McKee Investment Planning

CLIENT INFORMATION FORM

In order to make the most of our time together, please complete this form prior to our first appointment. You can fill in the information directly on this form by printing the form and writing in the information by hand, or in a word processing program such as Microsoft Word or Apple's Pages program.

If you are unsure of any of the items listed on the form, just bring the paperwork for that item with you on the day of your appointment.

List of documents to bring to initial appointment:

- Your Budget
- Last year's tax return
- Latest statements from any and all investment/retirement accounts
- Employer Sponsored Retirement Program Brochure (401k, 403b, 457, etc.)
    - At minimum, bring a list of all available investment options and employer matching information
- Any Pension programs for which you are a participant
- Automobile insurance policy declarations page
- Homeowner's insurance policy declarations page (or policy)
- Umbrella liability policy
- Disability insurance policy
- Any other relevant document

If you have any questions, please do not hesitate to call (863) 401-3937 or email art@mckeeinvestments.com

Client Data Recording Form

Client Name:		Co-Client Name:	
Age:		Age	
Employer:		Employer	
Occupation:		Occupation	
Annual Income:		Annual Income	
Children Names & Ages:			
Emergency Fund Balance			
Disability Insurance Name of Insurer: Monthly Benefit:		**Disability Insurance** Name of Insurer: Monthly Benefit:	
Life Insurance Face Value: Term Ends: Beneficiary:		**Life Insurance** Face Value: Term Ends: Beneficiary:	
401(k) Balance: Annual Contrib:		**401(k)** Balance: Annual Contrib:	
IRA Balance: Annual Contrib:		**IRA** Balance: Annual Contrib:	
Roth IRA Balance: Annual Contrib:		**Roth IRA** Balance: Annual Contrib:	
Brokerage Balance: Annual Contrib:		**Brokerage** Balance: Annual Contrib:	
AnnuityBalance: Annual Contrib:		**Annuity**Balance: Annual Contrib:	
Social Security Projected Monthly Income @ 62		**Social Security** Projected Monthly Income @ 62	
Pension Monthly Income (Terms)		**Pension** Monthly Income (Terms)	
Health Insurance Deductible and Copay:		**Health** Insurance Deductible and Copay:	

Asset Description	Market Value	Amount Owed(if any)	Terms/Payments (if any)
House			
House			
Land			
Auto			
Auto			
Business:			
Other:			
Other:			

Estate Planning Documents (Wills, Trusts, Power of Attorney, etc): Describe.

Goals:

Other:

Action (Office Use):