



**Beacon Financial Planning, Inc.**  
*Charting Your Journey to Financial Confidence*  
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Hello Podster!

We hope you enjoyed Nancy Medoff's Unmute Yourself podcast interview with Michaela Herlihy, CERTIFIED FINANCIAL PLANNER™. As Michaela mentioned, we at Beacon are huge believers in education as a tool for empowerment. We hope this tool will help you get (or maintain) your financial household in good order.

We hope this packet helps you to learn more about you, your family and your goals — and to help you prioritize where to start. Please make the time to complete the attached forms to the best of your ability. Doing so will provide you with an accurate view of your financial picture at this point in time and empower you to plan for your future.

We recommend you supplement our client packet with the following information in any format that works for you:

- Current statements for all investments and retirement accounts
- If applicable, your current employer retirement plans and investment options available within said plan
- Social Security statements
- Two years of tax returns
- Mortgage statements
- Spending Plan (Quicken, Quickbooks, etc.)
- Insurance policy summary statements
- Any other account information which may be relevant to your questions or concerns

We wish you great fun and health in your journey to financial empowerment and freedom.

You got this!

Michaela Herlihy

President, Beacon Financial Planning, Inc.



## Client Information Fact Sheet

Referred by: \_\_\_\_\_

### Spouse / Other Person's Information

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Spouse / Other Person's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

Marital Status:  single  married  divorced  widowed

Marital Status:  single  married  divorced  widowed

U.S. Citizen:  yes  no

U.S. Citizen:  yes  no

If other, please list: \_\_\_\_\_

If other, please list: \_\_\_\_\_

### Attorney / CPA

Do you have an Estate Planning Attorney/CPA?  yes  no

Would you like us to recommend someone?  yes  no

Is your Attorney a key decision maker for you?  yes  no

Is your CPA a key decision maker for you?  yes  no

\_\_\_\_\_  
CPA / Tax Preparer Email Phone

\_\_\_\_\_  
Estate Planning Attorney Email Phone



## Family Data

Children	DOB	Marital Status	U.S. Citizen	Spouse	DOB	Marital Status	U.S. Citizen
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N

Grandchildren	DOB	Marital Status	U.S. Citizen
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N

Great Grandchildren	DOB	Marital Status	U.S. Citizen
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N
		S M Sep Div	Y N



## Financial Goals Worksheet

Please check off ALL important goals for you and your partner. Then choose four (4) goals and RANK them in order of importance (1 being the highest).

YOU	RANK	SPOUSE/ PARTNER	RANK	IMPORTANT GOALS
<input type="radio"/>		<input type="radio"/>		Finance children's college education
<input type="radio"/>		<input type="radio"/>		Buy a new home (primary or vacation)
<input type="radio"/>		<input type="radio"/>		Buy a new car/boat/personal property/travel extensively
<input type="radio"/>		<input type="radio"/>		Save for retirement
<input type="radio"/>		<input type="radio"/>		Reduce/eliminate debt
<input type="radio"/>		<input type="radio"/>		Set up a reserve/emergency fund
<input type="radio"/>		<input type="radio"/>		Be financially independent
<input type="radio"/>		<input type="radio"/>		Contribute to charity/institution
<input type="radio"/>		<input type="radio"/>		Invest in the stock market
<input type="radio"/>		<input type="radio"/>		Help support elderly parent(s)
<input type="radio"/>		<input type="radio"/>		Invest in real estate
<input type="radio"/>		<input type="radio"/>		Start/buy/expand own business
<input type="radio"/>		<input type="radio"/>		Early retirement
<input type="radio"/>		<input type="radio"/>		Leave large estate for children
<input type="radio"/>		<input type="radio"/>		Other _____



## Questions & Concerns

Please list any major expenses coming up in the next year (vehicle purchase, home repairs, medical bills, etc.).

If you had all the money you needed, how would you live?

If the doctor told you your life expectancy was about 5 to 7 years, how would you live those years?

If you only had 1 year to live, what are your regrets, and what is left undone?



If you only had 24 hours to live, what are your regrets, and what is left undone?

Do you need to make any special provisions for any member of your family?  yes  no Who?

What is your largest obstacle to achieving your goals?

**PERSONAL QUESTIONS**

Do you have any potential inheritances?  yes  no

How would you like to pass your estate?

Do you plan to leave any portion of your estate to charity?  yes  no

What are your plans to deal with Estate Taxes?

Projections are based on assumptions provided by the advisor/representative, and are not guaranteed. Actual results will vary, perhaps to a significant degree. The projected reports are hypothetical in nature and for illustrative purposes only. Consult your tax and/or legal advisor before implementing any tax or legal strategies. Preliminary Client Questionnaire Copyright© 2000-2019 eMoney Advisor, LLC. All Rights Reserved.



## Assets / Accounts

### CHECKING, SAVINGS, MONEY MARKET FUNDS, CERTIFICATES OF DEPOSIT, SAVINGS BONDS

Please list each account separately.

Type	Bank Name	Owner Initials	Value	✓ if Emergency Fund	Amount of Annual Additions

### INVESTMENT ACCOUNTS (not retirement) – Brokerage Accounts, Individual Investments, Health Savings Account (HSA)

Type	Custodian (Schwab, Fidelity, etc.)	Owner Initials	Value	Amount of Annual Additions

### IRA ACCOUNTS – Traditional, Rollover, Roth, Inherited, After-Tax

Type	Custodian (Schwab, Fidelity, etc.)	Owner Initials	Value	Amount of Annual Additions



**SALARY / BONUS, SOCIAL SECURITY, PENSION**

	Annual Amount	COLA	Owner	✓ if Guaranteed	Employer	Position	Self-Employed (Y/N)	Survivorship %	Starts	Ends
Salary / Bonus (Gross)										
Salary / Bonus (Gross)										
Social Security										
Social Security										
Pension										
Pension										

**COMPANY RETIREMENT ACCOUNTS - 401(k), 403(b), Simple IRA, SEP IRA, etc.**

Type	Custodian (Schwab, Fidelity, etc.)	Owner Initials	Value	Annual Employee Contributions	Annual Employer Contributions

Please describe the Employer contributions to your current, active retirement plans. (Flat rate, percentage match up to x%, etc.)

\*Please bring your most recent statement for each retirement account.





**ANNUITIES**

Type (Variable or Fixed)	Custodian (MetLife, Allianz, Fidelity, etc.)	Annuitant	Value	Qualified or Non-Qualified	Annual Payment if Annuitized	Date Surrender Period Ends

\*Please bring your most recent statement for each retirement account.

**CHILDREN'S INVESTMENTS – 529, Custodial, etc.**

Type	Child's Name	Child's Age	Owner	Value	Amount Annual Contributions

\*Please bring your most recent statement for each account.

Are your beneficiaries up to date on all applicable accounts?  yes  no



**PRIMARY RESIDENCE**

Property Description	
Owner	
Type	
Amount of Purchase	
Date of Purchase	
Value of Major Repairs or Additions	
Initial Mortgage Amount	
Interest Rate on Mortgage	
Estimated Market Value	
Remaining Mortgage Amount	
Years Remaining on Mortgage	
Mortgage Monthly Payment	
Does this include Escrow? (Y/N)	

**ADDITIONAL PROPERTY**

Property Description	
Owner	
Type	
Amount of Purchase	
Date of Purchase	
Value of Major Repairs or Additions	
Initial Mortgage Amount	
Interest Rate on Mortgage	
Estimated Market Value	
Remaining Mortgage Amount	
Years Remaining on Mortgage	
Mortgage Monthly Payment	
Does this include Escrow? (Y/N)	

**BUSINESS INTERESTS**

Please list all other investments including business partnerships, company stock options, and debt where the recovery of principal is uncertain.

Description	Owner	Estimated Value



## Other Assets

### OTHER ASSETS

Please list assets you may receive in the future.

Description	Owner	Year Expected

### LIABILITIES

Please list each mortgage, car loan, home equity, credit card or other debt obligation.

Type	Debtor	Current Balance	Interest % Fixed/ Variable	Monthly Payment	# of Months Left

### PERSONAL PROPERTY

Please list personal assets such as boats or household items of value.

Asset	Value

### CURRENT ESTATE PLANS

	Simple Will	Healthcare Proxy	POA	Trust	Date Last Updated
Client					
Spouse					

Check to indicate this document has been completed.



# Insurance

## LIFE INSURANCE

Type: Group, Term, Whole Life, Universal Life, etc.

Company	Issue Date	Insured	Policy Type	Owner Initials	Beneficiary	Net Death Benefit	Annual Premium	Current Net Cash Value

## DISABILITY INSURANCE

Disability Type: G=Group, P=Personal, O=Overhead Expense

Company	Issue Date	Insured	Policy Type	Monthly Benefit	Annual Premium	Benefit Period	COLA (inflation)

## LONG TERM CARE INSURANCE

Company	Issue Date	Insured	Daily Benefit	Elimination Period	Annual Premium	Benefit Period	COLA (inflation)

Please bring all summary pages for all insurance coverage.



**UMBRELLA LIABILITY INSURANCE**

Company	Amount	Deductible	Annual Premium

**HEALTH INSURANCE**

Company	Insured	Deductible	Annual Premium

**PROFESSIONAL LIABILITY INSURANCE**

Company	Insured	Amount	Deductible	Annual Premium

**PROPERTY & CASUALTY INSURANCE**

Company	Insured	Amount	Deductible	Annual Premium

Please bring all summary pages for all insurance coverage.



**LIABILITIES**

Mortgage/Loans	Institution Name	Current Balance	As of Date	Interest Rate	Loan Term

Please use this space for any additional information you would like to share with Beacon Financial Planning. This will help us develop a dynamic and comprehensive financial plan to meet your goals.



Through independent research, Beacon Financial Planning, Inc. (BFP), has chosen a core investment portfolio of highly rated mutual funds from some of the best investment firms in the world today including institutional class and no-load funds. We have access to funds that retail investors cannot access on their own.

BFP will customize a personal investment portfolio based on your individual goals and risk tolerance. This investment portfolio may consist solely of no-load and institutional class mutual funds or a combination of funds and other investments including stocks, bonds, treasuries, CDs, ETFs and other investments.

### **Consolidated Monthly Statement**

BFP has chosen Charles Schwab as the custodian for our clients' accounts. Clients receive a consolidated monthly report that includes updated information on all of their investments directly from Charles Schwab. Additionally, clients receive market commentary insights, account performance data and invoices from BFP each quarter.

### **Compensation Based on Service**

As a Fee-Only firm, we base our advisory fees exclusively on total assets under management. We do not sell any products, and we do not make any commissions. We are currently accepting NEW clients with a minimum of \$750,000 of investable assets. If you are not quite there, we do offer an annual retainer fee of \$5K until your assets reach the \$750K minimum.

ACCOUNT SIZE	MAXIMUM ANNUAL FEE*
\$750,000 to \$1,000,000	1.00%
\$1,000,001 to 3,000,000	0.90%
\$3,000,001 to \$5,000,000	0.80%
\$5,000,001 to \$7,000,000	0.70%
\$7,000,001 to 10,000,000	0.60%
\$10,000,001 to above	0.40%

\*This may be in addition to any transaction costs or internal management fees.

### **Schwab Institutional Accounts**

Protection for securities and cash by the Securities Investor Protection Corporation (SIPC): Accounts of Charles Schwab & Co., Inc. (including those held by clients of investment advisors with Schwab Institutional®), are insured by SIPC for securities and cash in the event of broker-dealer failure. SIPC provides up to \$500,000 of protection for brokerage accounts held in each separate capacity (e.g., joint tenant or sole owner), with a limit of \$250,000 for claims of uninvested cash balances.

Additional brokerage insurance—in addition to SIPC protection—is provided to Charles Schwab & Co., Inc., accounts through underwriters in London. Schwab's coverage with Lloyd's of London and other London insurers, combined with SIPC coverage, provides protection of securities and cash up to an aggregate of \$600 million, and is limited to a combined return to any customer from a Trustee, SIPC, and London insurers of \$150 million, including cash of up to \$1,150,000. This additional protection becomes available in the event that SIPC limits are exhausted.