EASTERN GATE
FINANCIAL LLC

Personal Information

Full Legal Name: _____
First Middle Last

Spouse Full Legal Name: _____
First Middle Last

Social Security Number: _____ Spouse Social Security Number: _____
Date of Birth: _____ Spouse Date of Birth: _____
Number of Dependents _____

Driver's License Number: _____ Spouse Driver's License Number: _____
State of Issue: _____ Spouse State of Issue: _____
Issue Date: _____ Spouse Issue Date: _____
Expiration Date: _____ Spouse Expiration Date: _____

Home Phone: _____
Cell Phone: _____ Spouse Cell Phone: _____

Mailing Address: _____
Address City State Zip Code

Legal Address: _____
Address City State Zip Code

Email Address: _____

Current CPA: _____
Current Tax Attorney: _____

Name of Trust: _____
Tax ID: _____
Trust Date: _____

Employer Information

Occupation: _____
Employers Name: _____
Employers Address: _____
Address City State Zip Code

Spouse Occupation: _____
Employers Name: _____
Employers Address: _____
Address City State Zip Code

Beneficiaries

Primary Beneficiary

Full Legal Name: _____

First Middle Last

Social Security Number: _____

Date of Birth: _____

Relationship: _____

Percentage: _____

Contingent Beneficiary

Full Legal Name: _____

First Middle Last

Social Security Number: _____

Date of Birth: _____

Relationship: _____

Percentage: _____

Contingent Beneficiary

Full Legal Name: _____

First Middle Last

Social Security Number: _____

Date of Birth: _____

Relationship: _____

Percentage: _____

Contingent Beneficiary

Full Legal Name: _____

First Middle Last

Social Security Number: _____

Date of Birth: _____

Relationship: _____

Percentage: _____

Contingent Beneficiary

Full Legal Name: _____

First Middle Last

Social Security Number: _____

Date of Birth: _____

Relationship: _____

Percentage: _____

PERSONAL FINANCIAL STATEMENT OF

_____

Prepared on: _____

MAILING ADDRESS: _____

Spouse's Name (if applicable): _____

ASSETS

Provide the total value of each asset class; if you have more than one account or item, add up the individual amounts. See the attachment to provide greater detail.

Checking Accounts	$_____
Savings Accounts	$_____
Certificates of Deposit	$_____
Securities (Stocks/Bonds/Mutual Funds)	$_____
Notes Receivable	$_____
Personal Property	$_____
Real Estate	$_____
Life Insurance	$_____
Retirement Accounts	$_____
Other Assets	$_____
TOTAL ASSETS:	$_____

LIABILITIES

Provide the total value of each liability type; if you have more than one of a category, add up the individual amounts. See the attachment to provide greater detail.

Credit Card Debt	$_____
Student Loans	$_____
Vehicle Loans	$_____
Real Property Mortgages	$_____
Notes Payable/Promissory Notes	$_____
Other Liabilities	$_____
TOTAL LIABILITIES:	$_____

NET WORTH

$_____ - $_____ = $_____

Expense Worksheet

EASTERN GATE
FINANCIAL LLC

Client Name: Date:

Housing	Monthly	Annual
Mortgage/Rent		
Property Taxes		
Homeowners Insurance		
Utilities		
Internet/Cable		
Home Maintenance		
Housing Total		

Transportation	Monthly	Annual
Auto Payment		
Fuel		
Insurance		
Maintenance		
Transportation Total		

Food & Dining	Monthly	Annual
Groceries		
Restaurants		
Food & Dining Total		

Healthcare	Monthly	Annual
Medical		
Dental		
Vision		
Prescriptions		
Healthcare Total		

Debt	Monthly	Annual
Credit Cards		
Student Loans		
Personal Loans		
Debt Total		

Entertainment	Monthly	Annual
Travel		
Subscriptions		
Recreation		
Entertainment Total		

Child Care	Monthly	Annual
Current Education Expense		
Education Savings		
Daycare		
Extracurriculars		
Child Care Total		

Miscellaneous	Monthly	Annual
Cell Phone Bill		
Charitable Contributions		
Clothing		
Cosmetics		
Other		
Miscellaneous Total		

Documents Needed for Financial Planning

Income Documentation

- Payroll Stubs
- 2 Years Tax Returns

Estate Planning

- Wills
- Trust

Insurance and Annuities

- Life
- Health
- Disability
- Group Insurance
- Annuities

Financial Statements

- Net Worth Statement
- Monthly Expenses
- Business Balance Sheet

Savings and Retirement

- Pension
- Profit Sharing
- SEP
- 401k
- Tax Sheltered Annuity (TSA)
- Traditional IRA
- Roth IRA
- Savings
- Mutual Funds
- Brokerage

Company Benefits

- Self and Spouse

Business Documents

- Buy/Sell Agreement
- Deferred Compensation
- Wage Continuation
- Employment Agreement
- Group Benefits
- Other Employer Benefits

Financial Plans

- Comprehensive Plan
- Needs analysis

Please add the completed client information forms, along with the below requested documents, to the SharePoint link that was provided to you by our team via email.