Invested Assets

 Stocks _____
 Bonds _____
 Hedge Funds _____
 Mutual Funds _____
 Life Ins. (cash value) _____
 Limited Partnerships _____
 Business Ventures _____
 Retirement Plan _____
 IRA _____
 Roth IRA _____
 Annuities _____
 Real Estate _____
 Other _____
 Other _____
Total Invested Assets \$ _____

Fixed Assets

 Residence \$ _____
 Vacation Home _____
 Automobiles _____
 Jewelry _____
 Personal Property _____
 Other Property _____
Total Fixed Assets \$ _____

TOTAL ASSETS

\$ _____

LIABILITIES & NET WORTH
Liabilities

 Mortgage Balance \$ _____
 2nd Mortgage Balance _____
 Other Mortgage _____
 Automobile Loans _____
 Credit Card Debt _____
 Education Loans _____
 Personal Loans _____
 Taxes Outstanding _____
 Loan Guarantees _____
 Other Liabilities: _____

Total Liabilities \$ _____

NET WORTH (Assets less liabilities)

\$ _____

TOTAL NET WORTH + LIABILITIES

\$ _____

Insurance Information

1. Identity Protection

Name of Company: _____ Annual Policy Cost: _____

2. Umbrella Liability Insurance:

Liability Coverage Amount: _____ Annual Policy Cost: _____

3. Employer Life Insurance

Client

Co-Client

Name of Company: _____

4. Personal Life Insurance Policies

Name of Company: _____

5. Disability insurance? (yes/no)

6. Long Term Care Insurance? (yes/no)

Current Advisors

Attorney

Tax Accountant/CPA

Insurance Agent

Name: _____

Company: _____

Address: _____

Phone: _____

Are you defendant in any legal action or suits? If so, please describe.

Acknowledgement

I acknowledge that the information provided in this questionnaire is true and correct. Endowment Wealth Management, Inc. shall not be required to verify any information received from me. I understand that Endowment Wealth Management, Inc. will rely on this information when making its recommendations. I retain absolute discretion over all implementation decisions and am free to accept or reject any recommendation from Endowment Wealth Management, Inc. I also acknowledge that I have received the most current Form ADV Part 2A and 2B and Privacy Notice from Endowment Wealth Management, Inc.

Client Signature

DATE

Co-Client Signature

DATE