



## **Documents Required For Personal Financial Management Plan**

1. Copies of existing wills
2. Copies of trust agreements in effect
3. Copies of federal tax returns for the last three years
4. Tax returns and agreements regarding ownership in closely held corporations, partnerships, joint ventures or other businesses
5. Life insurance policies or summary of policies owned
6. Copies of divorce settlements, separation agreements, etc.
7. Federal estate tax returns, if you or your spouse has been the beneficiary of any estates
8. Federal gift tax returns
9. Most recent report of vested interest in pension and/or profit sharing plans, including IRA's
10. Outlines of other information regarding other corporate benefits, such as hospitalization disability insurance, etc.
11. Listing of assets with estimates as to fair market value, as well as listing of liabilities
12. Existing budget if available
13. Estimate of monthly income and expenses for the past two months, use worksheets attached

CLIENT NAME:



**PERSONAL PROFILE**

**GENERAL INFORMATION:**

Date: \_\_\_\_\_

Client's full name: \_\_\_\_\_

Client's place of birth: \_\_\_\_\_ Birth date: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Spouse's full name: \_\_\_\_\_

Spouse's place of birth: \_\_\_\_\_ Birth date: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Place and year married: \_\_\_\_\_

Permanent address: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Have you ever lived in a community property state?

Yes Date and location: \_\_\_\_\_

No

Client or spouse previously married? Yes No

Client's father  
deceased?

Yes Date and cause of death: \_\_\_\_\_

No

Age: \_\_\_\_\_

Client's mother  
deceased?

Yes Date and cause of death: \_\_\_\_\_

No

Age: \_\_\_\_\_

Spouse's father  
deceased?

Yes Date and cause of death: \_\_\_\_\_

No

Age: \_\_\_\_\_

Spouse's mother  
deceased?

Yes Date and cause of death: \_\_\_\_\_

No

Age: \_\_\_\_\_

Any family health problems?

\_\_\_\_\_

CLIENT NAME:



Location of assets outside of estate: \_\_\_\_\_  
\_\_\_\_\_

**DEPENDANTS AND BENEFICIARIES:**

Children (please indicate if there any grandchildren by placing an asterisk (\*) before the name of the parent):

Name	Address	Birth Date	Marital Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other dependant and beneficiaries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do any beneficiaries require special attention? (Please explain)

\_\_\_\_\_  
\_\_\_\_\_

Estimated cost of children's education:

\_\_\_\_\_  
\_\_\_\_\_

**GIFTS:**

Have you made gifts in excess of \$3,000 per year (prior to 1982) or \$10,000 per year (after 1981) for each donee? If so, please list or attach copies of gift tax returns.

Donor	Donee Name	Date of Gift	Property Given/Value	Return Filed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CLIENT NAME:



**TRUST AND MISCELLANEOUS:**

Please place a X in the appropriate column if you ever

Client Spouse

- 1. Created a Trust \_\_\_\_\_
- 2. Opened a joint savings or checking account \_\_\_\_\_
- 3. Opened a savings or checking account in trust for another \_\_\_\_\_
- 4. Purchased property in joint ownership with unequal contribution toward cost \_\_\_\_\_
- 5. Acquired life insurance – if so, what amount? \_\_\_\_\_

Also, please furnish documents, such as trust agreements, trust returns, etc. for any x above.

**SAFE DEPOSIT BOX:**

Location: \_\_\_\_\_

Contents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Key located: \_\_\_\_\_

**PROFESSIONAL ADVISORS:**

Please list your advisor’s name, firm, and address:

Attorney: \_\_\_\_\_

Accountant: \_\_\_\_\_

Banker: \_\_\_\_\_

Insurance: \_\_\_\_\_

Broker: \_\_\_\_\_

**CURRENT EMPLOYMENT:**

	Company	Position	Years of Employment	Employer’s Phone #
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Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

**Please also give a brief description of client’s and spouse’s work experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLIENT NAME:



**EXPECTANCIES:**

Please list any possible receipts from inheritances or other sources:

Source	Description	Estimated Value

CLIENT NAME:

Part I – ASSETS		NET WORTH INFORMATION		
	Client	Partner	Joint	Annual % Growth
<b>LIQUID ASSETS:</b>				
Cash (Checking, Savings Accounts)				
Treasury Bills				
Savings Certificates				
Money Market Funds				
Cash Value of Life				
Insurance				
TOTAL Liquid Assets				
<b>INVESTMENT ASSETS:</b>				
Notes Receivable				
Marketable Securities:				
Stocks				
Marketable Securities:				
Bonds				
Real Estate (Investments)				
Tax Incentive Investments				
Other Investment Assets (describe):				
a.				
b.				
c.				
Retirement Funds				
TOTAL Investment Assets				
<b>PERSONAL ASSETS:</b>				
Residence				
Vacation Home				
Household Furnishings				
Art & Antiques				
Vehicles				
Boats				
Other Personal Assets				
TOTAL Personal Assets				
TOTAL ASSETS				

CLIENT NAME:



Part II – ASSETS		NET WORTH INFORMATION		
	Client	Partner	Joint	Annual % Growth
<b>SHORT-TERM OBLIGATIONS</b>				
Consumer Credit Obligations				
Borrowings On Life Insurance				
Installment Loans				
Accrued Income Taxes				
Other Short - Term Obligations (describe)				
a.				
b.				
c.				
d.				
TOTAL Short - Term Obligations				
<b>LONG- TERM OBLIGATIONS</b>				
Loans: Investments Assets				
Loans: Personal Assets				
Mortgage on Personal Residences				
Other Long- Term Obligations (describe)				
a.				
b.				
c.				
d.				
TOTAL Long- Term Obligations				
TOTAL LIABILITIES				

	Client	Partner	Joint
TOTAL ASSETS			
TOTAL LIABILITIES			
NET WORTH			

CLIENT NAME:



**O. Turner and Company, LLC**  
**Personal Financial Management**  
**Actual Income and Expense Worksheet**

Description	Month 1	Month 2	Notes / Additional Information
Income			
Salary - Self			
Salary - Spouse			
Dividend Income			
Interest Income			
Rent Income			
Pension Income			
Other Income			
Expenses			
Mortgage			
Electric			
Water			
Telephone			
Internet Service Provider			
Cable			
Real Estate Taxes			
Property & Liability Insurance			
Food			
Clothing			
Transportation			
Car Payment/Lease			
Tolls			
Gas			
Other			
Medical/Dental Expenses			
Household Maintenance			
Household Supplies			
Life Insurance			
Current School Expenses			
Vacation			
Contributions/Gifts			
Other			

CLIENT NAME:





**DETAILS OF DEBT**

<b>Creditor</b>	<b>Date of Note</b>	<b>Original Amount</b>	<b>Current Balance</b>	<b>Monthly Payment</b>	<b>Interest Rate</b>	<b>Term of Loan</b>

CLIENT NAME:



**O. Turner & Company, LLC  
Incoming Wire Instructions  
Escrow Account**

To automatically transfer funds to us for Bill Pay services or to pay our fees, use the wire instructions below:

**Bank Contact Information**

Bank Name	Bank of America
Contact Name	Marcela Martinez
Telephone Number	(954) 797-4817
Facsimile Number	(954) 797-4811
Address	7001 West Broward Boulevard Plantation, FL 33317

**International**

Account Number	229021613642
International Swift	BOFAUS3N

**National**

Account Number	229021613642
ABA Number	026009593

CLIENT NAME:

