

# CARRIER LAW

## Financial Information Packet

Please complete this packet thoroughly as it determines which legal tools may be best suited to meet your goals.

- Answer each section completely – estimates of value are acceptable!
- Print legibly
- Check all appropriate boxes including “N/A” and “No” boxes
- Please include a copy of a statement for each asset where requested
- Please include either a copy of your tax bill or deed for each piece of real estate
- If you need additional space, please attach an extra sheet or use the back of the page
- If you need assistance, please call us at **(616) 361-8255** or consult with your financial advisor.

*All information contained in this document is confidential and protected by attorney-client privilege.*

*Please return the day of your Composition Meeting.*

# Financial Information Packet

## Income Information

Name: \_\_\_\_\_

Employment Status:  Employed  Retired

*If employed:*

Occupation/Position: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_ Anticipated Retirement Age/Year: \_\_\_\_\_

Pension — Monthly Payment:	Source:
Rental Income — Monthly Payment:	Source:
Social Security — Monthly Payment:	
Disability — Monthly Payment:	Source:
Investment/Dividend — Monthly Payments:	Source:

## Spouse (if applicable)

Name: \_\_\_\_\_

Employment Status:  Employed  Retired

*If employed:*

Occupation/Position: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_ Anticipated Retirement Age/Year: \_\_\_\_\_

Pension — Monthly Payment:	Source:
Rental Income — Monthly Payment:	Source:
Social Security — Monthly Payment:	
Disability — Monthly Payment:	Source:
Investment/Dividend — Monthly Payments:	Source:

# Financial Information Packet

**Cash Accounts**  Check here if N/A

**Type:** Checking Accounts; Savings Accounts; Certificates of Deposit (NON-IRA CDs); Money Market Accounts & Cash Management Accounts (*do not include retirement accounts*)

OFFICE USE ONLY

<b>Bank/Credit Union:</b> _____ Account Type: _____ Owner: _____	
Branch Address: _____ Phone: _____ Account No. _____ <input type="checkbox"/> Statement Provided Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Account Balance: _____	
<b>Bank/Credit Union:</b> _____ Account Type: _____ Owner: _____	
Branch Address: _____ Phone: _____ Account No. _____ <input type="checkbox"/> Statement Provided Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Account Balance: _____	
<b>Bank/Credit Union:</b> _____ Account Type: _____ Owner: _____	
Branch Address: _____ Phone: _____ Account No. _____ <input type="checkbox"/> Statement Provided Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Account Balance: _____	
<b>Bank/Credit Union:</b> _____ Account Type: _____ Owner: _____	
Branch Address: _____ Phone: _____ Account No. _____ <input type="checkbox"/> Statement Provided Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Account Balance: _____	
<b>Bank/Credit Union:</b> _____ Account Type: _____ Owner: _____	
Branch Address: _____ Phone: _____ Account No. _____ <input type="checkbox"/> Statement Provided Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Account Balance: _____	
<b>TOTAL CASH:</b>	

# Financial Information Packet

**Investment Accounts**  Check here if N/A

**Type:** Investment Accounts & Money Fund Accounts. *Do not include retirement accounts.*

OFFICE USE ONLY

<b>Company:</b> _____ Account Type: _____ Owner: _____	
Company Address: _____ Phone: _____ Representative/Agent Name & Address: _____ Account No. _____ Is this account pledged as collateral for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Account Balance: _____ <input type="checkbox"/> Statement Provided	
<b>Company:</b> _____ Account Type: _____ Owner: _____	
Company Address: _____ Phone: _____ Representative/Agent Name & Address: _____ Account No. _____ Is this account pledged as collateral for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Account Balance: _____ <input type="checkbox"/> Statement Provided	
<b>Company:</b> _____ Account Type: _____ Owner: _____	
Company Address: _____ Phone: _____ Representative/Agent Name & Address: _____ Account No. _____ Is this account pledged as collateral for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Account Balance: _____ <input type="checkbox"/> Statement Provided	
<b>Company:</b> _____ Account Type: _____ Owner: _____	
Company Address: _____ Phone: _____ Representative/Agent Name & Address: _____ Account No. _____ Is this account pledged as collateral for a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are funds electronically transferred to or from this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Account Balance: _____ <input type="checkbox"/> Statement Provided	
<b>TOTAL:</b>	

# Financial Information Packet

**Retirement Plans**  Check here if N/A

**Type:** IRA, IRA CD, ROTH IRA, 401(K) & 403(B)

OFFICE USE ONLY

<b>Company Name:</b> _____ <b>Plan Type:</b> _____ <b>Owner:</b> _____	Rec'd initial
Company Address: _____ Account No. _____ Value: \$ _____ <input type="checkbox"/> Statement Provided Representative/Advisor Name & Address: _____ Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Company Name:</b> _____ <b>Plan Type:</b> _____ <b>Owner:</b> _____	Rec'd initial
Company Address: _____ Account No. _____ Value: \$ _____ <input type="checkbox"/> Statement Provided Representative/Advisor Name & Address: _____ Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Company Name:</b> _____ <b>Plan Type:</b> _____ <b>Owner:</b> _____	Rec'd initial
Company Address: _____ Account No. _____ Value: \$ _____ <input type="checkbox"/> Statement Provided Representative/Advisor Name & Address: _____ Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Company Name:</b> _____ <b>Plan Type:</b> _____ <b>Owner:</b> _____	Rec'd initial
Company Address: _____ Account No. _____ Value: \$ _____ <input type="checkbox"/> Statement Provided Representative/Advisor Name & Address: _____ Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Company Name:</b> _____ <b>Plan Type:</b> _____ <b>Owner:</b> _____	Rec'd initial
Company Address: _____ Account No. _____ Value: \$ _____ <input type="checkbox"/> Statement Provided Representative/Advisor Name & Address: _____ Are you currently receiving benefits/payments from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TOTAL:</b>	

# Financial Information Packet

**Stocks**  Check here if N/A

**Type:** *Individually-held* stock certificates, not those managed by a brokerage firm.

OFFICE USE ONLY

<b>Stock Name:</b> _____ <b>Owner:</b> _____ <b>No. of Shares:</b> _____	
Fair Market Value: \$ _____ <b>Transfer Company:</b> _____	
<b>Stock Name:</b> _____ <b>Owner:</b> _____ <b>No. of Shares:</b> _____	
Fair Market Value: \$ _____ <b>Transfer Company:</b> _____	
<b>Stock Name:</b> _____ <b>Owner:</b> _____ <b>No. of Shares:</b> _____	
Fair Market Value: \$ _____ <b>Transfer Company:</b> _____	
<b>TOTAL:</b>	

**Bonds**  Check here if N/A

**Type:** U.S. Savings Bonds, Treasury Bonds, corporate bonds, municipal bonds, etc.

OFFICE USE ONLY

<b>Bond Type:</b> _____ <b>Owner:</b> _____ <b>Co-Owner:</b> _____	
<b>Bond Number:</b> _____ <b>Date Purchased:</b> _____ <b>Face Value:</b> \$ _____	
<b>Bond Type:</b> _____ <b>Owner:</b> _____ <b>Co-Owner:</b> _____	
<b>Bond Number:</b> _____ <b>Date Purchased:</b> _____ <b>Face Value:</b> \$ _____	
<b>Bond Type:</b> _____ <b>Owner:</b> _____ <b>Co-Owner:</b> _____	
<b>Bond Number:</b> _____ <b>Date Purchased:</b> _____ <b>Face Value:</b> \$ _____	
<b>TOTAL:</b>	

*If you own U.S. savings bonds please attach copies or please bring a detailed list to your next meeting.*

# Financial Information Packet

**Life Insurance**  Check here if N/A

**Type:** Term, Whole Life, Split Dollar, Group Term Life

*Do not include Accidental Death & Dismemberment or Long-Term Care Insurances*

**OFFICE USE ONLY**

<b>Representative/Agent Name &amp; Address:</b> _____	
Company Name: _____	
Company Address: _____	
Phone: _____ Policy Type: _____ Policy Number: _____	
Owner: _____ Insured: _____	
Face Value: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____	
<b>Representative/Agent Name &amp; Address:</b> _____	
Company Name: _____	
Company Address: _____	
Phone: _____ Policy Type: _____ Policy Number: _____	
Owner: _____ Insured: _____	
Face Value: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____	
<b>Representative/Agent Name &amp; Address:</b> _____	
Company Name: _____	
Company Address: _____	
Phone: _____ Policy Type: _____ Policy Number: _____	
Owner: _____ Insured: _____	
Face Value: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____	
<b>Representative/Agent Name &amp; Address:</b> _____	
Company Name: _____	
Company Address: _____	
Phone: _____ Policy Type: _____ Policy Number: _____	
Owner: _____ Insured: _____	
Face Value: \$ _____ Death Benefit: \$ _____ Cash Value: \$ _____	
<b>TOTAL:</b>	

# Financial Information Packet

*Annuities*  Check here if N/A

**OFFICE USE ONLY**

<b>Company Name:</b> _____ Company Address: _____ Representative/Agent Name & Address: _____ Phone: _____ Policy Type: _____ Policy Number: _____ Owner: _____ Estimated Value: \$ _____ Are you currently receiving withdrawals from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	
<b>Company Name:</b> _____ Company Address: _____ Representative/Agent Name & Address: _____ Phone: _____ Policy Type: _____ Policy Number: _____ Owner: _____ Estimated Value: \$ _____ Are you currently receiving withdrawals from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	
<b>Company Name:</b> _____ Company Address: _____ Representative/Agent Name & Address: _____ Phone: _____ Policy Type: _____ Policy Number: _____ Owner: _____ Estimated Value: \$ _____ Are you currently receiving withdrawals from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	
<b>Company Name:</b> _____ Company Address: _____ Representative/Agent Name & Address: _____ Phone: _____ Policy Type: _____ Policy Number: _____ Owner: _____ Estimated Value: \$ _____ Are you currently receiving withdrawals from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	
<b>TOTAL:</b>	



# Financial Information Packet

**Real Estate**  Check here if N/A

Please include a copy of your tax bill or deed.

OFFICE USE ONLY

<b>Property Address:</b> _____ County: _____	
Township/City: _____ State: _____	
Parcel Number: _____ Owners: _____	
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Land <input type="checkbox"/> Rental Property <input type="checkbox"/> Business Property	
Assessed Value: \$ _____ (Double the SEV value, MI only)	
Is there a Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	
Insurance Provider Name: _____	
Insurance Provider Address: _____	
<b>Property Address:</b> _____ County: _____	
Township/City: _____ State: _____	
Parcel Number: _____ Owners: _____	
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Land <input type="checkbox"/> Rental Property <input type="checkbox"/> Business Property	
Assessed Value: \$ _____ (Double the SEV value, MI only)	
Is there a Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	
Insurance Provider Name: _____	
Insurance Provider Address: _____	
<b>Property Address:</b> _____ County: _____	
Township/City: _____ State: _____	
Parcel Number: _____ Owners: _____	
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Land <input type="checkbox"/> Rental Property <input type="checkbox"/> Business Property	
Assessed Value: \$ _____ (Double the SEV value, MI only)	
Is there a Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	
Insurance Provider Name: _____	
Insurance Provider Address: _____	
<b>TOTAL:</b>	

# Financial Information Packet

*Timeshares*     Check here if N/A

OFFICE USE ONLY

<p><b>Property Address:</b> _____ State/County: _____</p> <p>Parcel Number: _____ Years Purchased: _____</p> <p>Timeshare Association Name/Address: _____</p> <p>_____ Phone: _____</p> <p><b>PLEASE INCLUDE A COPY OF THE PURCHASE DEED</b></p>	
<p><b>Property Address:</b> _____ State/County: _____</p> <p>Parcel Number: _____ Years Purchased: _____</p> <p>Timeshare Association Name/Address: _____</p> <p>_____ Phone: _____</p> <p><b>PLEASE INCLUDE A COPY OF THE PURCHASE DEED</b></p>	
<p><b>Property Address:</b> _____ State/County: _____</p> <p>Parcel Number: _____ Years Purchased: _____</p> <p>Timeshare Association Name/Address: _____</p> <p>_____ Phone: _____</p> <p><b>PLEASE INCLUDE A COPY OF THE PURCHASE DEED</b></p>	
<b>TOTAL:</b>	

*Mobile Home/Manufactured Home on Leased/Rented Land*

Check here if N/A

OFFICE USE ONLY

<p><b>Manufacturer:</b> _____ <b>Owner:</b> _____</p> <p>Estimated Value: _____ Is there a lien on this property?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Amount: _____</p>	<p>Rec'd initial</p>
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# Financial Information Packet

## Motor Vehicles

Check here if N/A

OFFICE USE ONLY

**Type:** Automobiles; motorcycles; motor homes; boats; snowmobiles; airplanes; etc.

<b>Year/Make/Model:</b> _____ <b>Owner:</b> _____	Rec'd initial
Primary Driver: _____	
Lien against vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Lender: _____	
Lien Amount: \$ _____ Present Value: \$ _____ <input type="checkbox"/> Fair Market <input type="checkbox"/> Book Value	
<b>Year/Make/Model:</b> _____ <b>Owner:</b> _____	Rec'd initial
Primary Driver: _____	
Lien against vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Lender: _____	
Lien Amount: \$ _____ Present Value: \$ _____ <input type="checkbox"/> Fair Market <input type="checkbox"/> Book Value	
<b>Year/Make/Model:</b> _____ <b>Owner:</b> _____	Rec'd initial
Primary Driver: _____	
Lien against vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Lender: _____	
Lien Amount: \$ _____ Present Value: \$ _____ <input type="checkbox"/> Fair Market <input type="checkbox"/> Book Value	
<b>TOTAL:</b>	

## Sole Proprietorships

Check here if N/A

OFFICE USE ONLY

All of the assets used by you in a sole proprietorship type of business ownership.

<b>Name of Business:</b> _____	Rec'd initial
Business Address: _____	
Business Description: _____	
Business Value: \$ _____ Percent Ownership: _____	

## Corporate Business Interests

Check here if N/A

OFFICE USE ONLY

<b>Company Name:</b> _____ <b>Percent Ownership:</b> _____	Rec'd initial
Address: _____ Value: \$ _____	
Buy/Sell Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this an "S" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a Medical, Legal or another Professional Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# Financial Information Packet

## Partnership & LLC Interests Check here if N/A

General and limited partnerships. *Please show the percentage interest you have as a partner.*

OFFICE USE ONLY

<b>Name of Partnership:</b> _____	Rec'd initial
Address: _____	
Owners: _____	
Name of Managing Partner: _____	
Phone: _____ Policy Type: _____ Policy Number: _____	
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company	
Percent Ownership: \$ _____ Approximate Partnership Value: \$ _____	

## Mortgages, Notes & Other Receivables Check here if N/A

Mortgages or promissory notes **payable** to you; other monies owed to you.

OFFICE USE ONLY

<b>Name of Debtor:</b> _____ <input type="checkbox"/> Business Debt <input type="checkbox"/> Personal Debt	Rec'd initial
Address: _____ Phone: _____	
Owed to: _____ Date Payable or Payment Schedule: _____	
Promissory Note? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Debt: _____	
Phone: _____ Policy Type: _____ Policy Number: _____	
<b>PLEASE INCLUDE A COPY OF THE PROMISSORY NOTE</b>	

## Anticipated Inheritance, Gift or Lawsuit Judgment Check here if N/A

Gifts or inheritances you expect to receive in the future; monies you anticipate receiving through a judgment or settlement of a lawsuit.

OFFICE USE ONLY

<b>Type:</b> _____ From Whom: _____ Anticipated Value: \$ _____	Rec'd initial
Description: _____ Phone: _____	
Attorney & Address: _____ _____	