



FINANCIAL PLANNING ORGANIZER

Client: _____

Co-Client: _____

Date: _____

11300 Rockville Pike, Suite 800, Rockville, MD 20852
6135 Park South Drive, Suite 510, Charlotte, NC 28210
Tel: (301) 294-7804
Toll Free: (888) 394-7804
Fax: (301) 294-7809
www.wmsadvisors.com

THE FINANCIAL PLANNING PROCESS

WMS Advisors, LLC develops comprehensive financial plans that will help you realize your goals. Our financial planning engagements are completed on an hourly or project basis. After our initial discussions, we will provide you with a specific estimate of the cost of your engagement based on your unique situation. In order to help guide you through developing your financial plan, we have detailed the necessary steps below. The process can take 6-8 weeks to complete depending on the scope of your engagement and how quickly you can provide us with your documents and respond to our requests for additional information.

Phase I – Establish and define our relationship

We will provide you with a financial planning agreement that will define the scope of the project and the terms of our overall agreement. We will also send you several disclosure documents for your review and approval.

Phase II – Data gathering

Our primary data gathering tool is this Financial Planning Organizer and requested statements/documents. The Organizer, which is a customized and proprietary set of worksheets, has been specifically designed to help you gather the necessary information we'll need to begin our evaluation. After you have completed and returned the signed agreement and the completed Organizer, we'll move into Phase III.

Phase III – Analyze and evaluate your financial status

This phase involves processing and analyzing the information you have provided to us. During this phase, you should expect correspondence and discussions with us as we clarify your information. Once we have a complete picture, we will create reports and develop projections based on your existing situation. We will then provide a Planning Letter that summarizes your situation and set up a meeting or phone call to review the Planning Letter and determine the next steps.

Phase IV – Develop and present recommendations

This is one of the most crucial steps in the planning process. In this phase we'll work with you to develop alternative strategies for achieving your goals, which may include a list of action items and targets. This may also include providing referrals through our network of other professionals in areas such as document preparation and revisions, specialized insurance guidance and other areas that would complement our planning process and recommendations.

Phase V – Implement recommendations

Once we are in agreement regarding our recommendations, you can choose to complete the items on your own or with our assistance.

Phase VI – Monitor and follow up

As you work toward your goals, it is important to monitor your progress. Once the above steps are complete, you will be added to our reporting and monitoring schedule. If during any phase of this process or between your scheduled account reviews with us, your needs, goals, or objectives change, please keep us advised so we can make any necessary revisions to your plans based on any significant lifestyle and financial changes.

PURPOSE OF THIS FINANCIAL PLANNING ORGANIZER

This Organizer is designed to help you collect and organize the information needed to develop your financial plan and will include your goals and the resources available to fund them. It's a good idea to gather as much of this information from the requested documents before getting started.

REQUESTED DOCUMENTS

Please provide copies of those documents listed below. If it is not convenient to copy these documents, with your permission, we will make a copy of each and return the original to you.

A) Estate Documents

- Wills
- Trusts
- Powers of Attorney
- Beneficiary Designation Forms

D) Statements for the following

- Mortgage, Home Equity
- Car, Boat
- Credit Cards
- Pension
- Other Loans (Vehicle, Business, Education)

B) Insurance Policies (Declaration Pages and/or Annual Summaries)

- Life
- Long Term Care
- Disability

- Health
- Auto, Homeowners
- Liability

- Other

E) Investment Documents

- Current statements for **All** accounts
- 401(k) Plan/Retirement Accounts
- Cost Basis for investments/assets (if not included on the statements)
- K-1 Statements – Annuity Contracts/Statement
- Annuity Contracts/Statement
- Health Savings Accounts

C) Tax Documents

- Federal Tax Return (most recent year) – these can usually be provided by your accountant, with your permission, & sent directly to us in pdf format
- State Tax Return (most recent year)
- Paystubs (most recent year)

PERSONAL INFORMATION

Client Name: _____
Birthdate: ____/____/____ SS Number: ____/____/____
Cell #: (____) _____
Email: Primary _____ / Secondary _____

Co-Client Name: _____
Birthdate: ____/____/____ SS Number: ____/____/____
Cell #: (____) _____
Email: Primary _____ / Secondary _____

Residence Street _____
Address City _____ State _____ Zip _____
Phone # _____ Fax # _____

Business Address (Employer Information)

Client Name of Company _____
Street _____
City _____ State _____ Zip _____
Phone (____) _____ Fax: (____) _____
Position _____ Date of Hire _____

Co-Client Name of Company _____
Street _____
City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____
Position _____ Date of Hire _____

EMPLOYMENT INCOME:

	Client	Co-Client	Total
Occupation			
Annual Salary	\$	\$	\$
Bonus			
Expected Annual Increase	%	%	%

CHILDREN OR GRANDCHILDREN:

Name of Children or Grandchildren	Age	Date of Birth
		/ /
		/ /
		/ /
		/ /

EDUCATION EXPENSES

Child	Cost (Today's Dollars) (1)	Public or Private School	Child's Current Assets	Account Type (2)
	\$		\$	
	\$		\$	
	\$		\$	

- (1) If no cost is provided, we will use our program estimates.
- (2) Please provide statements

AREAS OF CONCERN

Listed below are some common areas where clients often have special needs or concerns. Indicate any areas in which your present situation is not what you want it to be or any areas in which you specifically desire assistance from advisers.

Indicate any areas of concern and rank them; indicate their importance to you by prioritizing them – with “1” being the most important.

_____ Cash Flow Management – please explain.

- _____ Retirement Planning
- _____ College Planning (see additional questions below)
- _____ Debt Consolidation
- _____ Investments
 - _____ better performance
 - _____ better understanding
 - _____ management of existing investments
- _____ Income taxes
 - _____ better planning/more ideas to minimize taxes
 - _____ better understanding

Notes:

GOALS

It is very important to decide what you want to achieve in your financial life, and to have your goals in written form. Divide these concerns into short-term, intermediate, and long-term.

Examples of short-term goals might be to save enough for three to six months expenses as an emergency fund or saving for a down payment on a new car. An intermediate goal could be saving enough for a down payment on a home, or for the education of your children, or large or unusual expenses you are planning. Your long-term goals might include a comfortable retirement or simply having the ability to build enough assets so you can work because you choose to, not because you have to.

<u>Short - Term Goals</u>	<u>Target Date</u>	<u>Estimated Cost</u>
• _____	_____	\$ _____
• _____	_____	\$ _____
• _____	_____	\$ _____

<u>Intermediate Goals</u>	<u>Target Date</u>	<u>Estimated Cost</u>
• _____	_____	\$ _____
• _____	_____	\$ _____
• _____	_____	\$ _____

<u>Long-Term Goals</u>	<u>Target Date</u>	<u>Estimated Cost</u>
• _____	_____	\$ _____
• _____	_____	\$ _____
• _____	_____	\$ _____

RETIREMENT AGE: *If already retired, skip to Living Expense*

When would you like to retire? Enter your Target Retirement Age, then, indicate how willing you are to delay retirement beyond that age, if it would help to fund your Goals.

	Client	Co-Client
Target Retirement Age	Age:	Age:
How willing are you to retire later (if necessary) to attain your Goals?	<input type="checkbox"/> Not at All <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	<input type="checkbox"/> Not at All <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very
What order of Retirement do you prefer?	<input type="checkbox"/> Both retire in the same year. <input type="checkbox"/> Either can retire first.	<input type="checkbox"/> Only Client can retire first. <input type="checkbox"/> Only Co-Client can retire first.

MONTHLY LIVING EXPENSES

Fixed Expenses	Monthly \$
Mortgage (P&I)/ Rent	
Property Taxes	
HELOC	
Association Fees	
Club Dues	
Student Loan Payment(s)	
Car Payment(s)	
Personal Property Tax (Car(s))	
Loan Payment(s)	
Insurance - Car	
- Disability	
- Homeowners	
- Health	
- Liability	
- Life	
Child Support	
Alimony	
Credit Card Payments (see footnote)	
Child Expenses	
Credit Cards	
Discretionary Expenses	
Food (Groceries)	
Auto - Gas/Oil/Repairs	
Cable/Streaming Subscriptions	

Discretionary Expenses (Continued)	Monthly \$
Charitable Contributions	
Clothing	
Dining Out	
Doctors/Medical (Dental, Prescription, Vision)	
Domestic Help	
Education	
Gifts	
Home Improvements - Routine	
Lawn Care	
Laundry/Dry Cleaning	
Pet Care	
Hobbies/Recreation	
Memberships	
Household Items	
Furniture replacements / upgrades	
Misc. / Cash	
Personal Care	
Professional Fees (Tax, Legal, Investment)	
Travel/Vacation	
Business Expense(s) (see footnote)	
Cell Phone/Telephone/Online Services	
Transportation/Parking	
Utilities - Gas/Electric/Water	
Home Improvements - Major	
Other	
Other	
Other	
Total Monthly Expenses	

Credit Card(s)/Payments – This refers to any purchases/Expenses on your Credit Card that are NOT broken out into the expenses in the below sub-categories. This refers to any fees associated with your Credit Card(s)

Business Expense(s) – This refers to any expenses you incur related to your business. Please feel free to include separate reports or financial statements for your business that contain additional details.

RETIREMENT/OTHER INCOME (pension, part-time work, rental property, annuities, royalties)

Identify all the resources you have to fund your Goals. Don't worry about the exact amounts. Estimates are fine.

Social Security Benefits - *if available, provide your Social Security estimate statement.*

	Client	Co-Client
Are you eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving Now	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving Now
Amount of benefit	\$ _____ <input type="checkbox"/> Use Program Estimate <input type="checkbox"/> Primary Insurance Amount (PIA) \$ _____	\$ _____ <input type="checkbox"/> Use Program Estimate <input type="checkbox"/> Primary Insurance Amount (PIA) \$ _____
When to start	<input type="checkbox"/> at Full Retirement Age (per Social Security) <input type="checkbox"/> at age _____ <input type="checkbox"/> at retirement	<input type="checkbox"/> at Full Retirement Age (per Social Security) <input type="checkbox"/> at age _____ <input type="checkbox"/> at retirement

Part-Time Work & Other Retirement Income

Don't include interest or dividend income from your investments. Include income from part-time work, rental property, annuities, royalties, alimony, etc. All amounts are pre-tax and begin at retirement unless otherwise noted.

Description	Client		Co-Client	
	Monthly Income	Yr. It Ends or No. of Yrs.	Monthly Income	Yr. It Ends or No. of Yrs.
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

Pension Income *If available, provide your pension statement.*

If you have a lifetime pension, put "Life" in "Year It Ends" column.

Description	Whose is it?		Monthly Income	Yr It Ends or No. of Yrs	Survivor Benefit %	Check if amount inflates
	C	Co				
	<input type="checkbox"/>	<input type="checkbox"/>	\$			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$			<input type="checkbox"/>

Inheritance *(Don't worry about determining the exact amounts.)*

Description	Whose is it?		Estimated Value	Asset Type	Approx Yr To Receive
	C	Co			
	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	<input type="checkbox"/>	<input type="checkbox"/>	\$		

INVESTMENT ASSETS

Identify all the resources you have to fund your Goals. Don't worry about determining the exact amounts, estimates are fine. If available, please provide copies of your investment statements.

Client

Investment Type	Current Value	Annual Additions	Account Type	Owner
Checking Account(s)	\$	\$		
Savings Account(s)	\$	\$		
Money Market Account(s)	\$	\$		
Retirement Plans (e.g., 401k, 403b)	\$	\$		
Employer Match	\$	\$		
Traditional IRA	\$	\$		
Roth IRA	\$	\$		
529 Savings Plan	\$	\$		
Annuities	\$	\$		
Cash Value Life Insurance	\$	\$		
Investment Brokerage Account(s)	\$	\$		

Co-Client

Investment Type	Current Value	Annual Additions	Account Type	Owner
Checking Account(s)	\$	\$		
Savings Account(s)	\$	\$		
Money Market Account(s)	\$	\$		
Retirement Plans (e.g., 401k, 403b)	\$	\$		
Employer Match	\$	\$		
Traditional IRA	\$	\$		
Roth IRA	\$	\$		
529 Savings Plan	\$	\$		
Annuities	\$	\$		
Cash Value Life Insurance	\$	\$		
Investment Brokerage Account(s)	\$	\$		

OTHER ASSETS (Other Homes, Real Estate, Personal Property, Collectables, Etc.)

Description	Owner			Current Value	Planning to sell this asset?	Year Sell / Received	Cash Received (After-tax)
	C	Co	Joint				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		

LIABILITIES

Description	Owner			Current Balance	Monthly Payment	Term	Interest Rate
	C	Co	Joint				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

ESTATE DOCUMENT OVERVIEW

Please provide copies of the below documents if Estate Planning is part of the Financial Plan.

Estate Documents

- Wills
- Trusts
- Powers of Attorney (Financial and Health Care)
- Advanced Medical Directives
- Beneficiary Designation Forms
- Other: _____

LIFE INSURANCE – (if you’ve provided us with copies of your policy summaries or declaration pages, we can complete these details for you)

Policy Owner	Name of Insured	Company Name	Type of Insurance (1)	Purchase Date	Face Amount	Current Cash Value	Policy Loan	Beneficiary(s)	Annual Premium	Paid By
					\$	\$	\$		\$	

(1) Term, Whole Life, Variable Life, Universal Life

Totals \$ _____ \$ _____ \$ _____ \$ _____

OTHER INSURANCE

Please indicate which of the following insurances are currently in force.

	✓	Current Annual Premium	Details
Medical		\$	
Auto		\$	Suggested Coverage - Liability \$250k/\$500k, Property \$100k or Other - Please identify limits _____
Residence		\$	Deductible \$_____; Bldg Amt \$_____; Pers Prop \$_____; Loss of Use Y/N; Pers Liab \$100K or \$_____
Rental Property		\$	Deductible \$_____; Bldg Amt \$_____; Pers Prop \$_____; Loss of Use Y/N; Pers Liab \$100K or \$_____
Umbrella Coverage		\$	\$1mil; \$2mil; Other _____
Disability		\$	(see attachment)
Long Term Care		\$	(see attachment)
Professional Liability		\$	(provide details on attachment)
Other Coverages		\$	

DISABILITY INSURANCE

Name of Insured	Company Name	Group (G) Indiv. (I)	Long (L) Short (S) Term	Date Purchased	Annual Premium	Paid By	Benefit Monthly/Max (\$ or %)	Elimination Period* (Days)	How Long Will You Receive Benefit?
					\$				

*Number of days, weeks, or months that must pass before you start receiving your benefit.

LONG TERM CARE INSURANCE

Name of Insured	Company Name	Date Purchased	Annual Premium	Paid By	Benefit Monthly/Max (\$ or %)	Elimination Period* (Days)	How Long Will You Receive Benefit?
			\$				

*Number of days, weeks, or months that must pass before you start receiving your benefit.

NOTES



QUESTIONS

