# McKee Investment Planning, Inc.

## **Client Information Sheet**

It is extremely important that the information requested on the following pages of this form be completed for our initial meeting. This will allow each of us to derive the maximum benefit from our meeting. There is no cost or obligation for the initial meeting as it is an opportunity for you to find out more about us, and for us to meet you individually to determine if we can help you in achieving your goals and objectives.

This *Client Information Sheet* is designed to help you gather the required information for the development of your customized, comprehensive financial plan. These items are necessary for us to be able to create a complete and thorough picture of your current and future financial situation.

Please bring as many of the following documents with you as these sources will provide us with important data.

- Tax Returns (Previous 2 Years)
- Pension Statements from employers and/or Social Security Benefit Statements
- All Life, Disability and Property/Casualty insurance policies
- Current investment statements from trust companies, brokers, investment companies and banks
- Budget of personal living expenses
- Employee Manual or Handbook
- Current mortgage and other loan or debt statements
- Latest estate planning documents (Wills, Living Wills, Trusts, Powers of Attorney, etc.)
- Any other relevant documents

Please fill out the following pages to the best of your ability. If there are areas that you are unsure of please leave them blank. Any of the above documentation that can be brought to the meeting will also aid us in determining if we can be of assistance in your situation. All information is kept strictly confidential.

We look forward to our meeting and hope that we can be of service to you.

### **CONFIDENTIAL INFORMATION**

Base	Far	nily

Last Name:	
Marital Status (e.g. married, divorced, single):	
Number of Dependents:	
Home Street Address:	
City, State and Zip Code:	
Home Phone Number:	
Home E-mail Address:	

#### **Basic**

	Client		Co-Client	
Given Name:				
Date of Birth:				
Social Security Number:				
U.S. Citizen (please circle):	YES	NO	YES	NO
Cellular Phone:				
Drivers License Number/State:				
Employer:				
Occupation:				
Employer Street Address:				
City, State and Zip Code:				
Business Phone:				
Business Fax:				
Business E-mail Address:				_

Children/Dependents

Full Legal Name	Date of Birth	Social Security Number	Address

**Professional Advisors** 

Advisory Type	Full Name	Address	Business Phone

Professional Advisors could be Estate Attorney, Business Attorney, Accountant, Life Insurance Agent, Property/Casualty Insurance Agent, Banker, Stockbroker, etc.

Legal Documents

	Client		Co-Client	
Is There A Will:	YES	NO	YES	NO
When Was It Last Updated:				
Is There A Living Will:	YES	NO	YES	NO
When Was It Last Updated:				
Is There A Durable P.O.A.:	YES	NO	YES	NO
When Was It Last Updated:				
Is There A Health Care P.O.A.:	YES	NO	YES	NO
When Was It Last Updated:				
Is There A Living Trust:	YES	NO	YES	NO
When Was It Last Updated:				
Any Other Legal Document:	YES	NO	YES	NO

### Planning Self-Analysis

Please rate from 1-10 your comfort level in these planning areas (1=Uncomfortable, 10= Very Comfortable):

		Client	Co-Client
Estate Plan	Comfort with present distribution agreements		
Life Insurance	Comfort with present policies and coverage		
Disability Insurance	Comfort with present policies and coverage		
Retirement	Comfort with present expected retirement income		
Savings Rate	Comfort with present annual savings rate		
Investment Structure	Comfort with present allocation and risk tolerance		
Investment Selection	Comfort with present security selection / monitoring		
Overall Knowledge	Comfort with present financial planning knowledge		

What is/are the primary reason(s) why you are considering engaging a financial advisor at this time?