



STAVIS WEALTH TRANSFER  
— SOLUTIONS —

# Client Data Questionnaire Packet



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# Stavis Wealth Document Checklist

## Personal Documents

- Personal Balance Sheet
- Wills
- Trust(s)
- Last 2 Years' Tax Returns
  - Personal
  - Form 709- Gift Tax Returns
- Driver's License
- Investment Account Statements
  - 529 Plan Statements
  - UTMA/UGMA Statements
  - Retirement Account Statements
  - Social Security Statement
- Bank Account Statements
- Insurance Policies



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# Stavis Wealth Document Checklist

## Personal Documents

- Insurance Policies
  - Property & Casualty
  - Life
  - Long-term Care
  - Disability
- Liability Statements
  - Mortgage Loan
  - Student Loan
  - Personal Lines of Credit
  - Family Loan
  - Other Personal Property



# Stavis Wealth Document Checklist

## Business Documents

- Formation Documents
  - List of Current Shareholders with Ownership Percentage
  - Operating Agreements
  - Other Personal Property
- Last 3 Years' Tax Returns
- Corporate Documents
  - Stock Plan Agreements
  - Qualified Pension Calculations
  - Non-Qualified Deferred Compensation Plan



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# Stavis Wealth Document Checklist

## Business Documents

- Company Retirement Plan Documents
  - Retirement Summary Plan Description
  - Retirement Plan Statement
  - Adoption Agreement
- Business Account Statements
- Buy/Sell Agreements
  - Life Insurance Policy Funding
  - Key Man Life Insurance
- Corporate Liability Statements
  - Business Property Loan
  - Business Lines of Credit
  - Other Business Property



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# Financial Goals

## Ideal Financial Situation

- ∞ Desired retirement age (individual 1): \_\_\_\_\_
- ∞ Desired retirement age (individual 2): \_\_\_\_\_
- ∞ **Big, Hairy, Audacious Goals (BHAGs):**

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- ∞ What are your top three financial priorities in the next 5 years?
  - 1.
  - 2.
  - 3.



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# Financial Goals

## Ideal Financial Situation

∞ What is one thing you would change about your current financial situation?

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∞ What are the areas in your financial planning you would like guidance in?

Tax Planning

Philanthropy

Retirement Savings & Income Planning

Business Planning

Estate Planning & Wealth Transfers

Risk Management

Investment Planning



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# Lifestyle Questions

## Ideal Lifestyle

∞ Describe your dream retirement. What does it look like, and where would you like to be?

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∞ How do you envision your child's future education and related expenses?

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∞ What are your hobbies and interests? How do you like to spend your free time?

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# Lifestyle Questions

## Ideal Lifestyle

∞ What is your favorite family tradition?

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∞ What is one thing you would change about your current financial situation?

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∞ Are there any specific values or principles that guide your financial decisions?

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# Lifestyle Questions

## Ideal Lifestyle

∞ What is your approach to charitable giving or community involvement?

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∞ How would you describe your risk tolerance when it comes to investments?

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∞ What does financial success mean to you?

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## Personal & Family Data

### Personal Information

Date:	Client	Co-Client
Name		
Date of Birth		
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SSN/TIN		
Cell Phone		
E-mail		
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Employer Name		
Job Title		
Executive Status	<input type="checkbox"/> C-Suite <input type="checkbox"/> Controlling Person <input type="checkbox"/> Retired Controlling Person	<input type="checkbox"/> C-Suite <input type="checkbox"/> Controlling Person <input type="checkbox"/> Retired Controlling Person
Salary		
Bonus/Commission		



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## Personal & Family Data

### Business Information

	Client	Co-Client
Business Name		
Business Address		
City, St, Zip Code		
EIN		
Business Phone		
Business Email		
Tax Status	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp
Ownership Status	<input type="checkbox"/> C-Suite <input type="checkbox"/> Controlling Person <input type="checkbox"/> Executive	<input type="checkbox"/> C-Suite <input type="checkbox"/> Controlling Person <input type="checkbox"/> Executive
Income		



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# Personal & Family Data

## Family Information

Children	Date of Birth	Marital Status	Spouse Name	Spouse Date of Birth	Spouse U.S. Citizen (If no, what country?)
		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D			<input type="checkbox"/> Yes <input type="checkbox"/> No



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# Personal & Family Data

## Family Information

Grandchildren	Date of Birth	Marital Status	Spouse Name	Spouse Date of Birth	Spouse U.S. Citizen (If no, what country?)
		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D			<input type="checkbox"/> Yes <input type="checkbox"/> No



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# Personal & Family Data

## Other Information

Other Income Sources	Income Type	Income Amount

## Special Considerations

Please list any special considerations regarding your current financial situation or family considerations (long-term dependents, special needs, inheritance, etc.):

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# Financial Information

## Non-Qualified Accounts

Account Type	Account Balance	Private Investment	Ownership

## Qualified Accounts

Account Type	Account Balance	Employee Contribution	Employer Contribution	Ownership



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# Financial Information

## Qualified Accounts

Account Type	Account Balance	Employee Contribution	Employer Contribution	Ownership

## Employee Stock Options

Please provide a grant summary report in lieu of completing this table if able.

Option/Grant	Number of Shares	Price at Issue	Vesting Date	Restrictions
Grant 1				
Grant 2				
Grant 3				
Grant 4				



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# Financial Information

## Personal Property

Location/Street	Current Value	Tax Basis	Owner	Mortgage/Loan
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

## Personal Property Liability

Corresponding Personal Property (from above)	Current Balance	Term	Interest Rate	Payoff Date



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# Financial Information

## Business Property

Location/Street	Current Value	Tax Basis	Owner	Mortgage/Loan
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

## Business Property Liability

Corresponding Personal Property (from above)	Current Balance	Term	Interest Rate	Payoff Date



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# Financial Information

## Special Accounts

Please list any 529 Plans, UTMA/UGMA, private investments, special investment accounts, and other specialty accounts.

Account Type	Account Balance	Contributions	Earmarked For	Ownership

Please use the additional information page to provide any details for the accounts listed above.



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# Financial Information

## Risk Tolerance/Investment Objectives

- ∞ What is your goal with investing?
  - Capital Preservation-I want to preserve the assets I have.
  - Income Generation- I want to generate income with the assets I have.
  - Income with Growth- I want income from my assets & would like to see growth.
  - Growth- I want to grow my assets.
  - Aggressive Growth- I want to focus on growth long-term.
- ∞ What is your investing tolerance level?
  - Conservative       Moderate       Aggressive
- ∞ Do you have a financial advisor or firm managing your investments?
  - Yes     No    Name of Advisor: \_\_\_\_\_



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# Financial Information

## Expenses

Expense	Expenditure (\$)	Pre/Post Retirement	Recurring/One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time



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# Financial Information

## Expenses

Expense	Expenditure (\$)	Pre/Post Retirement	Recurring/One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time
		<input type="checkbox"/> Pre-retirement <input type="checkbox"/> Post-retirement	<input type="checkbox"/> Recurring <input type="checkbox"/> One-Time



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# Estate Planning Information

## Trusts

Revocable/Irrevocable	Tax ID	FMV	Income	Trustee	Beneficiary

## Estate Planning Questions

∞ Do you have any potential inheritance?

Yes     No     Unsure

∞ How would you like to pass your estate?

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## Estate Planning Information

### Estate Planning Questions

- ∞ Do you plan to leave any portion of your estate to charity?  
 Yes     No     Unsure
- ∞ Do you need to make any special financial provisions for any member of your family?  
 Yes     No     Unsure
- ∞ Do you have a plan to deal with estate taxes?  
 Yes     No     Unsure
- ∞ Do you have estate planning documents in place?  
 Yes     No
  - If yes, please select which documents & provide using the Document Checklist:  
 Will     Trusts     Business Succession     FLP  
 Financial Power of Attorney     Other:  
 Medical Power of Attorney  
 Durable Power of Attorney



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## Estate Planning Information

### Estate Planning Questions

∞ Do you have an estate planning attorney?

Yes       No      Name of attorney: \_\_\_\_\_

If no, would you like us to recommend someone?

Yes       No

If yes, is your estate planning attorney a key decision maker for you?

Yes       No

∞ Do you have a CPA?

Yes       No

If no, would you like us to recommend someone?

Yes       No      Name of CPA: \_\_\_\_\_

If yes, is your CPA a key decision maker for you?

Yes       No



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# Estate Planning Information

## Life Insurance

If you've provided policy documents, you may list the benefit & Carrier and skip this section. Please include any sub-account allocations.

Life Insurance	Employer Policy 1	Employer Policy 2	Policy 3	Policy 4
Owner				
Carrier				
Policy Type				
Insured				
Beneficiary				
Death Benefit				
Cash Value				
Annual Premium				
Payer				
Date of Last Inforce Ledger				



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# Estate Planning Information

## Disability & Long-Term Care Insurance

If you've provided policy documents, you may list the benefit & Carrier and skip this section.

Disability/LTC	Policy 1	Policy 2	Policy 3	Policy 4
Policy Type	<input type="checkbox"/> DI <input type="checkbox"/> LTC			
Carrier				
Owner				
Insured				
Benefit Amount				
Benefit Period				
Elimination Period				
COLA				
Annual Premium				



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# Estate Planning Information

## Property & Casualty/Liability Insurance

If you've provided policy documents, you may list the benefit & Carrier and skip this section.

Other Insurance	Policy 1	Policy 2	Policy 3	Policy 4
Policy Type				
Carrier				
Owner				
Insured				
Benefit Amount				
Annual Premium				



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# Estate Planning Information

## Philanthropy

Name of Charity/Private Foundation	Supported Cause	Annual Charitable Donation	Gift of Appreciated Property or Cash?
			<input type="checkbox"/> Property <input type="checkbox"/> Cash
			<input type="checkbox"/> Property <input type="checkbox"/> Cash
			<input type="checkbox"/> Property <input type="checkbox"/> Cash
			<input type="checkbox"/> Property <input type="checkbox"/> Cash
			<input type="checkbox"/> Property <input type="checkbox"/> Cash

