

Client Name _____

From your	Taken ✓	Needed ✓	
Personal Files	<input type="checkbox"/>	<input type="checkbox"/>	Latest income tax returns
	<input type="checkbox"/>	<input type="checkbox"/>	Loan documents
	<input type="checkbox"/>	<input type="checkbox"/>	Wills
	<input type="checkbox"/>	<input type="checkbox"/>	Trust Agreements
	<input type="checkbox"/>	<input type="checkbox"/>	Major asset purchase details
	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Employer	<input type="checkbox"/>	<input type="checkbox"/>	Payroll or other income statements
	<input type="checkbox"/>	<input type="checkbox"/>	Employee benefits booklets
	<input type="checkbox"/>	<input type="checkbox"/>	Retirement savings plans
	<input type="checkbox"/>	<input type="checkbox"/>	Pension plans
	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Bank or Credit Union	<input type="checkbox"/>	<input type="checkbox"/>	Checking account statements
	<input type="checkbox"/>	<input type="checkbox"/>	Savings / CDs / Money Market account statements
	<input type="checkbox"/>	<input type="checkbox"/>	Credit Card statements
	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Broker or Mutual Fund Company	<input type="checkbox"/>	<input type="checkbox"/>	Latest monthly statements
	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	Latest life insurance / annuity account statements
	<input type="checkbox"/>	<input type="checkbox"/>	Health insurance / hospital & major medical policy information
	<input type="checkbox"/>	<input type="checkbox"/>	Disability income insurance policy information
	<input type="checkbox"/>	<input type="checkbox"/>	Property & Casualty policy information
	<input type="checkbox"/>	<input type="checkbox"/>	Long-Term Care policy information
	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Business	<input type="checkbox"/>	<input type="checkbox"/>	Buy-Sell Agreements
	<input type="checkbox"/>	<input type="checkbox"/>	Deferred Compensation Agreements
	<input type="checkbox"/>	<input type="checkbox"/>	Stock / Option / Bonus Plans
	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Insurance policies taken for review: Life, Health, Disability Income, Long-Term Care, Property and Liability.

	Company	Policy Number		Company	Policy Number
1.	_____	_____	4.	_____	_____
2.	_____	_____	5.	_____	_____
3.	_____	_____	6.	_____	_____

The policies and documents listed above have been received for analysis and will be maintained in the strictest confidence. They will be returned upon completion of the analysis or earlier if requested.

Date _____ Signature _____

The policies and documents taken as noted above have been returned to me.

Date _____ Signature _____