

Grossman Financial Management

Independent Financial Planning & Asset Management Services

DOCUMENTS NEEDED

Financial Position

- _____ What Are Your Goals (see attached)
- _____ Figuring Your Net Cash Flow (see attached)
- _____ Figuring Your Assets and Liabilities (see attached)
- _____ One month's pay stubs
- _____ Employer Benefits Handbook
- _____ Employee's Personal Benefits Statement
- _____ Statements and/or Summary of Investments

Estate Planning

- _____ Wills, Trusts, Powers of Attorney (financial & health)
- _____ Charitable Gift Summary

Tax Planning

- _____ Tax Returns (2 years)

Retirement Planning

- _____ Social Security Benefits Estimate
- _____ Information/estimates of pension benefits/options

Protection Planning

- _____ Life Policies
- _____ Disability Policies
- _____ Long Term Care Policies

Business Planning

- _____ Income & Expense Statement (2 Years)
- _____ Balance Sheet (2 Years)
- _____ Corporate Benefits Plans (Pension & Profit Sharing), including Employee Census
- _____ Tax Returns (2 years)
- _____ Buy-Sell Agreements (With Life Policies and Documents), Employment Agreements, Etc.

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What Are Your Goals?

Financial Planning

- Creating/Maintaining a cash reserve
- Tracking your current income and expenses
- Managing debt

Protection Planning

- Premature Death
 - Pay-off debts
 - Provide for survivor income
 - Provide for education/accumulation goals
- Long Term Disability/illness
 - Provide income for current expenses
 - Provide for future expenses, such as
 - Education
 - Retirement
 - Other accumulation goals

Income Tax Planning

- Minimizing income taxes
- Reviewing your income tax returns
- Preparing your income tax returns

Investment Planning

- Accumulation money for:
 - Education expenses
 - A new home
 - Income property
 - Business
 - Other _____

Retirement Planning

- Ensuring adequate retirement income
- Projecting the impact of earlier or later retirement
- Providing for the cost of a long term illness

Estate Planning

- Avoiding probate and attorney's fees
- Avoiding/minimizing estate taxes
- Efficient and equitable transfer of assets

Business Owner Concerns

- Using business dollars to accomplish personal goals
- Reviewing current benefits programs
- Efficient and equitable transfer of business interests at retirement, death and disability
- Determining the value of your business

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Benicia, CA 94510

707/745-8756

NEW CLIENT INFORMATION

Name of Client(1): _____

Name of Client(2): _____

Address: _____

Own: ____ Rent: ____

Date of Birth(1): _____ Date of Birth(2): _____

Social Security(1) : _____ Social Security(2) : _____

Telephone: Home: _____

Business(1): _____

Business(2): _____

Cell(1): _____

Cell(2): _____

E-mail (1): _____

E-mail (2): _____

Employment(1): Title: _____

Employer: _____

Address: _____

Type of Business: _____

Employment(2): Title: _____

Employer: _____

Address: _____

Type of Business: _____

Client Profile:

Marital Status: _____

No. of Dependents: _____

No. of personal tax exemptions: _____

Annual Income: _____

Assets: _____

Liabilities: _____

Liquid Assets: _____

Account(s) With Other Firms: Yes No

If Yes, List Names _____

Are Client(s) associated with or employed by a securities broker-dealer?

Yes No Name: _____

OTHER FAMILY MEMBERS NAME	RELATIONSHIP	BIRTH DATE (mo / day / year)

Investment Profile:

Investment Experience:

Investment Objectives:

Mutual Funds: ___ years

Stocks: ___ years

Bonds: ___ years

Partnerships: ___ years

Options: ___ years

Real Estate: ___ years

Oil: ___ years

Other: ___ years

Safety of Principal: ___

Income: ___

Long-Term Growth: ___

Speculation: ___

CLIENT SIGNATURE:

Name of Client (Print)

Name of Client (Print)

Signature of Client

Signature of Client

Date

Date

CLIENT NAME:

NAME (CLIENT 1)
NAME (CLIENT 2)

BIRTH DATE (CLIENT 1)
BIRTH DATE (CLIENT 2)

SOCIAL SECURITY # (CLIENT 1)
SOCIAL SECURITY # (CLIENT 2)

TELEPHONE # (CLIENT 1)
TELEPHONE # (CLIENT 2)
E-MAIL (CLIENT 1)
E-MAIL (CLIENT 2)

ADDRESS

TAX FILING STATUS

NUMBER OF PERSONAL TAX EXEMPTIONS

OTHER FAMILY MEMBERS NAME	RELATIONSHIP	BIRTH DATE (format: mo / day / year)
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project name

OTHER ASSETS (ILLIQUID)

	PERSONAL 1	PERSONAL 2	PERSONAL 3	PERSONAL 4	PERSONAL 5	PERSONAL 6	LIFE INSURANCE 1	LIFE INSURANCE 2
ASSET NAME & TYPE								
Fair Market Value								
First Year								
Last Year								
Appreciation / Depreciation Percent Annual Rate								
Ownership Titling								
Basis								

	PERSONAL 7	PERSONAL 8	PERSONAL 9	PERSONAL 10	PERSONAL 11	PERSONAL 12	LIFE INSURANCE 3	LIFE INSURANCE 4
ASSET NAME & TYPE								
Fair Market Value								
First Year								
Last Year								
Appreciation / Depreciation Percent Annual Rate								
Ownership Titling								
Basis								

Asset types: homes, real estate, automobiles, personal property, businesses, etc.

Ownership titling: separate property, joint tenancy, community property, trust, corporation, etc.

Fair market value: today's value if sold

First Year: this year, or year in future when asset will be acquired

Last year: date you plan to dispose of asset, if applicable

project name

DEBT & DEBT SERVICE

	1	2	3	4	5	6	7	8
DEBT NAME								
PRINCIPAL CURRENTLY OUTSTANDING								
LOAN ORIGINATION DATE (MONTH / DATE / YEAR)								
AMORTIZATION YEARS REMAINING								
INTEREST RATE								
MONTHLY PAYMENT								
INTEREST DEDUCTIBLE (YES / NO)								

project name

CASHFLOW ASSUMPTIONS

INCOME OR EXPENSE ITEM	AMOUNT	FIRST YEAR	LAST YEAR	INFLATOR
INCOME SOURCES				
WAGES - 1				
WAGES - 2				
WAGES - 3				
WAGES - 4				
PENSION - 1				
PENSION - 2				
SOCIAL SECURITY - 1				
SOCIAL SECURITY - 2				
REAL ESTATE				
REAL ESTATE				
OTHER - 1				
OTHER - 2				
NON-TAXABLE INCOME				
NON-TAXABLE INCOME				
PRE-TAX SAVINGS				

EXPENSES: RECURRING				
ACCOUNTING				
AUTO, FUEL				
AUTO, OTHER				
AUTO, INSURANCE				
AUTO REPAIRS, LICENSE				
CHARITABLE GIVING				
CLOTHING				
DEBT REPAYMENT				
DEPENDENT CARE				
DINING OUT				
DISABILITY INSURANCE				
EDUCATION				
ENTERTAINMENT				
FOOD				
GIFTS				
HOME IMPROVEMENTS				
HOME UPKEEP				
HOUSING INSURANCE				
LAUNDRY				
LIFE INSURANCE				
LONG TERM CARE INSURANCE				
MEDICAL/DENTAL				
MEDICARE				
MEDIGAP				
PERSONAL CARE, GYM				
OTHER				
OTHER OTHER				
PETS ETC				
REAL ESTATE TAXES				
TELEPHONE				
TRAVEL				
UTILITIES				
VACATION				
WHATEVER				

EXPENSES: NON-RECURRING				
i.e. car, house, wedding, special vacation, boat, vacation home, etc.				
OTHER				
OTHER				
OTHER				
OTHER				
OTHER				
OTHER				
OTHER				
OTHER				
OTHER				
OTHER				