

LOUIS MAMO & COMPANY
 ACCOUNTANTS AND TAX CONSULTANTS
 351 S CYPRESS ROAD, SUITE 110
 POMPANO BEACH, FL 33066
 (954) 942-1120
 (954) 942-8981 FAX

FINANCIAL PLANNING CHECKLIST

CLIENT NAME _____ D.O.B. _____
 SPOUSE NAME _____ D.O.B. _____
 CLIENT ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____
 HOME NUMBER _____
 MOBILE NUMBER _____
 BUSINESS NUMBER _____
 E-MAIL ADDRESS _____

DEPENDENTS	D.O.B.
_____	_____
_____	_____
_____	_____
_____	_____

Please take a few minutes to complete this checklist. Any "No" or "Not Sure" answers can point to potential problems that we may be able to help you resolve.

MONTHLY INCOME AND EXPENSES:

Do you use a budget? Yes No Not Sure

Do you have any financial problems that require immediate attention ? Yes No Not Sure

RETIREMENT:

Are you saving for retirement ? Yes No Not Sure

Do you know what rate of return you need to maintain your life-style and keep ahead of inflation and taxes? Yes No Not Sure

RETIREMENT PLANS	TYPE	\$ VALUE	
<input type="checkbox"/>	IRA	_____	
<input type="checkbox"/>	SIMPLE PLAN	_____	
<input type="checkbox"/>	SEP PLAN	_____	
<input type="checkbox"/>	401K PLAN	_____	
<input type="checkbox"/>	OTHER	_____	TYPE _____
<input type="checkbox"/>	NONE		

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CHILDREN'S EDUCATION:

Have you planned for this expense? Yes No Not Sure

Is the ownership of your education savings designed to reduce taxes? Yes No Not Sure

YOUR INVESTMENTS:

Are they well diversified? Yes No Not Sure

Are you satisfied with their performance? Yes No Not Sure

INVESTMENTS

TYPE	\$ VALUE
<input type="checkbox"/> CHECKING & SAVINGS ACCOUNTS	_____
<input type="checkbox"/> MONEY MARKET ACCOUNTS	_____
<input type="checkbox"/> CERTIFICATES OF DEPOSIT	_____
<input type="checkbox"/> CLOSELY HELD BUSINESS	_____
<input type="checkbox"/> STOCK MUTUAL FUNDS	_____
<input type="checkbox"/> STOCKS PUBLICLY TRADED	_____
<input type="checkbox"/> BONDS	_____
<input type="checkbox"/> REAL ESTATE	_____
<input type="checkbox"/> OTHER	_____ TYPE _____

RISK AND INSURANCE:

Will your insurance cover your family's needs in the event of death or disability? Yes No Not Sure

Do you have an umbrella liability policy? Yes No Not Sure

LIFE INSURANCE	DEATH BENEFIT	CASH SURRENDER VALUE	BENEFIT
<input type="checkbox"/> TERM	_____	_____	_____
<input type="checkbox"/> WHOLE LIFE	_____	_____	_____
<input type="checkbox"/> OTHER	_____	_____	_____
<input type="checkbox"/> NONE	_____	_____	_____

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ESTATE PLANNING:

Are your will's current? Yes No Not Sure

Is your estate designed to minimize taxes and fees current? Yes No Not Sure

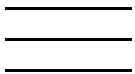
<input type="checkbox"/>	FLORIDA WILL	NAME OF STATE _____
<input type="checkbox"/>	OTHER STATE WILL	
<input type="checkbox"/>	LIVING TRUST	

ADVISORS:

		ADDRESS
ATTORNEY	_____	_____
STOCK BROKER	_____	_____
BANK OFFICER	_____	_____
LIFE INSURANCE AGENT	_____	_____
FINANCIAL ADVISOR	_____	_____

ADDITIONAL COMMENTS:

ICIARY



PHONE
