



Client Organizer

This document is proprietary and confidential. No part of this document may be disclosed in any manner to a third party without the prior written consent of completing parties.

Introduction

An important note about this document:

The first step in developing a financial plan and appropriate investment recommendations is an organization of your financial situation. This step allows you, and us, to better understand your unique circumstance. Clients will almost always find this process enlightening, educational and sometimes quite surprising.

We focus on three critical areas to help form the basis of our engagement:

1. The Who- Information about you, your family, decision makers and advisors.
2. The What – An inventory of your means and resources: assets, incomes and liabilities.
3. The How Much – Your goals, spending needs, charitable intentions and/or legacy requests.

This information will allow us to identify opportunities, risks, deficiencies, and strengths.

This form will not, however identify attitudes, experiences, behaviors, risk tolerances or other areas critical to success; these will be discussed later in the process.

In lieu of completing this form in its entirety, we understand many clients may have their own methodology for organization or tracking. Feel free to forward those spreadsheets, statements, tax documents or reports in place of their respective sections.

Please be mindful that the more complete information you provide, the more prudent advice we can deliver. There may also be sections that are not applicable to your particular situation.

Happy Planning,

A handwritten signature in black ink, appearing to read 'UWS', written in a cursive, stylized font.

Noah Schwartz, CFP

Family Information

Client

Name (First/Last)			
Date of Birth:		Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Marital Status:		Previous Marriages?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Citizenship:		Special Needs?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tax Mode: <i>(Form 1040, Flat Tax)</i>		In Good Health?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Co-Client

Name (First/Last)			
Date of Birth:		Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Citizenship:		Previous Marriages?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
In Good Health?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Special Needs?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Contact Info

Address:			
City:		State:	
Zip:			
Home Phone:			
Cell Phone:			
Co-Client Cell Phone:			
E-mail:			
Co-Client E-mail:			

Children

[illegible]

Family Information

Grandchildren

[illegible]

Decisions:

Who is primarily responsible for making financial decisions?

Please mark on the timeline where you believe represents the ownership of decisions, jointly would be the middle.

Client ←————→ Spouse

If you were to become permanently or temporarily incapacitated, who would make financial decisions on your behalf? _____

Family Information - Notes:

[illegible]

Employment and Income

Employment – Client

Employer Name					
Employer Address :					
City:		State:		Zip:	
Work Phone:		Work Email:			
Title/Position:				Years Employed:	
Previous Employment:					

Employment – Co-Client

Employer Name					
Employer Address :					
City:		State:		Zip:	
Work Phone:		Work Email:			
Title/Position:				Years Employed:	
Previous Employment:					

Salary & Bonus

	(1)	(2)	(3)	(4)
Salary / Bonus Name:				
Salary Amount:				
Bonus Amount:				
Owner (<i>Client, Spouse, Joint</i>):				
Self-Employment? (<i>Yes / No</i>):				

Other Income

	(1)	(2)	(3)	(4)
Other Income Name:				
Type (<i>Business or Partnership Distribution, Pension, Real Estate, Trust, Other</i>):				
Tax Treatment (<i>Earned Income, Capital Gains, Qualified Dividends, Non-Taxable</i>):				
Annual Amount:				
Starts (<i>Retirement, at Death, Calendar Year, etc.</i>):				
Ends (<i>Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration.</i>):				

Income - Notes:

Properties

Real Estate

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Address :				
City/State/zip				
Property Type: <i>(Residence, Non-Residence)</i>				
Purchase Year:				
Purchase Amount:				
Current Value:				
Tax Basis:				
Owner: <i>(Client, Co-Client, Joint, etc.)</i>				

Mortgages

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Mortgage Name:				
Institution Name:				
Loan Type <i>(Mortgage, Home Equity Loan):</i>				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
as of Date <i>(Current Balance):</i>				
Interest Rate:				
Loan Term (Years):				
Payment Frequency <i>(Monthly, Quarterly, Semi-Annually, Annually):</i>				
Repayment Type <i>(Principal and Interest, Interest Only):</i>				
Payment:				
Balloon Period (years):				
Is Interest Deductible? <i>(Yes / No)</i>				

Personal Property

	(1)	(2)	(3)	(4)
Asset Name:				
Current Value:				
Tax Basis:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				

Business Interests

	(1)	(2)	(3)
Business Name:			
Base Value:			
Business Tax Basis:			
Owner: <i>(Client, Spouse, Joint, etc.)</i>			
Business Type <i>(SP, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp)</i> :			
Discount Percent:			
Pass Thru Enabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Client active in the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spouse active in the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
# of Children Active in the Business:						
Future Plans for Business <i>(Retain with Family, Sell to Employees, Sell to 3rd Party, Liquidate, Unsure)</i>						
Relatives active in the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shareholder, Partnership or Operating Agreement?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does current agreement permit gifting?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Buy / Sell Agreement among owners?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Buy / Sell Agreement funded with life insurance?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How much coverage <i>(If applicable)</i> :						

[illegible]

Liabilities

Loans

See Properties for Mortgages

	(1)	(2)	(3)	(4)
Loan Name:				
Institution Name:				
Loan Type <i>(Auto, Personal, Business, LOC, Student Loan, Credit Card, Other)</i>				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
Balance as of date:				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				
Interest Rate:				
Number of Payments:				
Repayment Type <i>(Principal and Interest, Interest Only)</i> :				
Payment:				
Annual Fee:				
Balloon Period (years):				
Interest Deductible? <i>(Yes / No)</i> :				
Loan Collateralized? <i>(Yes / No)</i> :				

Liabilities - Notes:

[illegible]

Insurance (personal)

Liability

Do you have a personal liability umbrella policy? _____ Coverage Amount _____

Life Insurance

	(1)	(2)	(3)	(4)
Policy Name:				
Policy Number:				
Institution Name:				
Purchase Date:				
Policy Type <i>(Whole Life, VWL, Term, UL, VUL, Group):</i>				
Term (years) <i>(Term Life Only):</i>				
Insured <i>(Client, Spouse, Survivorship)</i>				
Owner <i>(Client, Spouse, Joint, etc.):</i>				
Beneficiary <i>(Client, Spouse, Survivorship, etc.):</i>				
Death Benefit:				
Cash Value (if applicable):				
Cost Basis:				
Annual Premium:				
Premium Payment Term <i>(Years):</i>				

Disability/ Long Term Care

	(1)	(2)	(3)	(4)
Policy Type <i>(Disability/ Long Term Care)</i>				
Policy Number:				
Institution Name:				
Purchase Date:				
Insured <i>(Client, Spouse, Survivorship)</i>				
Annual Premium:				
Premium Payment Term:				
Benefit Amount:				
Cost of Living Increase? <i>(y/n?)</i>				
Elimination Period:				

Insurance - Notes:

Investments

Cash

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Asset Type : <i>(Cash, CDs, T-Bills, Checking, Savings, Money Market)</i>					
Holdings Value:					
Owner: <i>(Client, Co-Client, Joint, etc.)</i>					

Taxable

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Holdings Value:					
Cash Value:					
Margin Balance:					
Total Value:					
Tax Basis:					
Owner: <i>(Client, Co-Client, Joint, etc.)</i>					
Risk Asset % <i>(Stocks, REITS, Equity ETF & MF)</i>					

Qualified Retirement

401(k), IRA, Money Purchase, Profit Sharing, 403(b), Pension, SEP, Other

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Type <i>(Traditional 401(k), Roth 401(k), IRA, Money Purchase, Profit Sharing, Traditional 403(b), Roth 403(b), Pension, SEP, Other)</i>					
Holdings Value:					
Cash Value:					
Total Value:					
Owner: <i>(Client, Co-Client)</i>					
Beneficiary:					
Risk Asset % <i>(Stocks,, REITS, Equity ETF & MF)</i>					

Investments

Roth Ira's

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Holdings Value:					
Cash Value:					
Total Value:					
Owner: <i>(Client, Co-Client)</i>					
Beneficiary:					
Risk Asset % <i>(Stocks,, REITS, Equity ETF & MF)</i>					

529 or other Education Plans

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Holdings Value:					
Cash Value:					
Total Value:					
Grantor: <i>(Client, Co-Client)</i>					
Beneficiary:					
Risk Asset % <i>(Stocks,, REITS, Equity ETF & MF)</i>					
Years until needed?					

Stock Options/ Grants:

Please provide details on stock options/grants including dates, vesting schedule, option types, exercise dates and prices.

Investments

Annuities (Fixed/Variable)

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Asset Type <i>(Fixed / Variable):</i>					
Type of Funds <i>(Qualified, NQ,</i>					
Total Value:					
Tax Basis:					
Interest Rate					
Risk Asset % <i>(Stocks,, REITS, Equity ETF & MF)</i>					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
Beneficiary:					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
"Living Benefit"? (Y/N)					

Non-Qualified Retirement/ Deferred Compensation

	(1)	(2)	(3)
Asset Name:			
Institution Name:			
Plan Type: (401a, ESOP ect)			
Holdings Value:			
Cash Value:			
Total Value:			
Owner: <i>(Client, Spouse)</i>			
Beneficiary:			
Planned Distribution Year			
Risk Asset % <i>(Stocks,, REITS, Equity ETF & MF)</i>			

Investments - Notes:

Expenses

Living Expenses

Current Monthly Household Expenses:	
Do monthly expenses include liability payments such as a mortgage?	

Use Budget Worksheet if necessary

Do you expect expenses to increase or decrease in retirement? How much?	
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Education

Expense Name	Education for?	Annual Amount	Indexed At <i>(No Growth, Inflation, Other)</i>	Start Indexing <i>(Immediately, At Start Year)</i>	Starts	Ends

Use Education Worksheet if necessary

Other Expense

Expense Name	Annual Amount	Recurring?	Starts	Ends	Funded %

Expenses - Notes:

Contributions

Retirement Contributions

	Client	Co-Client
Contributions Based On: <i>(All Earned Income, Salary)</i>		
Apply Contribution Limits: <i>(Yes / No)</i>		

Employee Contributions (For 401(k) or 403(b))

Type (For 401(k) or 403(b))		
Percent:		
Dollar Amount:		

Employer Contributions (For 401(k), Money Purchase, 403(b), SEP, Defined Benefit or Profit Sharing)

Type: <i>(None, Percent of Salary, Match Percent, Fixed Amount, Max)</i>		
Employer Percent Match of Employee Contribution:		
Maximum Employer Contribution Percent of Employee Salary:		
Amount:		

IRA Contributions

Type: <i>(Traditional IRA, Roth IRA, SEP, SIMPLE etc)</i>		
Amount:		
Tax Deductible?		

Non-Qualified Retirement Contributions

Type: <i>(Deferred Compensation, 401A, 457, etc)</i>		
Employee Contributions:		
Employer Contributions:		

Savings and Education Contributions

	Client	Co-Client
529 Aggregate Contributions		
Annual Savings Contributions		
Do you expect inheritance?		
Amount/ Date Expected		

Wills, Trusts and Giving

Basic Estate Documents

	Executed (y/n)	Last Revised
Will:		
Living Will:		
Durable or Financial Power of Attorney:		
Other Documents		
Have you ever reviewed or audited the titling and named beneficiaries of accounts or insurances?		

Trusts

	Executed (y/n)	Last Revised
Revocable Trust		
Irrevocable Life Insurance Trust:		
Qualified Personal Residence Trust (QPRT):		
Family Limited Partnership (FLP):		
Grantor Retained Trusts (GRAT/GRUT/IDGT)		
Charitable Trust (CRT/CLT/CST):		
Spousal Trusts (QTIP/Bypass/SLAT)		
Other Trusts:		

Giving:

Do you currently, or plan to make charitable donations or gifts? _____

What amount do you anticipate donating/giving? _____

If currently making charitable donations, in what capacity (i.e. cash, stock etc.)? _____

Wills and Trusts - Notes:

Assumptions, Taxes and Advisors

Retirement and Longevity

	Client	Spouse
Semi-Retirement Age:		
Planned Retirement Age:		
Family longevity history? (y/n)		
Planning End Age:		

Taxes

Tax Mode (<i>Itemize, Standard Deduction, AMT</i>):	
State Tax Rate?	
Capital Loss Carry Forwards?:	
Amount of Estate/ GST Exemption used:	

Please explain any other relevant tax items.

Taxes and Assumptions - Notes:

Professional Advisors

Advisor Type (<i>Accountant, Attorney, Insurance Agent etc.</i>)	Name	Company	Address	Phone, Fax, Email

Appendix

Retirement/ Investment

Rate the importance of each item according to the following scale:

	Low	Med	High
Your retirement goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having all of your portfolios consolidated and analyzed to make sure your overall plan is on track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching your risk tolerance to that of your investment portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against that of an index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your investment performance against your plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative retirement methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing the taxes on your investment accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing techniques to save income tax and estate taxes on deferred money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asset protection in the result of serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting assets in the event that you require long term care in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving adequate income in the event of disability during your working years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your spouse in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generating a guaranteed retirement income stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for income for your children in the event of your premature death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estate

Rate the importance of each item according to the following scale:

	Low	Med	High
Distributing assets equally to your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your assets transferred to your children from creditors, divorce, and bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your insurance portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing different methods of meeting your estate tax liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable planning to your estate's planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing annually to charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gifting to your children if it doesn't interfere with your financial independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for your grandchildren's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your current will structure to eliminate unnecessary taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your residence and/or vacation home from estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your estate in trust for your spouse in order to protect your children's inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix

Business

Rate the importance of each item according to the following scale:

Low

Med

High

Maintaining control of your business throughout your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eliminating the need to liquidate your business to pay estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner where it is sold to key employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a business planning concept to help you sell your business to key employees in an efficient manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing incentives to your key employees with non-stock compensation alternatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your key employees own stock in your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your business from the death of a key employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your key employees and their families from serious illness and disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting your company from serious illness and disability of your employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key employees to the continued success of your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner that maintains family ownership and control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining family harmony after your estate has been settled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your spouse take an active/ownership role in the business plan after you pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a business planning concept that shows you how to gift/sell/bequest your business to your children/heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equalizing the inheritance for your children not active in the business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaving the business only to active children/heirs versus all children/heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your children/heirs active in the business with regards to the future success of your business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing your business in a manner where it is sold to a third party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing your business' property and casualty coverage's every two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing alternative sources for your existing line of credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing the efficiency of your existing long term debt structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying out a partner's interest in the event of his or her death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Defined

Rate the importance of each item according to the following scale:

Low

Med

High

[illegible]

Budget Worksheet

Essential Items	Monthly	Annual
Household Expenses		
Mortgage & Rent		
Mortgage & Rent (Secondary)		
Home Maintenance & Supplies		
Property Tax & Insurance		
Utilities		
Livelihood Expenses		
Groceries		
Personal Care Products		
Clothing		
Essential Entertaining		
Beauty		
Other Necessities		
Travel Expenses		
Vehicle Payments & Insurance		
Tax, Maintenance & Fuel		
Essential Travel		
Wellness Expenses		
Insurance Premiums		
Medicare		
Co-Pay & Uncovered Expenses		
Dental & Vision Care		
Financial Expenses		
Credit Card Debt		
Other Debt		
Life Insurance Premium		
LTC & Disability Premium		
Income Taxes		
Gifts & Contributions		
Dependent Care		
Total Essential		

Discretionary Items	Monthly	Annual
Household Expenses		
Home Improvements		
New Purchases		
Livelihood Expenses		
Dining Out		
Entertainment		
Hobby		
Club Memberships		
Continuing Education		
Extra Comfort		
Travel Expenses		
Vacation		
Discretionary & Other Travel		
Wellness Expenses		
Gym & Fitness		
Other Healthcare		
Financial Expenses		
Gifts		
Retirement Contributions		
Investment Contributions		
Miscellaneous Expenses		
Total Discretionary		

Total Annual Living Expense: