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# GROSSMAN

## FINANCIAL MANAGEMENT

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Financial Planning • Investments • Fiduciary • Fee Only  
560 1<sup>st</sup> Street, Suite B-203 • Benicia, CA 94510  
Office 707.745.8756/FAX 707.745.8723

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### Documents Needed

#### **Financial Position**

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- What Are Your Goals (See Attached)
- Figuring Your Net Cash Flow (See Attached)
- One Month's Pay Stubs
- Employer Benefits Handbook
- Employee's Personal Benefits Statement
- Statements and/or Summary of Investments

#### **Estate Planning**

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- Wills, Trusts, Powers of Attorney (Financial & Health)
- Charitable Gift Summary

#### **Tax Planning**

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- Tax Returns (2 years)

#### **Retirement Planning**

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- Social Security Benefits Estimate
- Information/Estimates of Pension Benefits/Options

#### **Protection Planning**

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- Life Policies
- Disability Policies
- Long Term Care Policies

#### **Business Planning**

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- 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**

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- Creating/Maintaining a Cash Reserve
- Tracking your Current Income and Expenses
- Managing Debt

#### **Protection Planning**

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- Premature Deaths
- 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**

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- Minimizing Income Taxes
- Reviewing your Income Tax Returns
- Preparing your Income Tax Returns

#### **Investment Planning**

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- Accumulation Money For:
  - Education Expenses
  - A New Home
  - Income Property
  - Business
  - Other \_\_\_\_\_

#### **Retirement Planning**

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- Ensuring Adequate Retirement Income
- Projecting the Impact of Earlier or Later Retirement
- Providing For the Cost of a Long Term Illness

#### **Estate Planning**

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- Avoiding Probate and Attorney's Fees
- Avoiding/Minimizing Estate Taxes
- Efficient and Equitable Transfer of Assets

#### **Business Owner Concerns**

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- 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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## NEW CLIENT INFORMATION

### Personal Information

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Client

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status  Single  Married  Divorced  
 Separated  Widowed

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Employment Status  Retired  Employed  
 Business Owner  Homemaker

Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Telephone: Home \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Business \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employment: Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_

Co-Client

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status  Single  Married  Divorced  
 Separated  Widowed

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Employment Status  Retired  Employed  
 Business Owner  Homemaker

Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Telephone: Home \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Business \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employment: Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_

Please indicate any children, grandchildren, or other dependents.

Name

Date of Birth

Relationship

_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent

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Name of Client (Print) \_\_\_\_\_ Name of Co-Client (Print) \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Client \_\_\_\_\_ Signature of Co-Client \_\_\_\_\_ Date \_\_\_\_\_



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
<b>DEBT NAME</b>								
<b>PRINCIPAL CURRENTLY OUTSTANDING</b>								
<b>LOAN ORIGINATION DATE (MONTH / DATE / YEAR)</b>								
<b>AMORTIZATION YEARS REMAINING</b>								
<b>INTEREST RATE</b>								
<b>MONTHLY PAYMENT</b>								
<b>INTEREST DEDUCTIBLE (YES / NO)</b>								

project name

## CASHFLOW ASSUMPTIONS

INCOME OR EXPENSE ITEM	AMOUNT	FIRST YEAR	LAST YEAR	INFLATOR
<b>INCOME SOURCES</b>				
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				

<b>EXPENSES: RECURRING</b>				
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				

<b>EXPENSES: NON-RECURRING</b>				
<small>i.e. car, house, wedding, special vacation, boat, vacation home, etc.</small>				
OTHER				
OTHER				
OTHER				
OTHER				
OTHER				
OTHER				
OTHER				
OTHER				
OTHER				
OTHER				