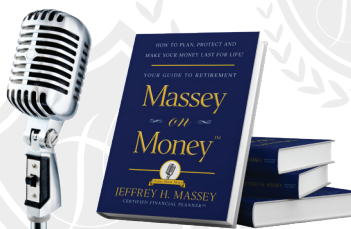




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Radio Host and Author



**Jeffrey H. Massey**  
CERTIFIED FINANCIAL PLANNER™

Wealth Management,  
Retirement Income  
and Estate Planning



## MASSEY & ASSOCIATES, INC. CONFIDENTIAL FAMILY ORGANIZER

**PLEASE BRING THE FOLLOWING WITH YOU TO YOUR COMPLIMENTARY CONSULTATION:**

1. Last year's tax return.
2. Latest statements on your IRA, 401(k), brokerage account, stocks, bonds, mutual funds, company retirement plans, etc.
3. Latest life insurance and annuity statements and the actual contracts, if it is convenient to bring them.

Advisor Assigned: \_\_\_\_\_

*Please call us with any questions at 401-333-8000.*

Date: \_\_\_\_\_ Updated: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ No. of Marriages: \_\_\_\_\_ Mr: \_\_\_\_\_ Mrs: \_\_\_\_\_  
Legal: Powers of Attorney: Financial? Yes/No Health Care? Yes/No Living Will/Health Proxy? Yes/No  
Do You Have A Trust? Yes/No Wills? Yes/No Attorney's Name: \_\_\_\_\_  
Accountant's Name: \_\_\_\_\_ Number of Children/Grandchildren: \_\_\_\_\_ / \_\_\_\_\_  
Any Special Needs? \_\_\_\_\_

### GENERAL INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Spouse: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mr. Cell Phone: \_\_\_\_\_ Ms. Cell Phone: \_\_\_\_\_  
Mr. Email Address: \_\_\_\_\_ Ms. Email Address: \_\_\_\_\_  
Mr. Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ms. Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### RESIDENCE, REAL ESTATE & TIMESHARES in or outside of the state of your residence



Short Address or Description of Property	Original Cost	Approximate Amount Owed	Approximate Value
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	\$ _____	\$ _____	\$ _____

[Info@MasseyAndAssociates.com](mailto:Info@MasseyAndAssociates.com) | [www.MasseyAndAssociates.com](http://www.MasseyAndAssociates.com)

*Neither the firm nor its agents or representatives may give tax or legal advice. Individuals should consult with a qualified professional for guidance before making any purchasing decisions.*

**(NOT YOUR IRAs) STOCKS & BONDS YOU HOLD**

Please Bring Latest Statements



(Stock certificates, municipal or corporate bonds or savings bonds that you have in your possession)

Name of Stock or Bond Held	Number of Shares/Bonds	Approximate Market Value
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	# _____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	# _____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	# _____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	# _____	\$ _____

**(NOT YOUR IRAs) STOCKS, BONDS & MUTUAL FUNDS HELD BY BROKERAGE**

Please Bring Latest Statements



(Stock certificates, municipal or corporate bonds, bonds in street name with brokerages)

Name of Brokerage Firm (Mutual Fund if Direct with Firm)	Number of Shares/Bonds	Approximate Market Value
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	# _____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	# _____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	# _____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	# _____	\$ _____

**LONG-TERM CARE INSURANCE**

Name of Insurance company: \_\_\_\_\_



Mr.	Daily Benefit \$ _____	Benefit Period _____	Elimination Period _____
	C.O.L.A. Yes _____ %	No _____ Other _____	Premium _____
Ms	Daily Benefit \$ _____	Benefit Period _____	Elimination Period _____
	C.O.L.A. Yes _____ %	No _____ Other _____	Premium _____

**PROMISSORY NOTES & TRUST DEEDS (Money that is owed to you)**

Type of note receivable/loan, real estate, etc.	Monthly Gross Income	Approximate Balance Due
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	\$ _____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	\$ _____	\$ _____

**(NOT IRAs) TAX-DEFERRED ANNUITIES, VARIABLE OR FIXED**

Please Bring Latest Statements



Name of Company	Date Started Plan	Approximate Value
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	____ / ____ / ____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	____ / ____ / ____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	____ / ____ / ____	\$ _____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Joint <input type="checkbox"/> Trust _____	____ / ____ / ____	\$ _____

**(NOT IRAs) BANKS, CREDIT UNIONS, ETC.**

Please Bring Latest Statements



(Checking &amp; savings accounts, money market accounts, share accounts, CDs)

	Name of Bank or Institution	Type of Account	Maturity Date, if any	Rate	Approximate Value
_ Mr _ Ms _ Joint _ Trust	_____	_____	___ / ___ / ___	___ %	\$ _____
_ Mr _ Ms _ Joint _ Trust	_____	_____	___ / ___ / ___	___ %	\$ _____
_ Mr _ Ms _ Joint _ Trust	_____	_____	___ / ___ / ___	___ %	\$ _____
_ Mr _ Ms _ Joint _ Trust	_____	_____	___ / ___ / ___	___ %	\$ _____
_ Mr _ Ms _ Joint _ Trust	_____	_____	___ / ___ / ___	___ %	\$ _____

**(FINALLY ... YOUR IRAs) IRAs & OTHER RETIREMENT ACCOUNTS**

Please Bring Latest Statements

(Keogh, 401(k), IRA, thrift plans, SEP, 403B, SSIP and profit-sharing plans set up with **before-tax** dollars)

	Account at Bank, Employer, Etc.	Type of account	Maturity date, if any	Rate	Approximate value
_ Mr _ Ms	_____	_____	___ / ___ / ___	___ %	\$ _____
_ Mr _ Ms	_____	_____	___ / ___ / ___	___ %	\$ _____
_ Mr _ Ms	_____	_____	___ / ___ / ___	___ %	\$ _____
_ Mr _ Ms	_____	_____	___ / ___ / ___	___ %	\$ _____
_ Mr _ Ms	_____	_____	___ / ___ / ___	___ %	\$ _____
_ Mr _ Ms	_____	_____	___ / ___ / ___	___ %	\$ _____
_ Mr _ Ms	_____	_____	___ / ___ / ___	___ %	\$ _____
_ Mr _ Ms	_____	_____	___ / ___ / ___	___ %	\$ _____
_ Mr _ Ms	_____	_____	___ / ___ / ___	___ %	\$ _____
_ Mr _ Ms	_____	_____	___ / ___ / ___	___ %	\$ _____

**LIFE INSURANCE IN FORCE NOW**

Please Bring Latest Statements



	Name of life insurance company	Permanent or term	Yearly premium	Approximate death benefit
_ Mr _ Ms _ Joint _ Trust	_____	_____	\$ _____	\$ _____
_ Mr _ Ms _ Joint _ Trust	_____	_____	\$ _____	\$ _____
_ Mr _ Ms _ Joint _ Trust	_____	_____	\$ _____	\$ _____
_ Mr _ Ms _ Joint _ Trust	_____	_____	\$ _____	\$ _____

**OTHER ASSETS**  
**FAMILY BUSINESS OWNERSHIP**

Approximate Values



Name of Business	Type of Business	Corp, sub-S, sole prop, etc.	Approximate Value
_____	_____	_____	\$ _____

**PERSONAL PROPERTY OWNERSHIP**



Household goods, furniture, jewelry, equipment, RVs, automobiles collectibles or collections.  
This number is an **estimate only**. \$ \_\_\_\_\_

**INHERITANCES EXPECTED IN THE FUTURE**



This is just an estimate of the increase in assets that could impact your future estate tax position.  
This will most likely come from \_ Mr. or \_ Ms. side of the family. \$ \_\_\_\_\_

**ANY OTHER MISCELLANEOUS ASSETS NOT MENTIONED ELSEWHERE**



Anything else of value in your name. Assets held for another, joint ownership, etc. \$ \_\_\_\_\_

Total Assets: \$ \_\_\_\_\_ Total Liabilities: \$ \_\_\_\_\_ Net Worth: \$ \_\_\_\_\_

**BASIC RETIREMENT INFORMATION**

(Mr.) Current or former employer:

(Ms.) Current or former employer:

\_\_\_\_\_ Retired? Yes/No

\_\_\_\_\_ Retired? Yes/No

Approximate Date of Retirement \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approximate Date of Retirement \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Will/do you have pension income from employer? Yes/No

Will/do you have pension income from employer? Yes/No

**PLEASE LIST YOUR PRIMARY FINANCIAL CONCERNS & OBJECTIVES**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**NOTES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Insurance products are offered through the insurance business Massey & Associates, Inc. Massey & Associates Inc. Retirement Wealth Advisors is also an Investment Advisory practice that offers products and services through AE Wealth Management, LLC (AEWM), a Registered Investment Adviser. AEWM does not offer insurance products. The insurance products offered by Massey & Associates Inc., are not subject to Investment Advisor requirements. AEWM and Massey & Associates, Inc. Retirement Wealth Advisors are not affiliated companies.*

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**INCOME**

Mr. SS:	62	\$ _____
	66/67	\$ _____
	70	\$ _____
Mr. Pension		\$ _____
Survivor Benefit		\$ _____
Mr. Other		\$ _____
Ms. SS:	62	\$ _____
	66/67	\$ _____
	70	\$ _____
Ms. Pension		\$ _____
Survivor Benefit		\$ _____
Ms. Other		\$ _____
Rental Inc.		\$ _____
Mr. RMD		\$ _____
Ms. RMD		\$ _____
Monthly Income		
Needed to Maintain		
Lifestyle		\$ _____
Last Year		
Taxable Income		\$ _____
Last Year		
Tax Bracket		\$ _____