

MARK SCHEIDTER & ASSOCIATES

Client Discovery Form

13059 W Linebaugh Ave Suite 102 | Tampa FL 33626 | (813) 343-3864

Client's Name (1) _____

Client's Name (2) _____

Date _____

Our firm exists to improve the quality of life for our clients and associates. We will seek to achieve this by aligning client needs with the customized and expeditious delivery of high-quality financial planning and insurance products. A core underlying principle of our success will be to nurture long-term mutually beneficial relationships, grounded by professionalism and integrity, which will earn us the trust of both clients and associates.

In addition to the information included in this packet, we ask that you include the following documents:

- Investment Statements
- Copies of Insurance Policies
- Current Pay Stub
- Social Security Statement (if not currently collecting)
- Pension Estimates (if qualify for pension)
- Group Benefit Information
- Last Filed Tax Return

Family Information

Client (1)

Name (First/Last)			
Date of Birth:		Social Security #	Gender: M: <input type="checkbox"/> F: <input type="checkbox"/>
Marital Status:		Birth State:	Citizenship:

Client (2)

Name (First/Last)			
Date of Birth:		Social Security #	Gender: M: <input type="checkbox"/> F: <input type="checkbox"/>
Marital Status:		Birth State:	Citizenship:

Children/Grandchildren

First Name	Last Name	Date of Birth	Gender	Special Needs? (Yes / No)	Marital Status	Citizenship

Contact Info

Address			
Home Phone:		Home Fax:	
Client (1) Cell Phone:		Client (2) Cell Phone:	
Client (1) E-mail:		Client (2) E-mail:	

Employment

Employer Name & Title – Client (1)	
Employer Name & Title – Client (2)	

Suitability Information

Risk Tolerance:	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Liquidity:	<input type="checkbox"/> Important <input type="checkbox"/> Somewhat Important <input type="checkbox"/> Very Important
Preferred Investment Strategy:	<input type="checkbox"/> Asset Allocation <input type="checkbox"/> Buy and Hold <input type="checkbox"/> Dollar Cost Averaging <input type="checkbox"/> Frequent Trading		
Net Worth: (exclude residence)	\$	Liquid Net Worth:	\$

Business Interests

Business Interests

	(1)	(2)	(3)
Business Name:			
Base Value:			
Pre-Retire Gross Growth:			
Post-Retire Gross Growth:			
Business Tax Basis:			
Owner: <i>(Client, Spouse, Joint, etc.)</i>			
Business Type <i>(Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp):</i>			
Pass Thru Enabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Property

Real Estate

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Address				
City				
State & Zip				
Property Type:				
Purchase Year:				
Purchase Amount:				
Current Value:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				
Annual Expenses				
Annual Income:				

Mortgages

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Institution Name:				
Loan Type <i>(Mortgage, Home Equity Loan):</i>				
Property Name:				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
as of Date <i>(Current Balance):</i>				
Interest Rate:				
Loan Term (Years):				
Payment Frequency				
Payment:				

Living Expenses

Expense Description	Annual Amount
Housing	
Appliance Purchases	
Association Dues	
Cable TV/Digital/PPV	
Domestic Help	
Furnishings	
Home Improvements	
Maintenance & Repairs	
Other	
Telephones/Fax/Internet	
Utilities (Garbage/Water)	
Utilities (Electric/Gas)	
Home Insurance	
Liability Insurance	
Total Housing	

Mortgage/Rent	
Second Mortgage	
Line of Credit Payments	
Property Taxes	

Food	
Groceries	
Lunches & Snacks	
Dining/Other	
Total Food	

Entertainment	
Books/Papers/Magazines	
Club Dues/Health Club	
Other	
Theatre/Movies	
Other	
Vacation	
Total Entertainment	

Expense Description	Annual Amount
Transportation	
Auto Loan/Lease Payments	
Auto Purchase	
Fares (Bus/Train/Taxi)	
Gas & Oil	
Maintenance & Repairs	
Other	
Parking	
Auto Insurance	
Total Transportation	

Alimony	
Child Care/Child Support	
Medical and Dental expenses	
Medicare/Medigap Supplement	
Charitable Gifts	
Gifts	

Personal Care (Hair, Nails, etc.)	
Clothing	

Other Lifestyle Expenses	
Laundry/Tailor	
Summer School/Camp	
Allowance	
Sports/Music/Dance Lesson	
Other Misc. Expenses	
Total Other	

Insurance	
Dental Insurance	
Medical Insurance	
Other Insurance	
Insurance Total	
Total Annual Living Expenses	

Education

Name of School	Education For	Annual Amount	Indexed At	Starts	Ends	Funding Assets (529s, UTMA, Other Account)
			6%			
			6%			
			6%			

Other Expenses

Expense Name	Type	Annual Amount	Indexed At	Starts	Ends	Occurs Every x Years

Future Goals & Expenses

Retirement Assumptions

	Semi – Retirement	Retirement	Advanced Age
Client (1) Age			
Client (2) Age			
Estimated Expenses			

Future Education Expenses

Name of School	Education For	Annual Amount	Starts	Ends	Funding Assets (529s, UTMA, Other Account)

Other Expenses

Expense Name	Type	Annual Amount	Starts	Ends	Occurs Every x Years

Insurance Policies

Life Insurance Policies

Company Name	Insured	Owner	Type	Issue Date	Death Benefit	Cash Balance	Annual Premium

Disability Insurance Policies

Company Name	Insured	Type	Elimination Period	Max Benefit	To Age	Annual Premium