**YOUR PERSONAL FINANCIAL ORGANIZER**



**Client Name**

**Date**

Helping You Manage Your Critical Financial Events

What’s Important to You?

**Long-term Goals (10 years and longer)**

Goal:

Goal:

Goal:

**Medium-term Goals (5 to 10 years)**

Goal:

Goal:

Goal:

**Short-term Goals (1 to 5 years)**

Goal:

Goal:

Goal:

**Immediate Goals (Less than 1 year)**

Goal:

**Items Most Important to You:**

❑ Cash Flow Planning ❑ Your Family Security

❑ Tax Planning ❑ Caring for Others

❑ Retirement Planning ❑ Your Legacy

❑ Investment Strategies ❑ Business Planning & Succession

**G**

Getting to Know You

**Personal Information**

 **Client 1 Client 2**

|  |  |  |
| --- | --- | --- |
| Last Name |  |  |
| Marital Status |  |  |
| Number of Dependents |  |  |
| Gender |  |  |
| Date of Birth (mm/dd/yyyy) |  |  |
| Social Security Number |  |  |
| Occupation |  |  |

**Contact Information**

**Client 1 Client 2**

|  |  |  |
| --- | --- | --- |
| Home Phone Number |  |  |
| Office Phone Number |  |  |
| Cell Phone Number |  |  |
| Email Address |  |  |
| Address |  |
| City  |  |
| State |  |
| ZIP Code |  |

**For Snow Birds – Alternate Contact Information**

|  |  |
| --- | --- |
| Phone Number |  |
| Email Address |  |
| Address |  |
| Dates at this Residence |  |

**Name of Dependent(s)**

 **Gender Relationship Date of Birth**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Your Other Professionals**

**Accountant/CPA**

Name:

Phone:

Email:

**Lawyer**

Name:

Phone:

Email:

**Insurance Agent**

Name:

Phone:

Email:

**Banking Advisor**

Name:

Phone:

Email:

Section 1 - Cash Flow Planning

**Income Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Owner** | **Annual Amount** | **Applicable Period** |
| Employment Salary |  | $ |  |
| Employment Salary |  | $ |  |
| Employment Bonus |  | $ |  |
| Self-employed Earned |  | $ |  |
| Tax-Free Income |  | $ |  |
| Royalty Income |  | $ |  |
| Alimony |  | $ |  |
| Child Support |  | $ |  |
| Other (specify) |  | $ |  |
| Other (specify) |  | $ |  |
| **TOTAL INCOME** |  | $ |  |

**Additional Income Information**

**Debt Summary**

**Mortgage Information**

|  |  |
| --- | --- |
| **Mortgage 1** | **Mortgage 2** |
| Property Description:  | Property Description: |
| Mortgage Lender: | Mortgage Lender: |
| Type:  | Type: |
| Rate: | Rate: |
| Amortization Period: | Amortization Period: |
| Market Value: | Market Value: |
| Current Mortgage Owing: | Current Mortgage Owing: |
| Mortgage Renewal Date: | Mortgage Renewal Date: |

**Other Debt**

|  |  |  |  |
| --- | --- | --- | --- |
| **Liability Name** | **Amount** | **Frequency** | **Repayment Period** |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |

**Living Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Per Annum/Month**(specify) |  | **Item** | **Per Annum/Month**(specify) |
| **Loans & Liabilities** |  |  | **Other Living Costs** |  |
| Mortgage | $ |  | Childcare | $ |
| Other Mortgage Loans | $ |  | Children/Dependants Clothing | $ |
| Personal Loans | $ |  | School/University Fees | $ |
| Auto Lease | $ |  | Allowance | $ |
| Auto Loan | $ |  | Clothes/Shoes – for Work  | $ |
| Investment Loans | $ |  | Clothes/Shoes – Personal | $ |
| Credit Cards | $ |  | Entertainment/Restaurants | $ |
| Home/Property Insurance | $ |  | Club Membership/Hobbies | $ |
| Life Insurance | $ |  | Sports & Fitness | $ |
| Income Protection | $ |  | Furniture/Appliances | $ |
| Other | $ |  | Books | $ |
|  |  |  | Pet Costs | $ |
|  |  |  | Subscriptions/Newspapers | $ |
| **Home, Utility, Health** |  |  | Gifts/Donations | $ |
| Rent | $ |  | Lunch/Coffee | $ |
| Water | $ |  | Holidays | $ |
| Electricity | $ |  | Other  | $ |
| Gas | $ |  |  |  |
| Cable TV | $ |  | **Transportation** |  |
| Home Phone | $ |  | Car Insurance | $ |
| Mobile Phone | $ |  | Car Fuel | $ |
| Internet | $ |  | Car Repairs & Maintenance | $ |
| Groceries | $ |  | Transport Costs (Bus, etc.) | $ |
| Medical/Dental Consultations | $ |  |  |  |
| Private Health Insurance | $ |  | Household Help | $ |
| Pharmacy/Prescriptions | $ |  | Accountant | $ |
| Other | $ |  | Solicitor | $ |

**Net Worth Summary**

**Assets**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Owner** | **Qualified** | **Market Value** |
|  |  | Yes ❑ No ❑ | $ |
|  |  | Yes ❑ No ❑ | $ |
|  |  | Yes ❑ No ❑ | $ |
|  |  | Yes ❑ No ❑ | $ |
|  |  | Yes ❑ No ❑ | $ |
|  |  | Yes ❑ No ❑ | $ |
|  |  | Yes ❑ No ❑ | $ |
|  |  | Yes ❑ No ❑ | $ |
|  |  | Yes ❑ No ❑ | $ |
|  |  | Yes ❑ No ❑ | $ |
| TOTAL ASSETS |  |  | $ |

**Liabilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Owner** | **Insured (I) or Tax Deductible** | **Interest****Rate** | **Amount** **Owed** |
|  |  |  | % | $ |
|  |  |  | % | $ |
|  |  |  | % | $ |
|  |  |  | % | $ |
|  |  |  | % | $ |
|  |  |  | % | $ |
| **TOTAL LIABILITIES** |  |  |  | $ |

**Net Worth:**

Section 2 - Tax Planning

**Capital Loss Carryovers**

**Client 1 Client 2**

|  |  |  |
| --- | --- | --- |
| Short-Term Capital Loss Carryovers | $ | $ |
| Long-Term Capital Loss Carryovers | $ | $ |

**Qualified Plan Data**

**Client 1 Client 2**

|  |  |  |
| --- | --- | --- |
| Previous Year’s Earned Income | $ | $ |
| Previous Year’s Pension Adjustment | $ | $ |
| 401K | $ | $ |
|  | $ | $ |

**Pre-retirement**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Annual Income** | **Average Tax Rate** | **Marginal Tax Rate** |
| Client 1 | $ | % | % |
| Client 2  | $ | % | % |
| Dependant | $ | % | % |

**Retirement**(if different than pre-retirement)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Annual Income** | **Average Tax Rate** | **Marginal Tax Rate** |
| Client 1 | $ | % | % |
| Client 2 | $ | % | % |
| Dependant | $ | % | % |

Section 3 - Retirement Planning

**Risk Profile**

|  |  |
| --- | --- |
| Model Portfolio: |  |

**Economic Factors**

|  |
| --- |
| Projected Inflation: % |

**Milestones Client 1 Client 2**

|  |  |  |
| --- | --- | --- |
| Retirement Date (age / year) |  |  |
| Life Expectancy (age / year) |  |  |

**Retirement Income**

|  |  |  |
| --- | --- | --- |
| Desired Income (after tax): $  | Indexed to Inflation? | Yes ❑ No ❑ |
| Savings Plan Start Date:  | Indexed to Inflation? | Yes ❑ No ❑ |

**Social Security Benefits**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Owner** | **Benefits****Start Age** | **Start at****Retirement** | **Benefit****Eligibility** | **Estimated****Monthly****Benefit**(if known) | **Split Social Security** |
|  |  | Yes ❑ No ❑ | % | $ | Yes ❑ No ❑ |
|  |  | Yes ❑ No ❑ | % | $ | Yes ❑ No ❑ |

**Applicable Benefits to be included in plan:**

|  |  |  |
| --- | --- | --- |
| Retirement Benefits | ❑ Yes | ❑ No |
| Survivor Benefits | ❑ Yes | ❑ No |
| Disability Benefits | ❑ Yes | ❑ No |

**Social Security Benefits Client 1 Client 2**

|  |  |  |
| --- | --- | --- |
| Monthly Benefit  | $ | $ |

**Defined Benefit Plans – Benefit Formula** (Attach pension statements/pension plan).

|  |  |  |
| --- | --- | --- |
|  | **Pension 1** | **Pension 2** |
| Owner & Description |  |  |
| Linked Incomes (to which the pension applies) | $ | $ |
| Pension Participation Date  |  |  |
| Number of Years Average Salary |  |  |
| Pension Formula  |  |  |
| Accrue Pension Credits while Disabled  | Yes ❑ No ❑ | Yes ❑ No ❑ |
| Indexed with Inflation | Yes ❑ No ❑ | Yes ❑ No ❑ |

**Benefit Calculation**

|  |  |  |
| --- | --- | --- |
|  | **Pension 1** | **Pension 2** |
| Benefits Begin (age, date, at retirement, disabled) |  |  |
| Percent Payable to Survivor  |  |  |
| Benefit Reduction for Survivor Coverage |  |  |
| Benefit Indexing  |  |  |
| Normal Retirement Age  |  |  |
| Percent Penalty for Early Retirement (per year) |  |  |
| Minimum Retirement Age for Unreduced Benefit |  |  |

**Defined Benefit Plans – Benefit Estimate**

|  |  |  |
| --- | --- | --- |
|  | **Pension 1** | **Pension 2** |
| Linked Incomes: (to which the pension applies) |  |  |
| Benefits (% of final salary or estimated amount) | $ | $ |
| Benefits Begin (age, date, at retirement or when disabled) |  |  |
| Percent Payable to Survivor  |  |  |
| Benefit Indexing | % | % |

Section 4 - Investment Strategies

**Investment Overview**

**Client 1 Client 2**

|  |  |  |
| --- | --- | --- |
| Investor Profile |  |  |
| Investment Experience |  |  |
| Investment Knowledge |  |  |

**Philosophy Regarding Money**

Client 1:

Client 2:

**Unique Investment Assets**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Owner** | **Market Value** | **Special Note:** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

**Savings Summary**

**Regular** - Savings made on a regular basis

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asset Name** | **Owner** | **Amount** | **Frequency** | **Savings Period** |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |

**Lump Sum** - Savings made in one or more lump sums.

|  |  |  |  |
| --- | --- | --- | --- |
| **Asset Name** | **Owner** | **Amount** | **Date** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

**Qualified Accounts**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Contributions** | **Owner** | **Market Value** | **Savings Period** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

**Other Savings:**

**Deferred Annuities**

|  |  |
| --- | --- |
| **Name:** | **Type:*****(*Amount Certain, Term Certain, Life Income)** |
| Ownership: | Annuitant(s): Client 1 ❑ Client 2 ❑ |
| Joint ❑ First to Die ❑ Last to Die ❑ Percent to Survivor: | Beneficiary: |
| Issue Date: Account type: General ❑ Separate ❑  | Initial Premium $: Cost Basis $: |
| Balance or Market Value $: | Annuity Start Date: |
| Type of Annuity: | Payment Frequency: Guaranteed Number of Years: |

|  |  |
| --- | --- |
| **Name:** | **Type:****(Amount Certain, Term Certain, Life Income)** |
| Ownership: | Annuitant(s): Client 1 ❑ Client 2 ❑ |
| Joint ❑ First to Die ❑ Last to Die ❑ Percent to Survivor: | Beneficiary: |
| Issue Date: Account type: General ❑ Separate ❑  | Initial Premium $: Cost Basis $: |
| Balance or Market Value $: | Annuity Start Date: |
| Type of Annuity: | Payment Frequency: Guaranteed Number of Years: |

Section 5 - Family Security

1. **Life Insurance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Calculated Life Insurance Required:** | **Client 1 ❑** | **Client 2 ❑** | **Survivorship ❑** |
| Percentage of Retirement Goal to Cover: | % Percentage of Expenses to Cover: % |
| Additional Annual Incomes/Survivor’s Annual Income: |  |  |  |
|  | *(rate of return applied to insurance proceeds)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Lump Sum Needs** | **Needs Indexed to Inflation** | **Annual Income Needs** | **Expenses Indexed to****Inflation** |
| Client 1 | $ | Yes ❑ No ❑ | $ | Yes ❑ No ❑ |
| Client 2 | $ | Yes ❑ No ❑ | $ | Yes ❑ No ❑ |

|  |  |
| --- | --- |
| Proceeds Earn: % | Premium per $1,000: $ |
| (typical return on asset) |  |

**Existing Life Policies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Policy 1** | **Policy 2** | **Policy 3** | **Policy 4** |
| Type (e.g. whole life, variable, term) |  |  |  |  |
| Policy Name |  |  |  |  |
| Premium Payer |  |  |  |  |
| Insured (Client 1, Client 2, joint to die) |  |  |  |  |
| Beneficiary (Client 1, Client 2, other) |  |  |  |  |
| Premiums | $ | $ | $ | $ |
| Death Benefit | $ | $ | $ | $ |
| Cash Surrender Value | $ | $ | $ | $ |

1. **Disability Insurance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Lump Sum Needs** | **Needs Indexed to Inflation** | **Annual Income Needs** | **Expenses Indexed to****Inflation** |
| Client 1 | $ | Yes ❑ No ❑ | $ | Yes ❑ No ❑ |
| Client 2 | $ | Yes ❑ No ❑ | $ | Yes ❑ No ❑ |

**Existing Disability Insurance Policies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Effective****Date** | **Monthly** **Benefit** | **Taxable** | **Waiting****Period** | **Monthly****Premium** | **Coverage Applies** **Until Age**  |
|  |  | $ | Yes ❑ No ❑ |  | $ |  |
|  |  | $ | Yes ❑ No ❑ |  | $ |  |
|  |  | $ | Yes ❑ No ❑ |  | $ |  |

1. **Critical Illness Insurance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Expense Type** | **Lump Sum Expense Amount** | **Indexed to Inflation** |
|  |  | $ | Yes ❑ No ❑ |
|  |  | $ | Yes ❑ No ❑ |
|  |  | $ | Yes ❑ No ❑ |

**Existing Critical Illness Insurance Policies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Insured** | **Owner** | **Effective****Date** | **Lump Sum****Benefit** | **Taxable**  | **Monthly****Premium** | **Premium****Refund**  |
|  |  |  | $ | % | $ | % |
|  |  |  | $ | % | $ | % |
|  |  |  | $ | % | $ | % |

1. **Long-Term Care Insurance**

 **Client 1 Client 2**

|  |  |  |
| --- | --- | --- |
| Calculated LTC Insurance for |  |  |
| LTC Analysis Period (start and end date) |  |  |

**Long-Term Care Expenses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Owner** | **Expense****Type** | **Annual****Amount** | **Indexed by Inflation** | **Number of Years applicable** | **End Date** |
| **Client 1** |  | $ | Yes ❑ No ❑ |  |  |
|  |  | $ | Yes ❑ No ❑ |  |  |
|  |  | $ | Yes ❑ No ❑ |  |  |
| **Client 2** |  | $ | Yes ❑ No ❑ |  |  |
|  |  | $ | Yes ❑ No ❑ |  |  |
|  |  | $ | Yes ❑ No ❑ |  |  |

1. **Other Insurance**
* Auto Insurance
* Principal Residence & Property Insurance
* Secondary Residence/Cottage/Summer Home & Property Insurance
* Mortgage Insurance
* Travel Insurance
* Other: (specify)

Section 6 - Caring for Others

**Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description***(e.g. John’s college tuition)* | **Education****Index Rate** | **Education****Start Age** | **Yearly****Costs** | **Number****Of Years** | **Savings Plan****Start Date** |
|  | % |  | $ |  |  |
|  | % |  | $ |  |  |
|  | % |  | $ |  |  |
|  | % |  | $ |  |  |

Maximum Additional Monthly Savings you would consider for **all** education goals. $

|  |  |  |  |
| --- | --- | --- | --- |
|  **Owner** | **Total 529****Contributions** | **Unused****Contribution Room** | **Market Value of** **529 Plan** |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |

**Other Educational Savings** (Scholarships, Bursaries and otherStrategies)

**Special Needs Dependents**

Trust and/or other Designated Accounts

|  |  |  |  |
| --- | --- | --- | --- |
| Owner | Contributions | Government Top Up | Value |
|  | $ | $ | $ |
|  | $ | $ | $ |

* Refer to **Trust Information** in Your Legacy

**Caring for Elderly Parents**

Section 7 – Your Legacy

**Basic Estate Planning Information**

|  |  |  |
| --- | --- | --- |
|  | **Client 1** | **Client 2** |
| Is there a Will?  | Yes ❑ No ❑ | Yes ❑ No ❑ |
| What date was the Will last updated on? |  |  |
| Will’s Location  |  |  |
| Power of Attorney | Yes ❑ No ❑ | Yes ❑ No ❑ |
| Executor |  |  |
| Other |  |  |

**Estate Expenses**

Use this section to enter information about expenses for the decedent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Expense 1** | **Expense 2** | **Expense 3** | **Expense 4** |
| Owner |  |  |  |  |
| Expense Name (e.g. Burial) |  |  |  |  |
| Amount | $ | $ | $ | $ |
| Index to Inflation  | Yes ❑ No ❑ | Yes ❑ No ❑ | Yes ❑ No ❑ | Yes ❑ No ❑ |

**Gifting Growth & History**

Use this section to enter any additional fees that may be calculated on the estate at disposition.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Use MaximumFederal Credit | State DeathTax Rate | State DeathTax during Repeal | ProbateFee Rate | AdministrationFee Rate |
| Yes ❑ No ❑ |  |  |  |  |

**Client 1 Client 2**

|  |  |  |
| --- | --- | --- |
| Taxable Lifetime Gifts: |  |  |
| Gift Taxes Already Paid: |  |  |
| Lifetime GSTT Exemption Used: |  |  |

Use this section to enter estate gifting information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Gift 1** | **Gift 2** | **Gift 3** |
| Beneficiary Name |  |  |  |
| Growth Rate (on asset to beneficiary) | % | % | % |
| Tax Rate on Growth | % | % | % |
| Prior Gifts from Client 1 | $ | $ | $ |
| Prior Gifts from Client 2  | $ | $ | $ |
| Prior Payments from Trusts of Client 1 | $ | $ | $ |
| Prior Payments from Trusts of Client 2 | $ | $ | $ |

**Funded Trusts**

**Revocable Living Trust**

|  |  |
| --- | --- |
| Trust Name  |  |
| Market Value | $ |
| Cost Basis | $ |
| Return Rate |  |
| Beneficiaries *(*Income) |  |
| Beneficiaries (Remainder) |  |

**ILIT Information**

Include basic information regarding any Irrevocable Life Insurance Trusts established.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Trust 1** | **Trust 2** | **Trust 3** |
| Trust Name (Irrevocable Life Insurance Trust) |  |  |  |
| Insured + ***Crummy***  |  |  |  |
| Premium Payer |  |  |  |
| Death Benefit | $ | $ | $ |
| Current CSV | $ | $ | $ |
| Return Rate |  |  |  |
| Beneficiaries (Income) |  |  |  |
| Beneficiaries (Remainder) |  |  |  |

**Irrevocable Trust**

|  |  |
| --- | --- |
| Trust Name  |  |
| Market Value | $ |
| Crummy Trust  | Yes ❑ No ❑ |
| Cost Basis | $ |
| Return Rate |  |
| Percent Income to Spouse |  |
| Percent Income to Heirs |  |
| Beneficiaries *(*Income) |  |
| Beneficiaries (Remainder) |  |

**Philanthropic Trust**

|  |  |
| --- | --- |
| Trust Name  |  |
| Market Value | $ |
| Cost Basis | $ |
| Return Rate |  |
| Percent Income to Spouse |  |
| Percent Income to Heirs |  |
| Beneficiaries *(*Income) |  |
| Beneficiaries (Remainder) |  |

**Future Trusts**

**Survivor’s Trust (A Trust)**

|  |  |
| --- | --- |
| Trust Name  |  |
| Market Value | $ |
| Cost Basis | $ |
| Return Rate |  |
| Percent Income to Spouse |  |
| Percent Income to Heirs |  |
| Beneficiaries *(*Income) |  |
| Beneficiaries (Remainder) |  |

**By-Pass Trust (B Trust)**

|  |  |
| --- | --- |
| Trust Name  |  |
| Market Value | $ |
| Cost Basis | $ |
| Return Rate |  |
| Percent Income to Spouse |  |
| Percent Income to Heirs |  |
| Beneficiaries *(*Income) |  |
| Beneficiaries (Remainder) |  |

**Credit Sheltered Trust (C Trust)**

|  |  |
| --- | --- |
| Trust Name  |  |
| Market Value | $ |
| Cost Basis | $ |
| Return Rate |  |
| Percent Income to Spouse |  |
| Percent Income to Heirs |  |
| Beneficiaries *(*Income) |  |
| Beneficiaries (Remainder) |  |

**QTIP Information**

Include basic information regarding any Qualified Terminable Interest Property Trusts established.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Trust 1** | **Trust 2** | **Trust 3** |
| Trust Name |  |  |  |
| Trust Tax Rate |  |  |  |
| Reverse QTIP Election  | Yes ❑ No ❑ | Yes ❑ No ❑ | Yes ❑ No ❑ |
| GSTT Exemption (available at termination) |  |  |  |
| Market Value | $ | $ | $ |
| Cost Basis | $ | $ | $ |
| Return Rates |  |  |  |
| Beneficiaries (Income) |  |  |  |
| Beneficiaries *(*Remainder) |  |  |  |

Section 8 - Estate Planning Business

**Business Information**

|  |  |
| --- | --- |
| Name of Business |  |
| Type of Business Structure (Incorporation, Sole Proprietorship, Partnership) |  |
| Is it a Family Business?If yes, who are the other family owners? | Yes ❑ No ❑ |
| Corporate Banking Contact |  |
| Share OwnershipBusiness Valuation | Yes ❑ No ❑$ |
| Commercial Insurance | Yes ❑ No ❑ |
| Key Man Insurance | Yes ❑ No ❑ |
| Succession Planning | Yes ❑ No ❑ |
| Buy-Sell Agreement | Yes ❑ No ❑ |
| Planning Transition-In Process  Valuation Discount | Yes ❑ No ❑%  |
| Stock Options | Yes ❑ No ❑ |
| Other: |  |

**Special Situations**

Use this section to document any special situations and/or any other important information.