



Date \_\_\_\_\_

**CLIENT**

Name \_\_\_\_\_

Birthday \_\_\_\_\_

Social Security # \_\_\_\_\_

Anniversary \_\_\_\_\_

**KEY CONTACT PERSON IN CASE OF EMERGENCY**

Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Relationship to Client \_\_\_\_\_

**Children**

Name	Relationship	Address	Phone	Birthday
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Grandchildren**

Name	Address	Name	Address
_____	_____	_____	_____
_____	_____	_____	_____



## SPOUSE/ SIGNIFICANT OTHER

Name \_\_\_\_\_

Birthday \_\_\_\_\_

Social Security # \_\_\_\_\_

Anniversary \_\_\_\_\_

## KEY CONTACT PERSON IN CASE OF EMERGENCY

Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Relationship to Client \_\_\_\_\_

## Children

Name	Relationship	Address	Phone	Birthday
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Grandchildren

Name	Address	Name	Address
_____	_____	_____	_____
_____	_____	_____	_____

**MEDICAL - Client**

Doctor	Clinic/ Address	Phone	Medication

**MEDICAL - Spouse/ Significant Other**

Doctor	Clinic/ Address	Phone	Medication

**INSURANCE: HEALTH/ LIFE/ ANNUITY/ ETC. - Client**

Type	Carrier	Policy#	Contact Name	Phone

**INSURANCE: HEALTH/ LIFE/ ANNUITY/ ETC. - Spouse/ Significant Other**

Type	Carrier	Policy#	Contact Name	Phone

## INVESTMENT ASSET ACCOUNTS

Type	Firm	Account#	Registration/ Name
<b>IRAs</b>			
<b>401(k)</b>			
<b>Taxable</b>			
<b>Bank Accounts</b>			

### INCOME - Client

Social Security \_\_\_\_\_  
 \_\_\_\_\_

Pension \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other Income Sources \_\_\_\_\_  
 \_\_\_\_\_

### INCOME - Spouse/ Significant Other

Social Security \_\_\_\_\_  
 \_\_\_\_\_

Pension \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other Income Sources \_\_\_\_\_  
 \_\_\_\_\_

**KEY ASSET INVENTORY (Real Estate, Artwork)**

Name \_\_\_\_\_

Legal Description \_\_\_\_\_

Address \_\_\_\_\_

Approximate Value \_\_\_\_\_

Key Contact Person (Property Manager...) \_\_\_\_\_

Specific Stipulations regarding any Key Asset \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**KEY ASSET INVENTORY (Real Estate, Artwork)**

Name \_\_\_\_\_

Legal Description \_\_\_\_\_

Address \_\_\_\_\_

Approximate Value \_\_\_\_\_

Key Contact Person (Property Manager...) \_\_\_\_\_

Specific Stipulations regarding any Key Asset \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**KEY ASSET INVENTORY (Real Estate, Artwork)**

Name \_\_\_\_\_

Legal Description \_\_\_\_\_

Address \_\_\_\_\_

Approximate Value \_\_\_\_\_

Key Contact Person (Property Manager...) \_\_\_\_\_

Specific Stipulations regarding any Key Asset \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**ATTORNEY/ CPA/ TTEE/ POA**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
E-mail \_\_\_\_\_

**ATTORNEY/ CPA/ TTEE/ POA**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
E-mail \_\_\_\_\_

**ATTORNEY/ CPA/ TTEE/ POA**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
E-mail \_\_\_\_\_

**ATTORNEY/ CPA/ TTEE/ POA**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
E-mail \_\_\_\_\_



## FINANCIAL ADVISOR

Name **Alan M. Stricker**  
Address **3616 County Road 101 South, Wayzata, MN 55391**  
Phone **952-767-2073**  
Fax **952-767-2048**  
E-mail **Alan@AugustFinancialConsulting.com**  
Website **www.AugustFinancialConsulting.com**

## KEY DOCUMENTS/ LOCATION

Will/ Estate Plan \_\_\_\_\_  
Power of Attorney Documents \_\_\_\_\_  
House Deed/ Plat \_\_\_\_\_  
Insurance Policies \_\_\_\_\_  
Healthcare Directive \_\_\_\_\_  
Safe Deposit Box Location \_\_\_\_\_  
Safe Deposit Box Key \_\_\_\_\_  
Passwords Location \_\_\_\_\_  
Password Primary \_\_\_\_\_

*We believe the planning process is all about YOU and your financial well-being!*



*Securities offered through Mid Atlantic Capital Corporation, member FINRA/ SIPC. Advisory services offered through Mid Atlantic Financial Management, Inc., a registered investment adviser. August Financial Consulting, LLC is not a registered entity or a subsidiary or control affiliate of MACC or MAFM.*