



## APPOINTMENT AGENDA CHECKLIST

**Upon completion, please mail or fax to 215-701-8706 at least **ONE WEEK PRIOR** to your appointment; material transmitted by email should have confidential information blocked out or sent via encryption**

Client Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Personal Information Update:** Since our last review, have there been any **changes** in your personal situation that we should be aware of?

No Changes

Home address/phone number/email?

\_\_\_\_\_

Occupation or job title/work address or phone number?

\_\_\_\_\_

Marital status and # of dependents (Name and date of birth)

\_\_\_\_\_

**Income and Tax Information:** Please provide pages 1 & 2 of your most recent tax return. Additionally, please complete the following table.

Annual Amount	Name:	Name:
Earned Income	\$	\$
Pensions	\$	\$
Social Security	\$	\$
Rental	\$	\$
Self-Employment	\$	\$
Other	\$	\$

**Asset Information:** Please provide statements for all assets held outside of Financial Voyages that are not linked to Cash Edge.

- 1) Cash Reserves: (Checking, Savings, CD's, etc.) \$ \_\_\_\_\_
- 2) 401K/403B/457 Plan balances: \$ \_\_\_\_\_  
(Attach a copy of investment options.) \$ \_\_\_\_\_

**Real Estate Information:**

Property Values:

Primary Home           \$ \_\_\_\_\_  
 Secondary Home       \$ \_\_\_\_\_  
 Investment Property   \$ \_\_\_\_\_  
 Other                    \$ \_\_\_\_\_

Property Loans:

Type of Property:	Type of Loan: (Mtg, HELOC)	Loan Balance:	Interest Rate:	Fixed or Variable: (F or V)	Term: (15 or 30 yr)	Monthly Payment : (P&I)	Start Date: (MM/YYYY)
Primary		\$	%			\$	/
		\$	%			\$	/
		\$	%			\$	/
Secondary		\$	%			\$	/
		\$	%			\$	/
Investment		\$	%			\$	/
Other		\$	%			\$	/

Home Equity Lines of Credit: Approved Amount \$ \_\_\_\_\_

**Other Liabilities:** (Auto Loans, Credit Cards, Education Loans, etc.)

Type:	Loan Balance:	Interest Rate:	Monthly Payment:	Term: *	Start Date: *
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		

\* If Applicable

*This information is based on assumptions provided by you (the client). If any of the assumptions are incorrect, you should notify your financial advisor. The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.*

Additional Topics You Wish to Discuss (X all that apply)					
<b>Cash Management</b>		<b>Risk Management</b>		<b>Goal Planning</b>	
Budgeting		Disability Insurance		Change Current Goals	
Cash Reserves		Life Insurance		Add New Goals	
Debt Management		Long-Term Care Planning			
<b>Tax Management</b>			<b>Retirement Income Planning</b>		
Tax Issues			Social Security Benefits		
Refer to CPA			Review Pension Options		
<b>Investment Management</b>					
Review Stock Options		Review Risk Tolerance		Self-Employment Accounts	
Review Rollover Options		Systematic Investing		Review Asset Allocation	
Review Outside Investments and Asset Allocation (401(k)/403(b), etc.)** <i>For households with less than \$500,000 managed by Financial Voyages, a \$150 fee may apply</i>					
<b>Estate Planning</b>					
Refer to Attorney		Special Needs Trust		Other Trusts	
Power of Attorney		Custodial Agreements		Beneficiary Designations	
Transfer of death account		Medical Directive		Wills	
Inheritance/Gifting		Ownership of Assets		Using Life Insurance for Estate Planning	

Other Topics for Discussion?

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**Thank you** for taking the time to complete this form. This form will help us provide quality time reviewing your goals, concerns, plans and investments and less time simply collecting data.

**Financial Voyages LLC**  
*"Your Journey. Our Passion."*  
 425 Main Street, Harleysville, PA 19438

***Please don't keep us a secret.  
 We enjoy helping people just like you!***

*Financial Voyages, L.L.C., 425 Main St., Harleysville, PA 19438-2311, Phone (215)256-7845, Fax (215)701-8706  
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