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IN PREPARATION OF YOUR COMPREHENSIVE FINANCIAL PLAN

We need to learn more about you —We ask that you carefully complete the below questionnaire and provide us with all of the requested documents so we may begin your Comprehensive Financial Plan. Please note the details you provide are the foundation of our understanding of your financial life so it is highly important that the information be accurate and complete. If you have any questions or concerns with any of the below items please do not hesitate to call or email our office. All information will be kept strictly confidential. Any paper copies we receive will be returned once everything has been electronically filed.

BASIC INFORMATION

	Client	Co-Client
Full Legal Name:		
Birth Date:		
US Citizen (Y/N)		
Previous Lawsuits (Y/N)		
Previous Marriages (Y/N)		
Previous Bankruptcies (Y/N)		

FINANCIAL GOALS

(ARE THERE ANY SPECIFIC FINANCIAL GOALS YOU KNOW YOU WOULD LIKE TO ACHIEVE?) (I.E. PURCHASE A NEW CAR, NEW PRIMARY RESIDENCE, VACATION HOME, HOME IMPROVEMENT, LARGE VACATION)

Goal	Amount	Year To Achieve Goal

CASH FLOW ANALYSIS INFORMATION

(MONTHLY OR ANNUALLY) (IT IS CRITICAL YOU CAREFULLY ESTIMATE WHATEVER IS APPLICABLE)

Primary Residence	Monthly	Annually
Lawn Mowing		
Lawn Maintenance (Chemicals)		
House Maintenance (Gutters, etc.)		
House Cleaning		
Real Estate Taxes		
Rent Payments		
Association Fees		

Investment Property (Second Home, Rental)	Monthly	Annually
Real Estate Taxes		
Association Fees		
House Maintenance (Gutters, Lawn, Etc.)		
Gas / Electric / Oil		
Cable / Home Phone / Internet		
Other:		

Primary Residence - Utilities	Monthly	Annually
Cable / Home Phone / Internet		
Gas		
Electric		
Garbage Collection		
Cell Phones		
Alarm System		
Water / Sprinkler System		

Insurance Premiums	Monthly	Annually
Homeowners		
Auto		
Umbrella		
Flood		
Other / Boat		
Private Life Insurance (Client) (not through work)		
Private Life Insurance (Co Client) (not through work)		
Private Long Term Disability Insurance (Client) (not through work)		
Private Long Term Disability Insurance (Co client) (not through work)		
Long Term Care Insurance		
Medical		
Dental		
Vision		

Recreation / Misc Spending	Monthly	Annually
Vacation / Travel		
Hobbies / Golf / Tennis		
Gym Memberships		
Golf / Pool / Country Club Memberships		
Books / Subscriptions / Music		
Holidays / Birthday Gifts		
ATM Withdrawals		
Tax / Professional Fees		
Donations		

Food / Work / Transportation	Monthly	Annually
Groceries		
Dining Out		
Costco / Alcohol		
Auto Fuel		
Auto Tolls		
Auto Repairs / Washes		
Work Lunches		
Work Dues		
Work Commuting – Bus / Ferry		

Personal Care	Monthly	Annually
Nails/ Cosmetics / Haircuts		
Prescriptions / Medications/ Estimated Out of Pocket Medical		
Clothing / Shoes		
Dry Cleaning		

Pet Care	Monthly	Annually
Food		
Prescriptions		
Grooming		
Vet Care		

Education / Child Care Expenses	Monthly	Annually
Day Care / After Care		
Private School		
College Payments		
Athletic Activities / Other		
Music / Theatre Activities		
Summer Camp Activities		

SAVINGS & INVESTMENT CONTRIBUTIONS / EXTRA MORTGAGE PAYMENTS

Liquid Savings Contributions	Monthly	Annually
Petty Savings Account		
Emergency Fund Account		

Investment Contributions	Monthly	Annually
Taxable Investment Account		
Taxable Investment Account		
Company Stock		

Retirement Savings Contributions	Monthly	Annually
Traditional IRA Accounts		
Roth IRA Accounts		
Annuity Accounts		
401(K) / Other Rmt Plan Accounts (Client)		
401(K) /Other Rmt Plan Accounts (Co Client)		
Pension Contributions		

Education Savings Contributions	Monthly	Annually
529 Plan / Other Account		

Mortgage Reduction	Monthly	Annually
Extra Mortgage Payments		

DOCUMENTS TO BE PROVIDED

(PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS)

Cash Flow Planning	Check If Provided	Check If Can't Find / Don't Have/ NA
Most Recent Pay Stubs		

Income Tax Planning	Check If Provided	Check If Can't Find / Don't Have/ NA
Most Recent State Tax Return		
Most Recent Federal Tax Return		

Education Planning	Check If Provided	Check If Can't Find / Don't Have/ NA
529 Plan Statements		
UTMA / UGMA Statements		

Insurance Planning	Check If Provided	Check If Can't Find / Don't Have/ NA
Homeowners Insurance Policies (Primary & Investment Property)		
Auto Insurance Policy		
Umbrella Insurance Policy		
Flood Insurance Policy		
Life Insurance Policies (Private)		
Life Insurance Policies (Employer Provided)		
Long Term Disability Insurance (Private)		
Long Term Disability Insurance (Employer Provided)		
Long Term Care Insurance Policies		

Investment Planning	Check If Provided	Check If Can't Find / Don't Have/ NA
Checking Account Statements		
Savings Account Statements		
CD Account Statements		
Employee Stock Information		
Investment Account Statements (Non Retirement / Taxable)		

Retirement Planning	Check If Provided	Check If Can't Find / Don't Have/ NA
IRA Statements (Contributory / Rollover IRA /Sep IRA / Roth)		
Employer Retirement Plan Stmt (401K / 403B / 457)		
Old Employer Retirement Plan Stmt		
Employer Provided (RSU / Stock Option Statement)		
Social Security Statement (www.ssa.gov)		
Annuity Statement (original paperwork with details)		
Pension Statement		

Estate Planning	Check If Provided	Check If Can't Find / Don't Have / NA
Wills		
Living Wills		
Power Of Attorneys		
Trust Agreements		
Beneficiary Designations (Life Insurance)		
Beneficiary Designations (IRAs)		
Beneficiary Designations (Employer Retirement Accts)		

Debt Management	Check If Provided	Check If Can't Find / Don't Have/ NA
Primary Mortgage Statement		
Investment Property Mortgage Statement		
Home Equity Loan Statement		
Auto Loan Statements		
Student Loan (Undergraduate) Statement		
Medical / Grad/ Law School Loan Statement		
Retirement Plan Loan Statement		
Credit Card Statements (Only if Carry A Balance)		