

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	\$ _____	\$ _____	\$ _____

(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 & 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		\$ _____