IRON BRIDGE WEALTH OF RAYMOND JAMES

New Client Information Kit

Personal Information

Children or other dependents

Full legal name ______________________ Social Security # ______________________

Birth date ______________________ Relationship ______________________

Full legal name ______________________ Social Security # ______________________

Birth date ______________________ Relationship ______________________

Full legal name ______________________ Social Security # ______________________

Birth date ______________________ Relationship ______________________

Full legal name ______________________ Social Security # ______________________

Birth date ______________________ Relationship ______________________

Current professional advisors

Name ______________________ Type ______________________

Firm Name ______________________

Phone ______________________

Name ______________________ Type ______________________

Firm Name ______________________

Phone ______________________

Name ______________________ Type ______________________

Firm Name ______________________

Phone ______________________

Name ______________________ Type ______________________

Firm Name ______________________

Phone ______________________

Income and expenses

Client A

Annual earned income $____________________

Annual income from investments $____________ Other income (describe)

____

$____________________

Social Security income $____________________

Disability income $____________________

Pension or retirement income $____________________

Do you have an emergency fund? 0 Yes O No

(3-6 months of living expenses)

Current emergency fund balance $____________________

Current net take home pay $____________________

Estimated monthly expenses ** $____________________

Client B

Annual earned income $____________________

Annual income from investments $____________ Other income (describe)

____

$____________________

Social Security income $____________________

Disability income $____________________

Pension or retirement income $____________________

Do you have an emergency fund? 0 Yes O No

(3-6 months of living expenses)

Current emergency fund balance $____________________

Current net take home pay $____________________

Estimated monthly expenses ** $____________________

** Or complete Monthly Living Expenses on the following page

Monthly Living Expenses

		Monthly Amount ($)
Housing Expenses	Mortgage or rent	
	Homeowners or renters' insurance	
	Taxes	
	Electricity and gas	
	Phone and cell plan	
	Cable and internet	
	Water, sewage, and waste	
	Furnishings and home decor	
	Home improvements	
	Pest control and home security	
	Lawn and garden care	
	Housekeeping and nanny	
	Homeowner's association	
Family Care	School tuition	
	Clubs or organizations	
	Day care	
	Alimony	
	Support of children or dependents	
	Supplies	
Transportation	Auto loan or lease payment	
	Gas	
	Maintenance	
	Auto insurance	
	Parking and public transportation	
Food and Beverage	Groceries	
	Dining out (restaurants, bars, and coffee shops)	
	Subtotal	

Monthly Living Expenses

		Monthly Amount ($)
Personal Care	Clothing	
	Dry cleaning and laundry	
	Personal care (haircuts, nails, etc.)	
	Toiletries	
	Gym and club memberships	
	Pet care and veterinarian expenses	
	Spending cash	
Health Care and Insurance	Medical expenses	
	Dental expenses	
	Vision expenses	
	Insurance premiums	
	Out-of-pocket expenses (prescriptions, therapies, etc.)	
Recreation, Education, and Self-Improvement	Organization, club, and membership fees	
	Hobbies	
	Entertainment (movies, theater, sporting events)	
	Professional associations and classes	
	Travel and vacations	
Debt/Installment Payments	Credit card	
	Dues	
	Subscriptions	
	Loans (personal, student, etc.)	
Charitable Donations	Charitable donations - religious	
	Charitable donations - other	
	Gifts	
	Subtotal	
	Total	

Financial Statement

Assets

Cash and Cash Equivalents	
Checking accounts	$
Savings accounts	$
Money market funds	$
Certificates of deposits (CDs)	$
Life insurance cash value	$
Other cash reserves	$
Tangible Assets	
Residence	$
Vacation home	$
Furnishings	$
Automobiles	$
Rental real estate	$
Land	$
Art, jewelry, other valuables	$
Investable Assets	
Stocks	$
Mutual funds	$
Annuities	$
Limited partnerships	$
Business interests	$
US government bonds	$
Municipal bonds	$
Corporate bonds	$
Notes receivable	$

Liabilities

Description	Monthly Payment	Current Balance		Interest Rate
Home mortgage	$	$	Term	%
Other mortgage	$	$	Term	%
Home equity line of credit	$	$	Term	%
Automobile loans	$	$	Term	%
Student loans	$	$	Term	%
Bank loans	$	$	Term	%
Personal loans	$	$	Term	%

Rental Real Estate Income and Expense

Description	Annual Income	Current Rental Status	Annual Expenses
	$	Leased OVacantOTerm	$
	$	Leased OVacantOTerm	$
	$	Leased OVacantOTerm	$
	$	Leased OVacantOTerm	$
	$	Leased OVacantOTerm	$
	$	Leased OVacantOTerm	$
	$	Leased OVacantOTerm	$
	$	Leased OVacantOTerm	$
	$	Leased OVacantOTerm	$

Education Planning

Student name ____________________

Years until need ____________ Years of need ____________

Institution name ____________________

Annual cost ____________ Percent of schooling to fund ____________

Student name ____________________

Years until need ____________ Years of need ____________

Institution name ____________________

Annual cost ____________ Percent of schooling to fund ____________

Student name ____________________

Years until need ____________ Years of need ____________

Institution name ____________________

Annual cost ____________ Percent of schooling to fund ____________

Student name ____________________

Years until need ____________ Years of need ____________

Institution name ____________________

Annual cost ____________ Percent of schooling to fund ____________

What education inflation rate do you want to assume? ____________%

What is the balance of your current education assets? $____________

How much are you funding annually? $____________

How many years will your current funding continue? ____________

At what rate will your current funding increase annually? ____________%

Collect the below items and bring to our first meeting:

- ☐ Most recent financial statement
- ☐ Personal, corporation, or partnership tax returns (federal and state)
- ☐ Most recent retirement plan statements (401(k), IRA, Roth IRA, Profit Sharing, Pension, Keogh, Deferred Compensation, or Other Retirement Plans)
- ☐ Current statements for individual checking and savings accounts
- ☐ Savings bonds, certificates, other investments held in "paper" form
- ☐ Current statements of significant children's assets (529 or other education plans)
- ☐ Most recent employee benefit booklets or summaries
- ☐ Stock option agreements, stock incentive plans, restricted shares, other stock awards
- ☐ Loan documents or statements for loans (auto, consumer, lines of credit, etc.)
- ☐ Legal documents (wills, trusts, divorce decree, QDRO, pre-nuptial agreement, etc.)
- ☐ Business documents (buy-sell agreements, employee contracts, deferred compensation agreements, time share contracts, other agreements.)
- ☐ Mortgage documents and most recent statement for home, property, or business
- ☐ Insurance policies and most recent statements for insurance (life, health, auto, home, disability, long-term care, liability)
- ☐ Most recent employee paystubs and stubs for retirement or other benefits, such as pension
- ☐ Current Social Security benefit statement
    - (must obtain from www.ssa.gov online – they no longer send printed statements)
- ☐ Completed monthly living expenses worksheet (provided within)
- ☐ Websites for financial institutions and investment accounts (e.g., www.fidelity.com)

Other documents as noted below:

- ☐ ____

- ☐ ____

Tell us more about you!
Please share any additional information to help us tailor a plan specifically for you.

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