

**Client Name:**

ITEM	Need	Received
Client Engagement Letter	<input type="checkbox"/>	<input type="checkbox"/>

ITEM	Need	Received	ITEM	Need	Received
<b><u>Legal Forms:</u></b>			<b><u>Assets &amp; Financial Statements</u></b>		
Wills	<input type="checkbox"/>	<input type="checkbox"/>	Bank Account	<input type="checkbox"/>	<input type="checkbox"/>
Living Wills	<input type="checkbox"/>	<input type="checkbox"/>	Brokerage	<input type="checkbox"/>	<input type="checkbox"/>
Health Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Pre/Post Nuptial Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>Mutual Funds:</u></b>		
Divorce Decree	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Trusts	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Insurance:</u></b>			_____	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>General Assets:</u></b>		
Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	US Savings Bonds	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	Annuity Statements and Policy	<input type="checkbox"/>	<input type="checkbox"/>
Personal Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Declarations Page:</u></b>			_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>Assets For Any Minor Children</u></b>		
Rental	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Automobile	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>Loan Schedules:</u></b>		
Umbrella	<input type="checkbox"/>	<input type="checkbox"/>	Home	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Employee Documents:</u></b>			Business	<input type="checkbox"/>	<input type="checkbox"/>
Stock Option Agreements	<input type="checkbox"/>	<input type="checkbox"/>	Automobiles	<input type="checkbox"/>	<input type="checkbox"/>
Recent Paystub	<input type="checkbox"/>	<input type="checkbox"/>	Other Property	<input type="checkbox"/>	<input type="checkbox"/>
Benefits Booklet	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>Tax Returns:</u></b>		
_____	<input type="checkbox"/>	<input type="checkbox"/>	Current Year	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Retirement Assets:</u></b>			Prior Year	<input type="checkbox"/>	<input type="checkbox"/>
IRA	<input type="checkbox"/>	<input type="checkbox"/>	Gift	<input type="checkbox"/>	<input type="checkbox"/>
401(k)	<input type="checkbox"/>	<input type="checkbox"/>	Business	<input type="checkbox"/>	<input type="checkbox"/>
403(b)/457	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>Business Documents:</u></b>		
Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>	Partnership & Shareholder	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Plan	<input type="checkbox"/>	<input type="checkbox"/>	Non Deferred Comp. Agreements	<input type="checkbox"/>	<input type="checkbox"/>
SC/Other Retirement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>Property Deeds:</u></b>		
<b><u>Beneficiary Data:</u></b>			_____	<input type="checkbox"/>	<input type="checkbox"/>
IRA	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
401(k)	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>Budget Worksheet:</u></b>		
403(b)/457	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>Other:</u></b>		
Profit Sharing Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
SC/Other Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
SC/Other Retirement System	<input type="checkbox"/>	<input type="checkbox"/>			
403(b)	<input type="checkbox"/>	<input type="checkbox"/>			
SC Retirement System	<input type="checkbox"/>	<input type="checkbox"/>			