

OSPREY



FINANCIAL

DATA GATHERING TOOL

Getting to know each other is the first step to building a long-term RELATIONSHIP.

The more detail we have, the better the job we can do. The ACCURACY of the information we get from you will determine the accuracy of the hypothetical forecasts that we develop and the appropriateness of our recommendations. This tool is designed to allow you to provide all relevant information. Please do the best you can and do not hesitate to call with any questions.

DOCUMENT CHECKLIST

- Last month's deposit receipts/pay stubs from all sources of income
- Last year's Federal Income Tax Return
- Copy of benefits book from employer(s) along with statement of retirement plans or retiree benefits
- Personal Insurance policies
- Statements from bank, credit union, brokerage, mutual fund, or other assets that you may have
- List of current debts including credit cards, home mortgage, and equity
- Budget
- Current wills, powers of attorney, and any trust documents

The worksheets attached following the questions may be used, if desired, in place of or to augment information directly provided through the statements mentioned above.

**Send completed forms to OSPREY FINANCIAL 4312 Grove Avenue Suite B Richmond VA 23221
or fax to (804) 282 4509 or email to mark.davis@lpl.com**

If statements are not available or you are having problems organizing,
we are available to help. Just call (804) 282 4507.

*Securities and advisory services offered through LPL Financial
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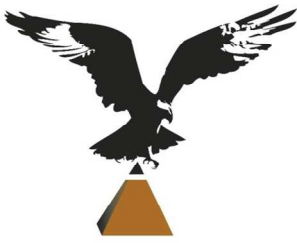
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FINANCIAL

CLIENT A		CLIENT B (if appropriate)	
First Name		First Name	
Middle Name		Middle Name	
Last Name		Last Name	
Social Security #		Social Security #	
Driver's License #		Driver's License #	
Driver's License Issue Date		Driver's License Issue Date	
Driver's License Exp. Date		Driver's License Exp. Date	
Date of Birth		Date of Birth	
Street Address		Street Address	
Add'l Address		Add'l Address	
City, State Zip		City, State Zip	
Home Phone		Home Phone	
Home Email		Home Email	
Cell Phone		Cell Phone	
Occupation		Occupation	
Employer		Employer	
Work Address		Work Address	
City, State Zip		City, State Zip	
Work Phone		Work Phone	
Work Email		Work Email	

CHILDREN AND OTHER DEPENDENTS			
NAME	SOCIAL SECURITY #	DATE OF BIRTH	DEPENDENT
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO



CURRENT FINANCIAL POSITION

What is your level of cash reserves? Why?

Do you foresee any big changes in your current financial position in the next year?

GOALS

For example...CARS (How often do you buy cars? When is the next one? How much?)

HOUSE (Maintenance/Expansion? Possibly a vacation home?)

EDUCATION (Children or grandchildren? What type of college are you planning for?)

(How much do you think it will cost? How many years? Graduate School?)

RETIREMENT GOALS

When do you plan to retire? (if already retired...write YIPPIE in the box)

Client A

Client B

We would like to assume we spend \$ - per year after taxes in retirement.
(DO NOT INCLUDE DEBT SERVICE PAYMENTS. THIS IS FOR LIVING ONLY.)

What do you think about Social Security?

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Please think about your vision of retirement and be ready to discuss it.



INSURANCE PLANNING

Life Insurance:

If one of you were to die prematurely, what major financial changes would occur?

Would the survivor want to pay off all debts?

Client A

Client B

Would the survivor want all education goals funded?

Client A

Client B

Would the survivor, if not currently working, return to work outside the home?

Client A

Client B

Would additional daycare expenses be incurred? If so, how much?

Client A

Client B

When was the last time you reviewed your protection?

Client A

Client B

Disability Insurance and Long Term Care/Nursing Home Insurance:

What coverage do you currently have?

ESTATE PLANNING

Do you have a will?

Do you currently have any trusts established?

Do you have any special wishes upon your death?

Are you the beneficiary of any trusts of which you are aware.

OTHER PLANNING CONSIDERATIONS

Are there any relatives that you expect to provide any care for in the future?

Other Thoughts



Hard Assets

(Real Estate, Collections, Furnishings, Automobiles)

	Current Value	Ownership	Purchase Price
Home			
Vacation Home			
Rental Property			
Automobile			
Automobile			
Jewelry/Art/Antiques			
Tools			
Other			

Liabilities

(if statements are available...JUST BRING THE MOST RECENT STATEMENT)

	Current Balance	Borrower(s)	Date of Origination	Period of Loan	Interest Rate	Monthly Payment
Home						
Vacation Home						
Rental Property						
Automobile						
Automobile						
Equity Line/Loan						
Credit Card						
Other						

Cash Assets

(Checking, Savings, CD's, Savings Bonds)

(if statements are available...JUST BRING THE MOST RECENT STATEMENT)

Name	Current Value	Ownership

Investment Assets

(if statements are available...JUST BRING THE MOST RECENT STATEMENT)

	Current Value	Ownership	Purchase Price
Employer Retirement Plan			
Employer Retirement Plan			
IRA			
IRA			
Roth IRA			
Roth IRA			
Other Retirement Plan			
Other Retirement Plan			

Individual Holdings, Mutual Funds, Managed Accounts, Partnerships, Annuities, Cash Value of Life Insurance

(if statements are available...JUST BRING THE MOST RECENT STATEMENT)

Name	Current Value	Ownership	Purchase Price

Business Interests

Name	Current Value	Ownership



INCOME

(Work earnings, pension, trust income, Social Security, disability income, annuity payments. etc.)
 (if pay stubs are available...JUST BRING THE MOST RECENT)

Source	Person Responsible	Monthly Amount

EXPENSES

If budget is available...JUST BRING THE MOST RECENT TWELVE MONTHS

OR fill out worksheet below

OR estimate TOTAL MONTHLY EXPENSES = \$\$

EXPENSE WORKSHEET (if desired)

Source	Monthly Amount
Food	
Utilities	
Home Maintenance	
Homeowner's Fees/Rent	
Homeowner's Insurance (if not in mortgage)	
Real Estate Taxes (if not in mortgage)	
Automobile Gas/Expense	
Automobile Insurance	
Medical/Dental (out-of-pocket)	
Medical Insurance	
Other Taxes	
Life Insurance Premiums	
Disability Insurance Premiums	
Nursing Home Insurance Premiums	
Other Insurance Premiums	
Entertainment/Travel	
Charity	
Clothing	
Education	
Unreimbursed Business Expenses	
Second Home/Rental Unit Costs	
Other	
Other	
Other	
Other	
Other	