

# Step 1

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## Preparing for Your First Consulting Session

In order to facilitate our work together in financial planning, Please complete the attached forms and bring any of the following items which are applicable to you to our first meeting:

1. Your three most recent Federal and State Income Tax Returns, and one month's paycheck stubs showing all current deductions
2. A list of current investments, including date purchased, purchase price, and business records for rental properties
3. Your current insurance policies, including auto, home, medical, disability and life (as well as rental property)
4. Your employee benefits from all sources, including pensions
5. Any investment proposals you are considering
6. Beneficiary designations on all retirement plans including IRA's
7. Wills and related trusts

The better prepared you are for our work together, the more quickly and accurately we can plan for your financial needs. Once the data is collected and reviewed, we will offer you guidelines on how to better meet your financial goals. Having clear and concise information on these intake forms will mean fewer hours (and dollars) spent in preparing your financial plan.

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# Step 2

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## My (Our) Financial Goals

Short Term (within 1 Year)

Cost in Today's Dollars

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Intermediate Term (1-2 Years)

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Long Term (3+ Years)

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### Assumption to be Used in Development of My (Our) Financial Plan

1. I (we) expect the average annual rate of inflation during my (our) lifetime to be:  
\_\_\_\_\_ %
2. I (we) believe the average annual return on an investment I (we) own should be:  
\_\_\_\_\_ %
3. I (we) expect my (our) life expectancy to be:
  - \_\_\_ Average, according to statistics.
  - \_\_\_ Longer than average due to family longevity. (Please explain)
  - \_\_\_ Shorter than average due to current health problems. (Please explain)

# Step 3

## Risk Tolerance: Investment Attitudes

Please give examples of investments you believe fall into each category listed. These are intended to be intuitive replies based upon your individual perceptions.

### Client #1

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Very Conservative

Conservative

Moderate Risk

High Risk

### Client #2

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Do you have any preferences or objections to any particular investment areas ?

Please explain: \_\_\_\_\_  
\_\_\_\_\_

How would you like to position your investments to coincide with your goals and your current risk tolerance (investment attitudes)? :

1. Very conservatively  
(Preserving present capital is critical even if it takes longer to obtain the goals.)
2. Conservatively  
(Preserving present capital is important, some growth desirable.)
3. Subject to moderate risk  
(Growth is more important than preservation of capital.)
4. Subject to high risk  
(Speculative growth is acceptable or desirable.)

Client #1

Client #2

\_\_\_\_\_ %      \_\_\_\_\_ %

\_\_\_\_\_ %      \_\_\_\_\_ %

\_\_\_\_\_ %      \_\_\_\_\_ %

\_\_\_\_\_ %      \_\_\_\_\_ %

# Step 4

## Beneficiary Designations

Beneficiary designations take precedence over your will in determining who receives your legacy from these assets. Therefore, the accuracy of this information is critical. Please confirm these designation with each retirement plan. (Or we can do this as part of your financial plan)

	Acct. #	Custodian (Company)	Primary Beneficiary	Contingent Beneficiary
<b>IRA Accounts</b>				
Client #1	_____	_____	_____	_____
	_____	_____	_____	_____
Client #2	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>Employer Retirement Plans</b>				
Client #1	_____	_____	_____	_____
	_____	_____	_____	_____
Client #2	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>Life Insurance Policies</b>				
Client #1	_____	_____	_____	_____
	_____	_____	_____	_____
Client #2	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

# Spending Plan

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## Annual Income:

Current

Retired

Salary, Bonus, Pension (inc. IRA Distributions)

Self-Employment (Business)

Real Estate Rental

Dividends

Taxable Interest

Tax-Exempt Interest (Municipal Bonds, etc.)

Trust Income

Social Security

Other Sources (Specify)

Total Annual Income

## Annual Expenditures:

Housing (Mortgage/ Rent)

Utilities and Telephone

Food

Clothing and Cleaning

Income and Social Sec. Taxes

Property Taxes

Transportation (Auto/ Commuting)

Medical/ Dental/ Drugs/ Health Insurance

Debt Repayment

House Upkeep/ Repairs/ Maintenance

Life and Disability insurance

Property and Casualty Insurance

Recreation/ Entertainment/ Travel

Contributions / Gifts

Household Furnishings

Misc. or Personal/ Other Specify

Investments/ Savings/ IRA/ 401(k)

Total Annual Expenditures

**Net Income** (Total Annual Income Minus  
Total Annual Expenditures)

# Net Worth Statement

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Cash, Near-Cash Equivalent Assets:	Current Value	Owned By*
Checking Accounts/ Cash	_____	_____
Savings Accounts	_____	_____
Money Market Funds	_____	_____
Treasury Bills/ Short Term CDs	_____	_____
Life Insurance (Dividends and Cash Value Only)	_____	_____
Series EE and HH Savings Bonds	_____	_____
Other (Specify)	_____	_____
<b>Other Financial Assets:</b>		
Taxable (Government/ Corporate)	_____	_____
Municipal Bonds	_____	_____
Common & Preferred Stock	_____	_____
Options	_____	_____
Mutual Funds	_____	_____
Investment Real Estate	_____	_____
Long-Term CDs	_____	_____
Vested Pension/ Retirement Benefits	_____	_____
Annuities and/ or Deferred Compensation	_____	_____
HF-10 Plan (KEOGH)	_____	_____
Individual Retirement Account (IRA)	_____	_____
Mortgages Owned and/ or Land Contracts	_____	_____
Limited Partnership Units	_____	_____
Patents/ Copyrights/ Royalties	_____	_____
Value of Business Interest and/ or Receivables	_____	_____
Other (Specify)	_____	_____
<b>Personal Assets:</b>		
Personal Residence (Market Value)	_____	_____
Seasonal Residence (Market Value)	_____	_____
Auto(s), Recreational Vehicles	_____	_____
Household Furnishings, Appliances	_____	_____
Jewelry/ Furs	_____	_____
Collections/ Hobby Equipment	_____	_____
Other (Specify)	_____	_____
<b>Total Assets</b>	_____	_____

# Net Worth Statement (cont.)

Liabilities:	Current Value	Owned By*
Charge Accounts/ Credit Cards	_____	_____
Loans/ Notes	_____	_____
Margin/ Bank/ Life Ins. Loans	_____	_____
Past Due Taxes (Fed., State, Local)	_____	_____
Investment Liabilities	_____	_____
Mortgage(s)	_____	_____
Liability Judgement	_____	_____
Family Member Support	_____	_____
Child Support	_____	_____
Alimony	_____	_____
Other Debts (Specify)	_____	_____
<b>Total Liabilities</b>	_____	
<b>Net Worth</b>	_____	
(Total Assets Minus Total Liabilities)		

\* Client #1 = 1    Client #2 = 2    Joint = J

You may provide this information in any form including  
a Quicken printout or brokerage statement.