



Confidential Client Checklist - This checklist is a fillable form. For best results, please open with Adobe Acrobat for Google Drive.

Client Name(s): _____

Date Due: _____

HWC Financial

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Get started

Gathering your financial information is a critical step in the financial planning process we will take a closer look at the numbers, never losing focus of your goals and dreams, to create a personalized plan of action.

Use the checklist below as a guide for sections to complete in this form as well as documents to gather. We will use this valuable information to analyze your financial goals and propose recommendations.

- If you cannot locate a document, complete the corresponding section referenced below. Providing the requested documents will minimize the amount of information you must complete.
- If a requested document is not relevant to your situation, please indicate that by checking the Does *not apply* box.

Section Description (mark if completed)	Gather the applicable documents OR complete section as noted
<input type="checkbox"/> Your profile	Complete the Your profile section on page 5
<input type="checkbox"/> Your dependents	Complete the Your dependents section on page 6
<input type="checkbox"/> Your professional team	Complete the Your professional team section on page 6
<input type="checkbox"/> Your goals – what's important to you	Complete the Your goals – what's important to you section on page 7
<input type="checkbox"/> Your retirement goal	Complete the Your retirement goal section on page 8
<input type="checkbox"/> Your education goal	Complete the Your education goal section on page 8
<input type="checkbox"/> Your major purchase goal	Complete the Your major purchase goal section on page 8
<input type="checkbox"/> Your cash reserve goal	Complete the Your cash reserve goal section on page 8
<input type="checkbox"/> Your tax planning goal	Complete the Your tax planning goal section on page 9
<input type="checkbox"/> Your risk tolerance for your financial goals	Complete the Your risk tolerance for your financial goals section on page 10
<input type="checkbox"/> Your expenses	Complete the Your expenses section on page 11
<input type="checkbox"/> Your personal property	Complete the Your personal property section on Page 13



Section Description (mark if complete) **Gather the application documents OR complete section as noted**

Your accounts Current statements and beneficiaries of your assets, such as:

- Savings and checking accounts
- IRA and Roth IRA
- 529
- Brokerage account
- 401(k), 403(b), pension
- Mutual funds and bond
- Health savings account
- Stock options and RSAs

OR

Complete the Your accounts section on page 14 OR Does not apply

What you owe Current statements of all of your liabilities, such as:

- Mortgage
- Credit cards
- Home equity loans
- Student loans
- Car loans
- Individual margin loans

OR

Complete the What you owe section on page 14 OR Does not apply

Your income

- If employed, two recent paycheck stubs and any bonus/incentive program information, annual Social Security benefits statement
- If self-employed, Schedule C or F
- If retired, deposit statements from Social Security or scheduled payouts from retirement accounts

OR

Complete the Your income section on page 15 OR Does not apply

Your defined benefit pensions

- Pension Statements

OR

Complete the Your defined benefit pensions section on page 15 OR Does not apply

Your insurance policies

- Insurance policies (e.g., life, disability, long-term care, medical)
- Statements for other policies (e.g., errors and omissions, key person, commercial liability, malpractice)

OR

Complete the Your insurance policies section starting on page 15 OR Does not apply

Your protection goal Complete the Your protection goal section on Page 17



Section
description
(mark if
completed)

Gather the applicable documents OR complete section as noted

Your estate documents

- Wills, trusts, power of attorney and health-care directives
- Titles/deeds
- Prenuptial agreements and divorce decrees, if applicable

OR

Complete the Your estate documents section on page 18

OR

Does not apply

Your estate goal

Complete the Your estate goal on page 18

Your employee Benefits goal

Complete the Your employee benefits goal section on page 18

Your tax documents

- Most recent tax return, including all schedules and any state and city returns, if applicable (e.g., Schedules C, F or E)
- Most recent w-2s

OR

N/A – refer to list in the Section description column

OR

Does not apply

Your employee Benefits documents

- Employee benefits handbook or summary of employee benefits
- Employee benefits statement or enrollment confirmation
- Summary plan descriptions (SPDs) for retirement plans

OR

N/A – refer to list in the Section description column

OR

Does not apply

Your family tree

Complete the Your family tree section on page 19



Your Profile

Client

Nickname_____

Honorific: Mr. Mrs. Miss Ms. Dr.

Citizenship: U.S. Resident alien

Non-resident alien; Country:_____

Date of birth_____ State of birth_____

Driver's license number_____

Social Security number_____

Street address_____

City_____

State_____ Zip_____

Phone (H)_____

Phone (W)_____

Phone (C)_____

Email address (H)_____

Email address (W)_____

How do you prefer to be contacted?

Employment status: Employed Self-employed
 Not employed (unemployed,
Student, minor)

Occupation_____

Investment experience: 0–5 years 6–10 years
 11+ years

Tax filing status: Single Head of household
 Married filing jointly
 Married filing separately

Spouse

Nickname_____

Honorific: Mr. Mrs. Miss Ms. Dr.

Citizenship: U.S. Resident alien

Non-resident alien; Country:_____

Date of birth_____ State of birth_____

Driver's license number_____

Social Security number_____

Street address_____

City_____

State_____ Zip_____

Phone (H)_____

Phone (W)_____

Phone (C)_____

Email address (H)_____

Email address (W)_____

How do you prefer to be contacted?

Employment status: Employed Self-employed
 Not employed (unemployed,
Student, minor)

Occupation_____

Investment experience: 0–5 years 6–10 years
 11+ years

Tax filing status: Single Head of household
 Married filing jointly
 Married filing separately

*This information will not be used without your permission



Your dependents

Name	Date of birth	Relationship

Your professional team

Profession	Name	Phone/Email
Attorney (e.g., estate planning, business)		
Insurance agent (e.g., auto, home, umbrella)		
Accountant		
Tax Preparer/professional		
Profession trustee		
Employee benefits contacts (e.g., HR administration, group insurance)		
Retirement plan administrator (e.g., 401(k), 403(b), pension)		
Investment broker		
Other financial professionals		
Other professionals		



Your goals – what’s important to you



What is the most important financial goal for you to achieve over the next year? _____

One to three years? _____

Five years? _____

Ten years? _____

Lifetime? _____

How confident do you feel about your goal progress today?

Are you willing to adjust your lifestyle to help meet your goals?

Y N

What amount are you willing to commit towards your goals?

\$ _____

Have you experienced a change in cash flow that could impact what you contribute towards your goal (e.g., added or removed expense, changes in income, current or upcoming inheritance)?

Y N

Do you anticipate any changes in your personal situation in the near future that may impact your goals? Y N

What is the most important financial goal for you to achieve over the next year? _____

One to three years? _____

Five years? _____

Ten years? _____

Lifetime? _____

How confident do you feel about your goal progress today?

Are you willing to adjust your lifestyle to help meet your goals?

Y N

What amount are you willing to commit towards your goals?

\$ _____

Have you experienced a change in cash flow that could impact what you contribute towards your goal (e.g., added or removed expense, changes in income, current or upcoming inheritance)?

Y N

Do you anticipate any changes in your personal situation in the near future that may impact your goals? Y N



Your retirement goal

At what age would you like to retire? _____

Your estimated life expectancy based on your family history _____

Do you want to include Social Security income in your analysis? Y N Y N

Your desired annual retirement income (after tax in today's dollars) \$ _____

How much are you willing to commit towards retirement? \$ _____

Select your retirement planning need(s) – select all that apply:

- Begin or increase saving for retirement
- Develop a strategy to create adequate income throughout retirement
- Evaluate if you are on track
- Understand the effects of taxes and inflation on your retirement assets
- Other

If you found that you could not meet your retirement goal, which of the following options would you consider – select all that apply:

- Delay retirement
- Reduce your spending in retirement
- Save more now
- Invest more aggressively

Your education goal

Whose education do you plan on paying for? _____

What specific schools have been considered or selected (if any)? _____

What is the start age/year for this education goal(s)? _____

What amount do you expect to pay? \$ _____

How much have you saved toward this goal to date? \$ _____

Would you still want to achieve this goal in the event of disability or the death of a spouse/partner? Y N

Your major purchase goal

Describe the goal(s). _____

What is the target date for this goal(s)? _____

How much will this major purchase cost (in today's dollars)? \$ _____

How much have you saved towards this goal to date? \$ _____

Would you still want to achieve this goal in the event of disability or the death of a spouse/partner? Y N

Your cash reserve goal

What amount do you currently have set aside for emergencies? \$ _____

Do you feel like this is enough? Y N

How much emergency cash would you like in reserve?

Current situation \$ _____

In the event of an unexpected death/disability \$ _____

Where does the money usually come from to pay for emergencies or opportunities? _____



Your tax planning goal

How much did you pay in taxes last year? \$ _____ (Federal) \$ _____ (State)

Do you expect any changes in your projected tax expense for the upcoming year? Y N

Do you engage in tax planning before year end to identify tax saving opportunities? Y N

Do you manage gains/losses, loss carry-forwards and deductions/credits on a regular basis? Y N

Do you know if your investments are tax efficient? Y N

Have you planned for your tax situation

 Currently? Y N

 After you retire? Y N

Do you currently work with a tax professional? Y N



Your risk tolerance for your financial goals

Your tolerance for assuming risk is one of the most important aspects of planning to achieve your financial goals. It refers to the degree to which you are willing to invest, recognizing the possibility that an investment may lose value or yield less than its anticipated return. This information will be used as we analyze your plan and make recommendations based on your goals and time frame. As you take action on your plan, we will also look at the risk level within each of your accounts because your risk tolerance may vary based on your specific goals and expectations for each unique account.

Risk tolerance category	Description
Conservative	My risk expectations: I am willing to accept the lowest fluctuation in account value in exchange for the lowest return potential. For example: I am comfortable with an exposure of up to 35% in equities and understand this portfolio could experience a decline in value of 12%*.
Moderately conservative	My risk expectations: I am willing to accept a relatively low fluctuation in account value in exchange for a below-average return potential. For example: I am comfortable with an exposure of up to 55% in equities and understand this portfolio could experience a decline in value of 23%*.
Moderate	My risk expectations: I am willing to accept an average fluctuation in account value in exchange for an average return potential. For example: I am comfortable with an exposure of up to 75% in equities and understand this portfolio could experience a decline in value of 33%*.
Moderately aggressive	My risk expectations: I am willing to accept a relatively high fluctuation in account value in exchange for a relatively high return potential. For example: I am comfortable with an exposure of up to 90% in equities and understand this portfolio could experience a decline in value of 39%*.
Aggressive	My risk expectations: I am willing to accept the highest fluctuation in account value in exchange for the highest return potential. For example: I am comfortable with an exposure of up to 100% in equities and understand this portfolio could experience a decline in value of 43%*.

*under extreme market conditions declines may exceed this amount

Risk tolerance Category	Risk tolerance Category	Risk tolerance for joint goals (if applicable) Category
If you were to lean from one category to another, which would it be - more conservative or more aggressive? _____	If you were to lean from one category to another, which would it be - more conservative or more aggressive? _____	If you were to lean from one category to another, which would it be - more conservative or more aggressive? _____

List any goals for which your risk tolerance may be different than noted above (e.g., short-term goals such as funding education, saving for a large purchase, establishing an emergency fund).



What you spend

Gaining insight into your expenses will help identify the means necessary to plan to achieve your financial goals.

Complete the following detail to provide more information about your expenses or provide reports from software such as Quicken, QuickBooks or Excel.

Category	Amount	Frequency (annually 1x, semi-annually 2x, quarterly 4x, bi-monthly 6x, monthly 12x, twice monthly 24x, bi-weekly 26x, weekly 52x, daily 365x, lump sum)
Housing		
Association fees (townhome, condo)	\$	
Rent	\$	
Utilities (electric, gas, water, etc.)	\$	
Internet/cable/satellite TV	\$	
Home improvement	\$	
Home maintenance/repairs	\$	
Lawn or snow services	\$	
Housekeeping	\$	
Housing SUBTOTAL (annualized)	\$	
Food		
Groceries	\$	
Dining out	\$	
Food SUBTOTAL (annualized)	\$	
Medical expenses		
Medical/Medigap premiums (for retirees)	\$	
Medical expenses	\$	
Prescriptions	\$	
Alternative medical treatments (chiropractor, Massage, etc)	\$	
Medical expenses SUBTOTAL (annualized)	\$	
Transportation		
Auto lease – Auto 1	\$	
Auto lease – Auto 2	\$	
Fuel	\$	
Auto maintenance (oil changes, repairs, etc.)	\$	
Auto licensing (license plates, vehicle tax)	\$	
Parking/tolls/bus/taxi	\$	
Future/replacement vehicle (Note: specify the Start and End dates in the Frequency section)	\$	Frequency _____ Start date _____ End date _____
Transportation SUBTOTAL (annualized)	\$	



Category	Amount	Frequency (annually 1x, semi-annually 2x, quarterly 4x, bi-monthly 6x, monthly 12x, twice monthly 24x, bi-weekly 26x, weekly 52x, daily 365x, lump sum)
Entertainment		
Hobbies	\$	
Children's activities	\$	
Recreation	\$	
Tickets (music, movies, events, etc.)	\$	
Travel	\$	
Other entertainment	\$	
Entertainment SUBTOTAL (annualized)	\$	
Personal		
Education costs (Note: also specify the Start and End dates in the Frequency section)	\$	Frequency _____ Start date _____ End date _____
Dependent care/ In-home care (Note: also specify the Start and End dates in the Frequency section)	\$	Frequency _____ Start date _____ End date _____
Financial planning services	\$	
Professional services (tax preparation services, attorney fees, etc.)	\$	
Clothing	\$	
Phone(s)	\$	
Home décor/furnishings	\$	
Household supplies (Target, Costco, Walmart, etc.)	\$	
Personal care (hair care, spa, dry cleaning, etc.)	\$	
Gifts to charities	\$	
Gifts to family and others	\$	
Allowances	\$	
Memberships and dues (e.g., gym, clubs, professional)	\$	
Subscriptions	\$	
Unreimbursed employment expense	\$	
Miscellaneous	\$	
Personal SUBTOTAL (annualized)	\$	



Category	Amount	Frequency (annually 1x, semi-annually 2x, quarterly 4x, bi-monthly 6x, monthly 12x, twice monthly 24x, bi-weekly 26x, weekly 52x, daily 365x, lump sum)
Other expenses		
Alimony	\$	
Child support	\$	
Pet care (vet, grooming, pet food, etc.)	\$	
Other	\$	
Other	\$	
Other	\$	
Other	\$	
Other	\$	
Other	\$	
Other expenses SUBTOTAL (annualized)	\$	
TOTAL EXPENSES (annualized)	\$	

Your personal property

Understand what you own helps identify estate and protection planning needs and helps determine your net worth.

Asset type (Home, vacation property, rental property, autos, boats, jewelry, artwork or other collections of value, etc.)	Estimated value	Ownership (Name, jointly-held or Trust)
Home	\$	
Real estate taxes Escrowed? <input type="checkbox"/> Y <input type="checkbox"/> N	\$	(tax amount)
Second home	\$	
Real estate taxes Escrowed? <input type="checkbox"/> Y <input type="checkbox"/> N	\$	(tax amount)
Vacation property	\$	
Real estate taxes Escrowed? <input type="checkbox"/> Y <input type="checkbox"/> N	\$	(tax amount)
Investment or rental property	\$	
Real estate taxes Escrowed? <input type="checkbox"/> Y <input type="checkbox"/> N	\$	(tax amount)
Auto 1	\$	
Auto 2	\$	
Business	\$	
	\$	



Your accounts

Understand all of your cash and investment accounts helps on planning to meet your goals.

Name (Banks, brokerage firms, etc)	Account type (Checking, savings, 529, 401(k), IRAs, brokerage, mutual fund, bond, annuities, etc.)	Ownership (Name, jointly-held or Trust)	Current Value	Basis, if known	Savings amount and frequency (e.g., \$200 bi-weekly)	Primary beneficiary name (if applicable)
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

Does your employer provide a company match to your retirement plan? Y N Y N

If yes, please indicate the annual employer match:

_____ % of salary OR \$ _____ OR Employer formula* _____

_____ % of salary OR \$ _____ OR Employer formula* _____

*Employer formula (e.g., the company matches 100%, the 4th and 5th the company will match 50%)

What you owe

Understanding your liabilities helps identify cash flow opportunities.

Lender name	Liability (Mortgage, home equity loan, auto loan, credit card, student loan, individual margin loan, etc.)	Balance	Interest rate	Average monthly payment	Ownership (Name, jointly-held or Trust)
	Mortgage (principal and interest only)	\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	
		\$	%	\$	



Your income

Understand your income identifies resources to help meet your goals.

If employed: Do you want to include Social Security benefits in your plan? Y N

Source (employment {2 consecutive paystubs is ideal} self-employment, bonus and/or incentives, child support, alimony, rental, estimated or current Social Security, pension, etc.)	Name of client	Annual gross amount	Expected end date for income (e.g., at retirement, consulting end date)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Your defined benefit pensions

Understand your defined benefit pensions helps identify resources to help meet your goals.

Name	Benefits start age or date	Estimated benefit amount	Payout options
		\$ _____ or _____% of salary	<input type="checkbox"/> Lump sum <input type="checkbox"/> Life income
		\$ _____ or _____% of salary	<input type="checkbox"/> Lump sum <input type="checkbox"/> Life income

For the payout, what % is payable to the survivor? _____%

Are the benefits adjusted for inflation? Y N

Are the benefits vested? Y N

Do you have a pension plan with a previous employer with a lump sum distribution option? Y N

Your insurance policies

Understanding your insurance coverage helps assess how you are currently protected against the unexpected.

Life Insurance

Insured name	Policy type/name (whole life, variable, universal, or term)	Death benefit amount	Primary beneficiary name (if applicable)	Premium and frequency (e.g., \$22 bi-weekly)	Policy owner (Name, jointly-held, Trust)	Cash value (for whole life, variable or universal policies only)
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$



Disability insurance

Insured name	Policy type/name (group or individual short-term, group or individual long-term)	Disability benefit amount (e.g., \$2000 monthly)	Premium and frequency (e.g., \$10 bi-weekly)	Policy owner (Name, jointly-held, Trust)	Waiting Period (e.g., 90 days)	Benefit period (e.g., 5 years)
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			

Long-term care (LTC) insurance

Insured name	Policy type/name (group or individual)	LTC benefit amount (e.g., \$150 daily)	Premium and frequency (e.g., \$10 bi-weekly)	Waiting Period (e.g., 90 days)	Benefit period (e.g., 5 years)
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Medical insurance

Insured family members	Policy type/name (group or individual)	Type of coverage (medical, dental, vision)	Premium and frequency (e.g., \$50 bi-weekly)	Deductible
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Auto, home/rental, umbrella insurance

Type of coverage	Coverage amount	Premium and frequency (e.g., \$1500 annually)	Deductible	Policy owner
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	



Other policies (e.g., business owner/professional)

Insured name	Type of coverage (errors and omissions, key person, commercial liability, malpractice)	Coverage amount	Premium and frequency (e.g., \$1500 annually)	Deductible	Policy owner
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

Your protection goal

What can you absolutely not afford to lose? _____

Is it important to leave a legacy/inheritance to your heirs? Y N

Do you know if your current policies still reflect your needs – the right type coverage and the right amounts? Y N

If you became disabled tomorrow, would your family's lifestyle stay the same or be reduced? _____

What amount of pre-tax income would your family need? \$ _____

If you experienced an unexpected death tomorrow, would your family's lifestyle stay the same or be reduced? _____

What amount of pre-tax income would your family need? \$ _____

For how long? _____

Would you want to fund other goals in the event of a:

Disability? Y N

Death? Y N

If you need in-home assisted living or nursing home care, how do you expect to pay for those expenses?

Has it been more than two years since you evaluated your insurance coverage (e.g., auto & home, umbrella) and compared your insurance rates with the rates of other companies? Y N



Your estate documents

Understanding your basic estate situation helps ensure your intentions are realized in the event you are unable to make decisions. Please indicate when these estate documents were created or last updated.

Document types	Date created / updated for (month/year)	Date created / updated for (month/year)
Will <input type="checkbox"/> Y <input type="checkbox"/> N		
Health-care directive/living will <input type="checkbox"/> Y <input type="checkbox"/> N		
Power of attorney <input type="checkbox"/> Y <input type="checkbox"/> N		
Trust(s) <input type="checkbox"/> Y <input type="checkbox"/> N _____ If yes, please indicated the type (e.g., family, charitable remainder, marital testamentary)		
Other:		
Other:		
Other:		
Other:		
Other:		

Describe any current estate planning strategies (e.g., trusts, bequests, gifting).

Your estate goal

Does your current estate plan still reflect your wishes? Y N

Do you know if your assets will go to the people you want as easily as possible? Y N

Have you participated in any trusts to date? Y N

Do you want to leave assets to individuals, charities, community organizations, schools or a combination of beneficiaries? Y N

Your employee benefits goal

How comfortable are you that you are taking advantage of all the benefits available? _____

If married or eligible for domestic partnership coverage, have you determined whose benefits to use? Y N

Will your benefits continue at disability, death or retirement? Y N Don't know

When is your open enrollment period? _____(month) Don't know _____(month) Don't know

Do you have access to a Flexible Savings Account (FSA)? Y N Don't know

Do you have access to a Flexible Savings Account (FSA)? Y N Don't know



Your family tree

Understanding the members of your family is valuable to identify multigenerational needs and to simplify estate settlement processes.

Will you need to provide financial support for any family members with special needs?

Y N If yes, which family member(s)? _____

Parents

Mother's name _____
Father's name _____
D.O.B. or age _____

Mother's name _____
Father's name _____
D.O.B. or age _____



Siblings

Client

Co-Client

Siblings

Name _____
D.O.B. or age _____

Name _____
D.O.B. or age _____

Name _____
D.O.B. or age _____

Name _____
D.O.B. or age _____



Children

Name _____
D.O.B. or age _____

Name _____
D.O.B. or age _____
Child of:
 Client Co-client Joint

Name _____
D.O.B. or age _____
Child of:
 Client Co-client Joint

Name _____
D.O.B. or age _____

Name _____
D.O.B. or age _____

Name _____
D.O.B. or age _____
Child of:
 Client Co-client Joint

Name _____
D.O.B. or age _____
Child of:
 Client Co-client Joint

Name _____
D.O.B. or age _____

Name _____
D.O.B. or age _____



Name _____
D.O.B. or age _____

Grandchildren

Name _____
D.O.B. or age _____
Grandchild of:
 Client Co-client Joint
Child of:
 Client Co-client Joint

Name _____
D.O.B. or age _____
Grandchild of:
 Client Co-client Joint
Child of:
 Client Co-client Joint

Name _____
D.O.B. or age _____
Grandchild of:
 Client Co-client Joint
Child of:
 Client Co-client Joint

Name _____
D.O.B. or age _____
Grandchild of:
 Client Co-client Joint
Child of:
 Client Co-client Joint

Name _____
D.O.B. or age _____
Grandchild of:
 Client Co-client Joint
Child of:
 Client Co-client Joint

Name _____
D.O.B. or age _____
Grandchild of:
 Client Co-client Joint
Child of:
 Client Co-client Joint

Name _____
D.O.B. or age _____
Grandchild of:
 Client Co-client Joint
Child of:
 Client Co-client Joint

Name _____
D.O.B. or age _____
Grandchild of:
 Client Co-client Joint
Child of:
 Client Co-client Joint