

EKS ASSOCIATES

Fee-Only Comprehensive Financial Life Planning

CONFIDENTIAL FACT FINDER

Gathering complete and accurate information is vital to the completion of your Financial Plan. Please provide us with documentation for the following applicable personal information. Supporting documentation can be provided via paper copies, thumb drive downloads, or by uploading to our client portal. All information will be kept strictly confidential.

DOCUMENT CHECKLIST

✓	ASSETS	✓	LIABILITIES
	Bank Statements / CD Statements		Mortgage Statements
	Brokerage / Mutual Fund Statements		Home Equity Line of Credit Statements
	Employee Retirement Statements (401(k) / 403(b) / 457 Plan Statements)		Auto Loan Statement
	Personal Retirement Statements (IRA / Roth IRA / Solo 401(k) / SEP IRA Statements)		Student Loan Details
	Annuity Statements and Contract		Credit Card Debt Summary
	Stock Option / Stock Grant Schedule		Other (401(k) Loan, Pension Loan)
	Cost Basis Support		
	529 Plan / Custodial Account Statements		
	Deferred Compensation Statement		
	Donor Advised Fund Statement		
	Health Savings Account (HSA) Statement		
	Other:		
✓	INSURANCES	✓	ESTATE PLANNING
	Homeowner Insurance Declarations Page		Wills and Codicils (if any)
	Auto Insurance Declarations Page		Powers of Attorney
	Excess Liability / Umbrella Declarations Page		Living Will / Healthcare Proxy
	Long-Term Care Insurance Declarations Page		Trusts
	Disability Insurance (Personal and Business)		Pre-Nuptial / Divorce Agreements
	Life Insurance (Personal and Business)		Other Legal Documents
	Other:		Gift Tax Returns
✓	INCOME TAX AND EMPLOYMENT	✓	OTHER
	Last 3 Years of Income Tax Returns (Federal/ State)		Social Security Statements
	Pay Stubs		Pension Statement or Estimate
	Employee Benefit Information		Business Documents (corporate papers, partnership agreements, tax returns)
	Other:		Investment Property

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Registered Investment Advisor

PERSONAL INFORMATION

NAME		
DATE OF BIRTH		
SOCIAL SECURITY #		
ADDRESS		
ADDRESS		
HOME PHONE #		
CELL PHONE #		
EMAIL ADDRESS - PRIMARY		
EMAIL ADDRESS - SECONDARY		
CITIZENSHIP		
MAY WE ADD YOU TO OUR NEWSLETTER		

Are you a U.S. citizen? Yes No Yes No

Have you had a previous marriage? Yes No Yes No

Do you want to receive the EKS Newsletter? Yes No Yes No

WORK INFORMATION

OCCUPATION		
EMPLOYER NAME		
EMPLOYER ADDRESS		
EMPLOYER ADDRESS		
WORK PHONE #		

CHILDREN

NAME	DATE OF BIRTH

NET WORTH STATEMENT

ASSETS	CURRENT ESTIMATED VALUE
CASH IN BANKS	
MONEY MARKET ACCOUNTS	
STOCKS / BONDS / MUTUAL FUNDS / ETFs	
VESTED STOCK OPTIONS / RESTRICTED STOCK	
ANNUITIES	
IRA / SEP IRA / ROTH IRA / SOLO 401(k) / KEOGH	
401(k) / Roth 401(k) / 457 PLAN	
VESTED PENSION	
DEFERRED COMPENSATION	
HEALTH SAVINGS ACCOUNT (HSA) Balance	
OTHER INVESTMENTS	
REAL ESTATE – PRIMARY RESIDENCE ESTIMATED VALUE	
PURCHASE DATE	
PURCHASE PRICE	
IMPROVEMENTS	
REAL ESTATE – SECONDARY RESIDENCE ESTIMATED VALUE	
PURCHASE DATE	
PURCHASE PRICE	
IMPROVEMENTS	
BUSINESS INTEREST / INVESTMENT PROPERTY	
AUTOMOBILES	
PERSONAL PROPERTY	
AMOUNTS OWED TO YOU	
TOTAL ESTIMATED ASSET VALUE	

LIABILITIES	
PRIMARY MORTGAGE BALANCE (RATE _____, TERM _____)	
SECONDARY MORTGAGE BALANCE (RATE _____, TERM _____)	
HOME EQUITY LINE OF CREDIT OUTSTANDING	
MAX HOME EQUITY LINE AVAILABLE - _____	
PERSONAL LOANS	
CREDIT CARD DEBT (do not include if you pay it off monthly)	
AUTO LOAN (RATE _____, TERM _____)	
AUTO LOAN (RATE _____, TERM _____)	
STUDENT LOANS:	
OTHER:	
OTHER:	
TOTAL ESTIMATED LIABILITY VALUE	

TOTAL ESTIMATED NET WORTH (ASSETS LESS LIABILITIES)	
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CASH FLOW

INCOME / INFLOW	MONTHLY	ANNUAL
SALARY / SELF-EMPLOYMENT INCOME		
BONUS (IF REASONABLY ASSURED)		
DEFERRED COMPENSATION		
SOCIAL SECURITY		
PENSION		
INVESTMENT INCOME (EST)		
GIFTS or INHERITANCE		
OTHER:		
TOTAL INCOME		

EXPENSE / OUTFLOW	MONTHLY	ANNUAL
MORTGAGE (P&I) / RENT		
CONDO / ASSOCIATION FEES		
PROPERTY TAX		
UTILITIES / SEWER / GAS / WATER		
FOOD AND GROCERIES		
CELL PHONE / TV / INTERNET		
NEW HOUSEHOLD PURCHASES		
CLOTHING / CLEANERS		
CHARITY		
CASH / ATM EXPENSES		
COMMUTING		
TRAVEL / VACATION		
ENTERTAINMENT / RECREATION		
UNREIMBURSED MEDICAL EXPENSES		
AUTOMOBILES REPAIRS, GAS AND MAINTENANCE		
AUTO LOANS / LEASE PAYMENTS		
OTHER TRANSPORTATION		
PERSONAL CARE / GYM MEMBERSHIP		
SUBSCRIPTIONS		
INSURANCE PREMIUMS – HOME		
INSURANCE PREMIUMS – AUTO		
INSURANCE PREMIUMS – UMBRELLA		
INSURANCE PREMIUMS – LONG-TERM CARE		
INSURANCE PREMIUMS – LIFE		
INSURANCE PREMIUMS – MEDICAL		
INSURANCE PREMIUMS – DISABILITY		
ALIMONY / CHILD SUPPORT		
GIFTS		
CHILDREN’S EXPENSES (DAY CARE, CAMP, SPORTS)		
TAX PREPARATION FEES		
INVESTMENT FEES		
OTHER:		
OTHER:		
TOTAL LIVING EXPENSES		

PLANNED CAPITAL EXPENSES

EXPENSE DESCRIPTION	AMOUNT	TIMING / YEAR

PLANNED SAVINGS

SAVINGS	MONTHLY	ANNUAL
PRETAX RETIREMENT PLAN SAVINGS – 401(k), 403(b), 457		
ROTH 401(k)		
AFTER TAX 401(k)		
SERP / ESPP SAVINGS		
DEFERRED COMPENSATION		
PERSONAL SAVINGS – IRA / ROTH IRA / SEP IRA		
PERSONAL SAVINGS – NON-RETIREMENT		
529 ACCOUNT(S)		
OTHER:		
OTHER:		
TOTAL SAVINGS		