

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 held 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)
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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/Together Other
Home Address _____ 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.# _____
_____ D/O/B _____ S.S.# _____
_____ D/O/B _____ S.S.# _____
_____ 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 HEAR ABOUT US?					
WHAT ARE YOUR FINANCIAL CONCERNS?					
DO YOU CURRENTLY MANAGE YOUR OWN PORTFOLIO?				YES	NO
HOW DO YOU THINK WE MIGHT HELP YOU?					
DO YOU HAVE THE FOLLOWING?		CLIENT		PARTNER	
Power of Attorney / Appointment		YES	NO	YES	NO
Will		YES	NO	YES	NO
Living Will		YES	NO	YES	NO
Health Care Power of Attorney		YES	NO	YES	NO
ADDITIONAL COMMENTS					

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 him/her regarding your investments and related matters? YES NO		Do we have permission to contact him/her regarding your investments 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 him/her regarding your investments and related matters? YES NO		Do we have permission to contact him/her regarding your investments 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.

MEYERS WEALTH MANAGEMENT

Family Cashflow Worksheet

1 of 2

EXPENSES		Current (last 12 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				
	Restaurants/takeout				
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				
Personal Care	Haircuts				
	Health club/gym				
	Makeup				
	Other				
Personal Business	Accountant				
	Attorney				
	Financial Advisors				
	Other				
Health care	Physicians and hospitals				
	Medication				
	Dental and vision				
	Therapy				
Insurance	Homeowner's/Renters				

MEYERS WEALTH MANAGEMENT

Family Cashflow Worksheet

2 of 2

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

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

Net Worth				