

# What We'll Need To Know - *(Data and Document Checklist)*

	App.	N/A		App.	N/A
<b>1. Marketable Securities</b>			<b>3. Limited Partnerships</b>		
A. We will need copies of the <i>most recent</i> bank and brokerage statements for the following:			A. We will need a copy of the subscription agreements and K-1's for the following:		
1. Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	1. Real Estate Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>
2. Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	2. Oil & Gas Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>
3. Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	3. Equipment Leasing LPs	<input type="checkbox"/>	<input type="checkbox"/>
4. Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Annuities	<input type="checkbox"/>	<input type="checkbox"/>			
6. Brokerage Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<b>4. Other Assets</b>		
7. Mutual Fund Accounts	<input type="checkbox"/>	<input type="checkbox"/>	A. Please provide a copy of the note for each of the following:		
8. IRA Accounts	<input type="checkbox"/>	<input type="checkbox"/>	1. Mortgages Receivable	<input type="checkbox"/>	<input type="checkbox"/>
9. Keogh Accounts	<input type="checkbox"/>	<input type="checkbox"/>	2. Promissory Notes (i.e., unsecured)	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	B. Please provide a listing (including the estimated value) of your Tangible Personal Property (i.e., automobiles, antiques, collectibles, art, jewelry, furs, coin and stamp collections, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
B. If you own securities outside a bank or brokerage account, please furnish us with either a copy of the certificate or a list including the number of shares or units, the date of purchase, the purchase price and the registered owner for the following:			C. _____	<input type="checkbox"/>	<input type="checkbox"/>
1. Individual Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<b>5. Liabilities</b>		
2. Treasury Bills, Notes, Bonds	<input type="checkbox"/>	<input type="checkbox"/>	A. We will need a description of the terms (or a copy of the note) and a current statement for the following:		
3. Series E, EE, HH Bonds	<input type="checkbox"/>	<input type="checkbox"/>	1. Real Estate (see Section 2)	<input type="checkbox"/>	<input type="checkbox"/>
4. Municipal Bonds	<input type="checkbox"/>	<input type="checkbox"/>	2. Unsecured Lines of Credit	<input type="checkbox"/>	<input type="checkbox"/>
5. Corporate Bonds	<input type="checkbox"/>	<input type="checkbox"/>	3. Auto Loans	<input type="checkbox"/>	<input type="checkbox"/>
6. Real Estate Investment Trusts	<input type="checkbox"/>	<input type="checkbox"/>	4. Credit Card Balances	<input type="checkbox"/>	<input type="checkbox"/>
7. Master Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	5. Investment Loans	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	6. Life Insurance Policy Loans	<input type="checkbox"/>	<input type="checkbox"/>
			7. Student Loans	<input type="checkbox"/>	<input type="checkbox"/>
			8. Unpaid Income Tax Liabilities	<input type="checkbox"/>	<input type="checkbox"/>
			9. Contingent Liabilities (i.e., as a guarantor, co-signer or defendant in a law suit)	<input type="checkbox"/>	<input type="checkbox"/>
			10. _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Real Estate</b>			<b>6. Insurance</b>		
A. We will need copies of the following for each property: (1) deed; (2) deeds of trust (if any); (3) mortgage notes; (4) settlement sheet; (5) recent assessment; (6) recent tax bill:			We will need copies of the following insurance policies. Please provide endorsements as well as policy anniversary statements (i.e., declaration pages) furnished by the insurance company:		
1. Personal Residence			1. Property and Liability Insurance		
a. If you ever rolled over a gain from the sale of a previous residence, we will need a copy of the tax information sheet (Form 2119) that was filed in the year your new residence was purchased	<input type="checkbox"/>	<input type="checkbox"/>	a. Automobile	<input type="checkbox"/>	<input type="checkbox"/>
b. If you made improvements to your personal residence, please attach a list and indicate the total amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	b. Boatowners	<input type="checkbox"/>	<input type="checkbox"/>
2. Vacation Home/Second Residence	<input type="checkbox"/>	<input type="checkbox"/>	c. Homeowners	<input type="checkbox"/>	<input type="checkbox"/>
3. Residential Rental Properties	<input type="checkbox"/>	<input type="checkbox"/>	d. Condominium Unit Owners	<input type="checkbox"/>	<input type="checkbox"/>
4. Commercial Rental Properties	<input type="checkbox"/>	<input type="checkbox"/>	e. Tenant	<input type="checkbox"/>	<input type="checkbox"/>
5. Vacant Land	<input type="checkbox"/>	<input type="checkbox"/>	f. Personal Property	<input type="checkbox"/>	<input type="checkbox"/>
6. Timeshare Units	<input type="checkbox"/>	<input type="checkbox"/>	g. Flood/Earthquake	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	h. Rental Property	<input type="checkbox"/>	<input type="checkbox"/>
			i. Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>



## What We'll Need To Know - *(Data and Document Checklist)*

	App.	N/A		App.	N/A
<b>6. Insurance (continued)</b>			<b>8. Other Income</b>		
B. Health Insurance			A. Please provide us with a copy of statements for the following:		
1. Medical, Surgical, Hospitalization and Dental	[ ]	[ ]	1. Social Security Benefits	[ ]	[ ]
2. Long-Term Care	[ ]	[ ]	2. Civil Service Retirement Benefits	[ ]	[ ]
3. Disability Income	[ ]	[ ]	3. Federal Employee Retirement Benefits	[ ]	[ ]
4. Disability Overhead	[ ]	[ ]	4. Military Retirement Annuities	[ ]	[ ]
5. Disability Buy-Out	[ ]	[ ]	5. Veterans Disability Benefits	[ ]	[ ]
C. Life Insurance			6. Employer Pensions & Annuities	[ ]	[ ]
1. Term Life	[ ]	[ ]	7. Trust income or Distributions	[ ]	[ ]
2. Whole Life	[ ]	[ ]	8. _____	[ ]	[ ]
3. Universal Life	[ ]	[ ]			
<b>7. Employee Benefits</b>			<b>9. Tax Returns</b>		
A. We will need copies of contract descriptions for (or a benefits booklet containing the provisions of) the following employer-provided insurance:			We will need a copy of the subscription agreements and K-1's for the following:		
1. Medical Insurance	[ ]	[ ]	A. 1. Federal Individual Income Tax Returns (Form 1040)	[ ]	[ ]
2. Dental Insurance	[ ]	[ ]	2. State Individual Income Tax Returns	[ ]	[ ]
3. Life Insurance	[ ]	[ ]	3. Schedule K-1's for all limited partnerships (i.e., tax shelters)	[ ]	[ ]
4. Disability Insurance	[ ]	[ ]	4. Partnership Returns (Form 1065)	[ ]	[ ]
5. _____	[ ]	[ ]	5. Corporate Returns (Forms 1120 and 1120s)	[ ]	[ ]
B. We will need statements for and descriptions of the following employer-provided retirement plans:			6. Schedule K-1's for S Corporations	[ ]	[ ]
1. 401(k) and/or 403(b)	[ ]	[ ]	Gift Tax Returns filed after 12/31/76	[ ]	[ ]
2. Thrift Savings Plan	[ ]	[ ]			
3. Pension (Defined Benefit Plan)	[ ]	[ ]	<b>10. Personal Legal Documents</b>		
4. Civil Service Retirement System	[ ]	[ ]	A. Please provide a copy of the following estate planning documents:		
5. Federal Employee Retirement System	[ ]	[ ]	1. Wills	[ ]	[ ]
6. TIAA/CREF	[ ]	[ ]	2. Trusts	[ ]	[ ]
7. Stock Options	[ ]	[ ]	3. Powers of Attorney	[ ]	[ ]
8. Stock Purchase Plan	[ ]	[ ]	4. Living Wills	[ ]	[ ]
9. _____	[ ]	[ ]	B. Please Provide a copy of the following marital agreements:		
C. Please provide a copy of paystubs for two consecutive pay periods	[ ]	[ ]	1. Pre-Nuptial Agreements	[ ]	[ ]
			2. Post-Nuptial Agreements	[ ]	[ ]
			3. Property Settlement Agreements	[ ]	[ ]
			4. Alimony & Child Support Agreements	[ ]	[ ]
			<b>11. Business Legal Documents</b>		
			A. We will need copies of the following:		
			1. Corporate, Partnership and/or Sole Proprietorship Financial Statements for the past two years	[ ]	[ ]
			2. Buy-Sell Agreements	[ ]	[ ]
			3. Employment Agreements	[ ]	[ ]
			4. Deferred Compensation Agreements	[ ]	[ ]
			5. Stock Redemption Agreements	[ ]	[ ]
			6. Pension and Profit Sharing Plans (including the following):		
			a. Stop Bonus Plans	[ ]	[ ]
			b. Employee Stock Ownership	[ ]	[ ]
			7. _____	[ ]	[ ]

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