DAVID S. MEYERS

MEYERS WEALTH MANAGEMENT

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Document List

Please try to find and bring copies of as many of the following documents as you can, or note below if any are not applicable. If you have any questions about any of these or why we request them, please don't hesitate to contact us.

your most recent income tax return
one month's worth of pay stubs
listing of all real estate - approx. values, rental income, mortgage, etc
most recent brokerage statements, bank account balances, etc.
loan documents - personal, outstanding credit card debt, etc
trusts of other family members that you are a named beneficiary
divorce judgments or separation agreements
balance sheets and profit/loss statements for any businesses
business agreements
employment contracts
employee benefit plan information and most recent statements if any
other pension, profit sharing or retirement plans (please list if copies are not available)
closely help corporation buy-sell agreements
partnership agreements
life insurance policies (especially important to know ownership, beneficiaries, etc)
stock certificates
estimate of amount of money you expect to save and invest within retirement plans this year
estimate of amount of money you expect to save and invest outside of retirement plans this year
other insurance policies - disability, long-term care, homeowners, auto, umbrella
wills, trusts, powers of attorney
cost-basis information for all investments (particularly in taxable accounts)

Also, please do your best to fill in approximations of your spending broken down by category on our Budget Categories form.

CLIENT INFORMATION SHEET

CLIENT INFORMATION	
CLIENT NAME	D/O/B S.S.#
SPOUSE/PARTNER	D/O/B S.S.#
Status (circle one): Married Single Not Married/To	
Home Addres	Other address
City, State, Zip	
Phone Fax	
Where would you like your mail sent?	Home Business Other
CLIENT	
Occupation U.S. Citizen: Y N	
Employer	
Address	Approximate net worth \$
City, State, Zip	Approximate income \$
Phone Fax	Email
PARTNER	
Occupation U.S. Citizen: Y N	
Employer	
Address	Approximate net worth \$
City, State, Zip	Approximate income \$
Phone Fax	Email
DEPENDENT CHILDREN	
	D/O/B S.S.#
Please list any special interests or hobbies:	
PRIOR INVESTMENT EXPERIENCE	
Indicate H, M, or L	H = high M = moderate L = low
Listed stocks and bonds Insurance	Public limited partnerships
Mutual funds Annuities	Tangible Assets
Other: (please indicate)	
CLIENT SIGNATURE	DATE
PARTNER SIGNATURE	DATE
ADVISOR ACKNOWLEDGEMENT	DATE

QUALITATIVE SURVEY

HOW DID YOU HEAD ADOUT HES			
HOW DID YOU HEAR ABOUT US?			
WHAT ARE YOUR FINANCIAL CONCER	NS?		
DO YOU CURRENTLY MANAGE YOUR	OWN PORTFOLIO?	YES	NO
HOW DO YOU THINK WE MIGHT HELP	YOU?		
DO YOU HAVE THE FOLLOWING?	CLIEN	NT PAR	RTNER
Power of Attorney / Appointment	YES	NO YES	NO
Will	YES	NO YES	NO
Living Will	YES	NO YES	NO
Health Care Power of Attorney			
nealth Care Fower of Attorney	YES	NO YES	NO
ADDITIONAL COMMENTS			
ADDITIONAL COMMENTS			

CASH FLOW

ESTIMATI	ED LIVING EXPENSES		\$			
(combine	d, not including incom	e taxes)				
CCTIMATI	ED NON-INVESTMENT	INCOME				
ESTIMATI		INCOME		CLIENT		ISE/PARTNER
	From Employment:	L Danaiana	\$		\$ \$	
	From Defined Benefit		\$		\$ \$	
	From Social Security From Other:	•	\$		\$ \$	
	From Other.		Ψ		Ψ	
RETIREM	ENT					
	Desired retirement ag	ge:				
REAL EST	TATE			FIRST		SECOND
	Property Description	:				
	Approximate current	value:	\$		\$	
	Approximate loan ba	lance:	\$		\$	
	Original loan amount	:	\$		\$	
	Date of origination:					
	Interest Rate:					
	Term:					
	Monthly payment:		\$		\$	
	(Note that some of th	is information will b	e repeated on the Fa			
LIABILITI				FIRST		SECOND
	General Description:					
	Approximate current	balance:	\$		\$	
EXPECTE	D ONE-TIME EXPEND	ITURES (<5 VRS)		CLIENT	SPOL	ISE/PARTNER
	vacation, etc.)	Tronco (40 mo)		OLILIVI	0.00	JOEN ARTHER
(Hew car,	#1.		\$		\$	
	#2.		\$		\$	
	#3.		\$		\$	
	#4.		\$		\$	
COLLEGE	(IF APPLICABLE)			,		
	Are you currently or	will you be paying fo	or tuition?			
	Are they public or pr	vate institutions?				
	How many years?					
	e - we provide a much more					
	il you'd like to discuss. Ple gs may also be included in o		er to note one-off issues at	pove, such as college and	d "one-time expend	litures". These
uilli	55 may also be illefuded ill t	seserionig your goars.				

PROFESSIONAL ADVISORS

USE THIS SECTION TO LIST THOSE PROFESSIONALS AND FAMILY MEMBERS/FRIENDS WHO HELP YOU WITH SPECIFIC ASPECTS OF YOUR FINANCES SUCH AS YOUR ACCOUNTANT OR INSURANCE AGENT. WE WILL NOT CONTACT ANYONE WITHOUT YOUR PERMISSION.

ACCOUNTANT	ATTORNEY
Name	Name
Company	Company
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Fax	Fax
Do we have permission to contact	Do we have permission to contact
him/her regarding your investments	him/her regarding your investments
and related matters? YES NO	and related matters? YES NO
OTHER	OTHER
Name	Name
Company	Company
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Fax	Fax
Do we have permission to contact	Do we have permission to contact
him/her regarding your investments	him/her regarding your investments
and related matters? YES NO	and related matters? YES NO

Please note -- if you check YES giving us permission to contact these professionals, we will ask you to fill in and sign a letter so indicating - and we'll ask you to give a copy of that letter to them, to assure them that you've given them permission to talk to us. We take your privacy very seriously and expect that other professionals will do the same. We will not contact anyone without discussing it with you first.

Family Balance Sheet

Assets	Н	W	J	Other	Total
Cash and equiv					
-					0
					0
					0
					0
					0
Securities/ Brokerage Accts					0
7.00.0					0
					0
					0
					0
					0
Retirement Accts					0
					0
					0
					0
					0
House					0
					0
					0
Autos					0
					0
					0
other					0
					0
					0

Liabilities	Н	W	J	Other	Total
Credit Cards					C
					C
					C
					C
					C
					C
Mortgages					C
					C
					C
					C
Pers. Loans					C
					C
					C
					C
Education Loan					C
					C
					C
					C

Balance Sheet	Н	W	J	Other	
Assets	0	0	0	0	0
Liabilities	0	0	0	0	0
Net	0	0	0	0	0

Please list any other investments or assets in the space below. Include such things as annuities, cash-value life insurance policies, expected pensions, trusts for which you or your spouse or children are named beneficiaries, etc.

MEYERS WEALTH MANAGEMENT

Family Cashflow Worksheet

1 of 2

		Current (last 1	2 months)	Future Estimate	(annual)
Category	Detail	Monthly	Annually	In five years	In retirement
Taxes on Income	FICA (SS/Medicare)		_	_	
	Federal				
	State				
	Local				
Housing	Rent				
	Mortgage				
	Property taxes				
	Gas/electric/oil				
	Water/garbage				
	Phones				
	Cable TV				
	Internet				
	Gardener/housekeeper				
	Furniture/appliances				
	Maintenance/repairs				
Food	Supermarket				
ood	Restaurants/takeout		-		
	nestaurants/takeout				
Trononortation	Coo		1		
Transportation	Gas				
	Maintenance/repairs				
	State registration fees, taxes				
	Tolls and parking				
	Public transportation				
	Car lease				
Style	Clothing				
	Shoes				
	Jewelry				
	Dry cleaning, tailor				
Other debt	Credit card payments				
	Auto loans				
	Student loans				
	Other loans				
Fun stuff	Entertainment (movies, concerts)				
	Vacation and travel				
	Gifts				
	Hobbies				
	Subscriptions/memberships				
	Pet care				
	Other				
Personal Care	Haircuts				
	Health club/gym				
	Makeup				
	Other				
Personal Business	Accountant				
J. Johnar Business	Attorney				
	Financial Advisors				
	Other				
	Outel				
Haalth aars	Dhysisians and hearttale		1		
Health care	Physicians and hospitals		1		
	Medication				
	Dental and vision				
	Therapy		-		-
			_		
			1		I

MEYERS WEALTH MANAGEMENT Family Cashflow Worksheet

2	of	2

Auto				
Health				
Life				
Disability				
Umbrella				
Tuition				
Books				
Supplies				
Day care				
Nanny/babysitting				
Toys				
Activities				
Child support				
Charitable donations				
	Health Life Disability Umbrella Tuition Books Supplies Day care Nanny/babysitting Toys Activities Child support	Health Life Disability Umbrella Tuition Books Supplies Day care Nanny/babysitting Toys Activities Child support	Health Life Disability Umbrella Tuition Books Supplies Day care Nanny/babysitting Toys Activities Child support	Health Life Disability Umbrella Tuition Books Supplies Day care Nanny/babysitting Toys Activities Child support

INCOME					
		Current (last 12 months)		Future Estimate (annual)	
Category	Detail	Monthly	Annually	In five years	In retirement
Employment	Salary #1				
	Salary #2				
Investments	Dividends				
	Capital gains				
Retirement	Pension				
	Social Security				
	Annuities				
Other					

Net Worth		