



FILLABLE VERSION

# FINANCIAL PLANNING DATA SHARING GUIDE

Read on for a step-by-step guide on how to share your info to streamline the planning process.

# WELCOME TO THE DATA SHARING GUIDE!

## INTRO

To help us get started on your financial plan, we need some information from you. Please fill out as much information as possible so we can prepare an accurate and complete plan for you.

## PROCESS

### Step 1

#### Fill out this guide

Please fill out this document to share key information about you, your goals, and your financial situation.

### Step 2

#### Share supporting documents

Based on what you share in this guide, please also share supporting documents to help contextualize the information provided.

Please use the list below as a reference for possible documents we may need.

##### 1. Cash flow

- Two most recent pay statements
- Annuity statements
- Pension plan
- Social Security earnings report ([Link](#))
- Employee benefits booklets / summary plan descriptions
- Executive compensation award statements
- Stock option plans

##### 2. Liabilities

- Loan information (e.g. mortgage, student loan, car loan)
- Unpaid credit card statements

##### 3. Insurance

- Insurance statements (e.g. life, LTC, health, disability)

##### 4. Tax

- Most recent tax return

##### 5. Assets

- Major asset purchase details
- Retirement plan statements (e.g. 401k, 403b, 457)
- IRA statements (e.g. traditional, Roth)
- Non-qualified account statements
- College savings statements (e.g. Coverdell ESA, 529)

##### 6. Business

- Business tax return
- Business cash flow statement

##### 7. Estate

- Last will & testament
- Trust documents
- Durable POA for finances
- Advance Medical Directive / Living Will
- HIPAA Authorization

PERSONAL

Primary client

Name  
Date of birth  
Gender  
Marital status  
State of residence  
In good health?

Co-client (if applicable)

Name  
Date of birth  
Gender  
Marital status  
State of residence  
In good health?

FAMILY

Children / Dependents

Dependent	Name	Gender	Date of Birth	Relationship to client	In good health
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FAMILY INFO NOTES

If there’s anything else we should know about your household, please describe below.

Please provide a statement or supporting document for each income and annuity listed.

COMPENSATION

Describe any income streams you have beyond the primary income you shared on the planning website.

No.	Income type	Income name	Annual amount	Year starts	Year ends	Self-employed
1			\$			
2			\$			
3			\$			
4			\$			

Check if you would NOT like Social Security to be included in the plan.

ADDITIONAL INCOME

No.	Income type	Income name	Tax treatment type	Annual amount	Year starts	Year ends	Self-employed
1				\$			
2				\$			
3				\$			
4				\$			

ANNUITIES

No.	Annuity type	Annuity name	Annual amount	Year starts	Based on lifetime of*	Guaranteed payout year*	Term**
1			\$				
2			\$				
3			\$				
4			\$				

\* If life, please indicate whose lifetime it is based on and the guaranteed payout year.

\*\* If term certain, please indicate term.

# REQUIRED EXPENSES

## MONTHLY LIVING EXPENSES

Living expenses should reflect your average monthly expenses, exclusive of any other expenses such as mortgage, debt, or insurance payments.

Current living expenses

\$

Predicted retirement expenses

\$

### Itemized expenses (optional)

If you’re unsure about your overall monthly expenses, please fill out this itemized expense worksheet.

#### 1. Basic expenses - Recurring monthly expenses necessary for daily living.

Expense type	Monthly amount	Expense type	Monthly amount
Housing	\$	Alimony	\$
Transportation	\$	Charitable contributions	\$
Groceries / dining out	\$	Gifts	\$
Shopping	\$	Pets	\$
Personal care (e.g. haircuts)	\$	Other:	\$
Healthcare	\$	Other:	\$
Entertainment	\$	Other:	\$
Professional services (e.g. CPA)	\$	Other:	\$

#### 2. Time sensitive expenses - Expenses that will only happen once or during a certain period of time.

Expense type	Amount	Occurs	Year starts	Year ends	Details
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

## CASH FLOW NOTES

If there’s anything else we should know about your income or expenses, please describe below.

REQUIRED ASSETS

Please provide a statement for each asset shared.

CASH

No. Cash type	Owner	Institution name	Current value	Annual contribution*
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$

INVESTMENT ACCOUNTS

No. Account type	Owner	Institution name	Current value	Cost basis*	Annual contribution*
1			\$	\$	\$
2			\$	\$	\$
3			\$	\$	\$
4			\$	\$	\$
5			\$	\$	\$
6			\$	\$	\$

HEALTH SAVINGS ACCOUNTS

No. Type	Owner	Institution name	Current value	Cost basis*	Annual contribution*	Beneficiary
1			\$	\$	\$	
1			\$	\$	\$	

ASSET NOTES

If there's anything else we should know about your assets, please describe below.

Cost basis\*: It is the original value of an asset, typically the purchase price. Please provide an average for the account, or we can do a holding-level analysis with an account statement.

Annual contribution\*: If your annual contribution is percentage-based, please indicate that instead.

Please provide a statement for each asset shared.

MORTGAGE

Mortgage Type		Property name		Current balance	\$
Interest rate	%	Payment frequency		Original balance	\$
Loan date		Term years			

Mortgage Type		Property name		Current balance	\$
Interest rate	%	Payment frequency		Original balance	\$
Loan date		Term years			

Mortgage Type		Property name		Current balance	\$
Interest rate	%	Payment frequency		Original balance	\$
Loan date		Term years			

PROPERTY

No.	Owner	Property name	Current value	Purchase price	Property tax	Purchase date
1			\$	\$	\$	
2			\$	\$	\$	
3			\$	\$	\$	
4			\$	\$	\$	

REAL ESTATE NOTES

If there's anything else we should know about your real estate, please describe below.

# REQUIRED LIABILITIES

If you have any debt or liabilities, please describe here.

Type		Name	Current balance	\$
Interest rate	%	Payment frequency	Original balance	\$
Loan date		No. of Payments		

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Type		Liability name	Current balance	\$
Interest rate	%	Payment frequency	Original balance	\$
Loan date		No. of Payments		

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Type		Liability name	Current balance	\$
Interest rate	%	Payment frequency	Original balance	\$
Loan date		No. of Payments		

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Type		Liability name	Current balance	\$
Interest rate	%	Payment frequency	Original balance	\$
Loan date		No. of Payments		

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Type		Liability name	Current balance	\$
Interest rate	%	Payment frequency	Original balance	\$
Loan date		No. of Payments		

## LIABILITIES NOTES

If there's anything else we should know about your liabilities, please describe below.

REQUIRED INSURANCE

Please provide a statement for each policy listed.

MEDICAL INSURANCE

No. Type	Owner	Policy name	Deductible	Annual premium
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$

PROPERTY/CASUALTY INSURANCE

No. Type	Owner	Policy name	Asset covered	Deductible	Annual premium
1				\$	\$
2				\$	\$
3				\$	\$
4				\$	\$

LONG TERM CARE INSURANCE

No. Type	Owner	Policy name	Person insured	Annual premium	Benefit amount	Benefit frequency	Benefit period
1				\$	\$		
2				\$	\$		
3				\$	\$		
4				\$	\$		

DISABILITY INSURANCE

No. Type	Owner	Policy name	Person insured	Annual premium	Benefit amount	Benefit frequency	Benefit period	Employer-based
1				\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			

LIFE INSURANCE

Policy type	Owner	Policy name
Person insured	Beneficiary	Annual premium \$
Cash value \$	Death benefit \$	Purchase date
		Term years*

Term life\*: Only applicable if selects term life as Policy type.

REQUIRED INSURANCE (CONTINUED)

Policy type	Owner	Policy name	
Person insured	Beneficiary	Annual premium	\$
Cash value	\$	Death benefit	\$
		Purchase date	Term years*

Policy type	Owner	Policy name	
Person insured	Beneficiary	Annual premium	\$
Cash value	\$	Death benefit	\$
		Purchase date	Term years*

INSURANCE NOTES

If there’s anything else we should know about your insurance, please describe below.

Term life\*: Only applicable if selects term life as Policy type.

# REQUIRED GOALS

Please describe your goals.

## RETIREMENT GOALS

### Desired retirement age

Client

Co-client (if applicable)

### Goal confidence

How do you feel about your current financial situation?

How do you feel about reaching your financial goals?

### In the next 5 years, I want to:

Goals	Expected annual amount	Expected year	Notes
Make a home improvement	\$		
Upsize current living situation (monthly increase in cost)	\$		
Downsize current living situation (monthly decrease in cost)	\$		
Purchase an additional property (e.g. home, rental, vacation home)	\$		
Buy or lease a vehicle (e.g. car, boat, RV)	\$		
Take a dream vacation	\$		

## OTHER GOALS

Please add details to the goals that apply to you (e.g. year, expected amount, notes, etc).

### Family goals

Notes

Have or adopt a child

Fund a child's education / day care

Change of marital status

Save for large family event

### Professional goals

Notes

Pursue further education

Make a career change

Start my own business

Work after retirement

### Estate planning

Notes

Setup a will or trust

Provide for family in the event of death

Strong desire for charitable giving

Leave large portion of estate to heirs

### Health care

Notes

Prepare for future medical expense

Plan for potential disability

Consider long-term care impacts

Provide for other family members

## OTHER GOALS NOTES

If you have other goals or concerns not captured above, please describe below.

If you have a business or businesses, please describe below.

BUSINESS

Business type		Business name		Owner	
Current value	\$	Annual revenue	\$	Annual expense	\$
Annual personal Income	\$	Note			
Check if you plan to sell this business.					

Business type		Business name		Owner	
Current value	\$	Annual revenue	\$	Annual expense	\$
Annual personal Income	\$	Note			
Check if you plan to sell this business.					

Business type		Business name		Owner	
Current value	\$	Annual revenue	\$	Annual expense	\$
Annual personal Income	\$	Note			
Check if you plan to sell this business.					

BUSINESS ASSETS

No.	Type	Business / asset name	Current value	Cost basis*	Annual contribution
1			\$	\$	\$
2			\$	\$	\$
3			\$	\$	\$
4			\$	\$	\$
5			\$	\$	\$
6			\$	\$	\$

BUSINESS DISABILITY INSURANCE

No.	Benefit type	Owner	Policy name	Business name	Person insured	Annual premium	Benefit amount	Benefit frequency	Benefit percent
1						\$	\$		%
2						\$	\$		%
3						\$	\$		%

Cost basis\*: It's the original value of an asset, typically the purchase price. Please provide an average for the account, or we can do a holding-level analysis with an account statement.

If there is anything else we should know, please note it here.

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