BUSTAMANTE
FINANCIAL PLANNING

2700 Via Venado | Santa Fe, NM 87505 | 505.231.4607 | bustamantefinancialplanning.com

Request for Documents

Please deliver the following checked documents for the next planning meeting.

_____ Auto, homeowners and other liability insurance declaration pages

_____ Life insurance, disability, long term care policies and any recent statements

_____ Annuity contracts and most recent statement

_____ Most recent Federal and State Tax Returns

_____ Signed copies of your current estate planning documents - will, power of attorney, living trust, health care directive, etc.

_____ Most recent investment statements (banks, stocks, bonds, mutual funds, IRA, 401k, 403b, etc.)

_____ Cost Basis information for investment holdings

_____ Description of beneficiary designations on life policies (including employer), annuities, IRA, 401(k), 403(b), etc.

_____ List of expenses representative of the past 12 months

_____ List of income sources and income since last year. Include copies of W2s, final paystubs from year end and most recent paystubs.

_____ Most recent social security benefit statements

_____ Investment options and performance for employer sponsored plans

_____ Loan documents, credit card statements and amortization schedules

_____ Employee benefit books

_____ If self employed, copy of business succession plan and Articles of Incorporation

_____ Notes receivable with amortization schedules

_____ Current real estate tax bill

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Client Advisor Information

Attorney			
Name			
Firm			
Address			
City		State	
Zip			
Phone			

Accountant			
Name			
Firm			
Address			
City		State	
Zip			
Phone			

Home Owner Insurance Agent			
Name			
Firm			
Address			
City		State	
Zip			
Phone			

Auto Insurance Agent			
Name			
Firm			
Address			
City		State	
Zip			
Phone			

Life Insurance Agent			
Name			
Firm			
Address			
City		State	
Zip			
Phone			

Investment Advisor			
Name			
Firm			
Address			
City		State	
Zip			
Phone			

Banker/Trust Officer			
Name			
Firm			
Address			
City		State	
Zip			
Phone			

Other Advisor:__________________			
Name			
Firm			
Address			
City		State	
Zip			
Phone			

This is to authorize Bustamante Planning permission to contact these advisors for financial planning information.

Client ____________________________Date:_________ Co-Client________________________Date:__________