



LAUREL WEALTH

P L A N N I N G

Greetings!

Thank you for your interest in Laurel Wealth Planning LLC.

For your initial meeting, if convenient, we ask that you please bring the following information:

- Financial Overview (follows this letter). Please print, and then complete what is easy.
- Most recent tax returns.
- Investment statements.
- Wills & trusts.
- Information on work benefits on which you have questions.

We are conveniently located in Edina just off of 494 and France Avenue. Our office building is large, with many entries. To make things convenient for you, we have developed instructions to complement your GPS navigation. Here is a [downloadable PDF](#) that will bring you right to our door.

You can also obtain more information, including financial advisor biographies, at our website, www.laurelwealthplanning.com. To assist you in interviewing any financial advisors, whether inside or outside of Laurel Wealth Planning, consider this [list of questions you might ask](#).

Please do call us at 952-854-6250 with any questions.

We very much look forward to getting to know you.



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Communication is a key element to financial planning. The more information we know about your financial situation, goals, and opportunities, the better we can serve you to help you make these goals a reality.

Please take some time to fill out this form. Before you start, it would be helpful to gather all your financial information on your accounts and have your tax returns handy. Don't panic if you don't have everything. Make your best guess, if necessary. Also, if you have this information in another form, please feel free to provide us that instead.

Relax. This isn't an endurance test. If you don't have everything completed by the time of our next appointment, we understand.

How were you referred to Laurel Wealth Planning? _____

May we contact this person to offer our thanks? _____

Name:	Spouse/Partner's Name:
Date of Birth:	Date of Birth:
Name of Employer:	Name of Employer:
Home Phone: () Business Phone: ()	Business Phone: ()
Email address:	Email address:
Street:	
City:	
State:	Zip Code:

Marital Status: ____ Single ____ Married ____ Partnered ____ Separated ____ Widow/Widower

Length of Marriage/Partnership: ____

Children	Age	Birth Date	Special Needs?

Grandchildren	Parent's Name	Age	Birth Date

Are you anticipating any lifestyle changes?
(Marriage, divorce, retirement, moving, etc.) Yes___ No___ Not Sure___

Are you dissatisfied with your current cash flow? Yes___ No___ Not Sure___

Do you expect any changes in your cash flow? Yes___ No___ Not Sure___

Do you anticipate any major expenditures? Yes___ No___ Not Sure___

Do you have any assets you wish you didn't have? Yes___ No___ Not Sure___

Do you have any health problems? Yes___ No___ Not Sure___

RETIREMENT PLANNING

At what age would you like to be able to retire? _____ Not Sure___

At what age do you expect to retire? _____ Not Sure___

INVESTMENT

Are you dissatisfied with the return on your investment portfolio? Yes___ No___ Not Sure___

Do you have an investment advisor? Yes___ No___ Not Sure___

Do you have any investments that you are not interested in owning? Yes___ No___ Not Sure___

Does the economy play a role in how you make your investment decisions? Yes___ No___ Not Sure___

INCOME

	You		Your Spouse/Partner	
	Before Tax	Take Home	Before Tax	Take Home
Base Salary or Wages				
Bonus/Other				

Social Security Benefits Received: _____ per month

Pension Income Received: _____ per month

Child Support Received: _____ per month

Spousal Maintenance (Alimony) Received: _____ per month

ASSETS

If you have your asset and liability data in another form, please feel free to provide us that instead. Please attach pages or use back if needed.

Checking, Savings, Money Market, CD's

Bank or Company	Balance

Stocks, Mutual Funds, Bonds, Annuities

Description	Approximate Market Value

Retirement Assets (IRA, 401(k), etc.)

Description	Market Value

Real Estate, Business

Description	Estimated Market Value
Home	
Second Home	
Rental Property	
Business	

Liabilities

Type of Debt	Current Balance	Interest Rate	Payoff Date
Home Mortgage*			
Auto			
Auto			
Credit Cards			

*Please provide detail on your mortgage payment:

- Principal and interest \$_____
- Real estate tax escrow \$_____
- Insurance escrow \$_____

FUTURE PENSIONS

Name or Description	Amount	Approximate Starting Age

SOCIAL SECURITY BENEFITS

If you have them handy, please bring the most recent statements you've received from the Social Security Administration to our meeting.

INSURANCES

We do not sell insurance, but are happy to answer your questions.

Life Insurance

Insured	Death Benefit	Cash Value (if any)	Company

Disability Income Coverage: please circle one Yes/No.

Long-term Care Coverage: please circle one Yes/No. (If convenient, please bring summary statement to meeting.)

Umbrella Coverage: \$_____Amount

ADVISORS

CPA _____

Attorney _____

Financial
Advisor _____