



Shilanski
& ASSOCIATES, INC.

Personal Financial Fact Finder

Confidential Information

Personal Analysis Will Determine:

- Cash flow: Really see what you're earning, spending and saving.
- Credit: See where you stand, what does it mean and what can be done to maintain, improve or recover.
- Debt: Student loans, credit cards, automobiles, toys and other debt.
- Benefits: Employer benefits understood from retirement plans to health, accidental and disability plans.
- Risk Analysis: Health, Disability and Life Insurance - what do you have in place?
- Goal setting: Buying a home, starting a family, traveling or other life plans that require financial funding.
- Investments: 401(k) Plans, TSP plans, IRA's, Roth's and other investments clarified.

The following data is strictly confidential. The information will be analyzed by one of our representatives, and you may receive a personalized analysis which will answer the important questions listed on the cover. The analysis might also provide the basis for making recommendations for specific investments and other financial tools that you should consider to help you meet your family's needs and achieve your goals.

1 Yours and your Significant Others (S.O) information

Personal Data - Client A

First Name: _____ M.I.: _____ Last Name: _____
 Age: _____ Sex: _____ Birth Date: _____ Social Security #: _____
 Height: _____ Weight: _____ Use Tobacco Products? _____
 Adverse Medical History: _____
 Work Phone: _____ Cell Phone: _____ Email ID: _____
 Home Address: _____ Street: _____
 City: _____ State: _____ Zip: _____

Personal Data - Client B

First Name: _____ M.I.: _____ Last Name: _____
 Age: _____ Sex: _____ Birth Date: _____ Social Security #: _____
 Height: _____ Weight: _____ Use Tobacco Products? _____
 Adverse Medical History: _____
 Work Phone: _____ Cell Phone: _____ Email ID: _____
 Home Address: _____ Street: _____
 City: _____ State: _____ Zip: _____

Children		Age	Sex	Birth Date	College Funding**	Age to Start	Total Yrs in School	Current Cost/Year	Amount Saved
First Name	M.I.								
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
					<input type="checkbox"/> Yes <input type="checkbox"/> No				

* If you plan to have additional children, please write "Planned" in the dependent space and indicate the approximate future birth date(s).
 ** If you anticipate paying for your children's college education, choose Yes.
 If you do not specify a cost for education in today's dollars, we will use the cost of the average public, four-year college.

2 Professional Information

Client A: _____	Client B: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Check here if: <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed	Check here if: <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed
Name/Firm: _____	Telephone: _____
Accountant: _____	Telephone: _____
Attorney: _____	Telephone: _____
Financial Advisor: _____	Telephone: _____

Credit Score

Have you pulled your credit score lately? Yes No Or, Nope! Too nervous to look.

Where was it pulled from? _____

Example: CreditScore.com, CreditKarma, FreeCreditReport.com, Etc.

Client A

Date Reviewed	Trans Union Score	Experian Score	Equifax Score

Client B

Date Reviewed	Trans Union Score	Experian Score	Equifax Score

4

Monthly Income Details - Where the Money Comes From

If you can, upload the most recent copy of your pay stub or leave and earning statement when you return this document. That will help when determining your taxable income, employer contributions and the like.

Some of the fields below may not apply to you so if they do not, skip over them and complete the ones that do.

Gross income means what you earn before any deductions for taxes or Employer Sponsored Plans have been made.

Net income means the money that you receive after deductions for taxes or Employer Sponsored Plans have been made. It's the money that hits your bank account each month.

Recent LES or Paystub Enclosed: Yes No

Present Income to Monthly Income

Client A (A) / B (B) or for the entire Household (H)	Description of Income	Earned From	Average Amount \$
	Salary / Wages		
	Tips or Commission		
	Self Employment Income		
	Rental Property Income		
	Child Support you Receive		
	Military Retirement Pay		
	Military Disability Pay		
	National Guard Pay		
	Total Present Monthly Income Earned		

Monthly Cash Flow - Where the Money Goes

Housing Expenses (All Properties You Rent or Own)

Do you: Rent or Own

Monthly Mortgage / Rent Payment: \$ _____

Monthly HOA: \$ _____

Property / Renters Insurance: \$ _____

Auto Expenses for your MV

Vehicle Loan Payment: \$ _____

Vehicle Insurance Payment: \$ _____

Fuel Cost: \$ _____

Vehicle Loan Payment: \$ _____

Vehicle Insurance Payment: \$ _____

Fuel Cost: \$ _____

Monthly Maintenance and Repair: \$ _____
(e.g., oil change, car wash, tire change, ...)

Loans for Other Items

UTV / ATV: \$ _____

Boat: \$ _____

Aircraft: \$ _____

Other: \$ _____

Other Loans

Student Loan: \$ _____

Secured Loan: \$ _____

Unsecured Loan: \$ _____

Other: \$ _____

Other: \$ _____

Credit Cards

Visa \$ _____

MasterCard \$ _____

American Express \$ _____

Discover \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

Media

Cell Phone Plan: \$ _____

Netflix / Prime / Etc \$ _____

Cable T.V. \$ _____

Internet at Home: \$ _____

iTunes / App Stores: \$ _____

Household Expenses (All Properties You Owned)

Natural Gas (heat): \$ _____

Electric: \$ _____

Water: \$ _____

Sewer and Garbage: \$ _____

Landline (house phone): \$ _____

Housecleaning: \$ _____

Alarm System: \$ _____

Monthly Grocery Cost

Groceries to Eat at Home: \$ _____

Organic Memberships: \$ _____

Alcohol / Wine / Cocktails at Home: \$ _____

Cigarettes or Other Vices: \$ _____

Monthly Clothing Cost

(also including hand bags, accessories, shoes, etc) \$ _____

Monthly Personal Care

(including haircuts, manicure, pedicure, makeup, beauty supplies, bath supplies) \$ _____

Monthly Medications / Supplements

(also including medical and dental insurance / copay) \$ _____

Monthly Life Insurance: \$ _____

Monthly Child Care: \$ _____
(including nanny, daycare, preschool, etc)

Child Expenses: The 2 and 4 legged type

(including toys, kid sports, lessons, camp, etc.) \$ _____

Monthly Child Care: \$ _____

Monthly Child Support You Pay: \$ _____

Tuition to School: \$ _____

Extracurricular Activities: \$ _____

Pet Food: \$ _____

Pet Supplies: \$ _____

Pet Camps / Grooming / Boarding: \$ _____

Other: \$ _____

Life Style

Dining Out: \$ _____

Going Out (Cocktails and Evenings Out): \$ _____

Gym Membership: \$ _____

Personal Trainer: \$ _____

Massages / Adjustments: \$ _____

Tanning Membership: \$ _____

Movies / Theatre / Museum: \$ _____

Other Memberships: \$ _____

Other Memberships: \$ _____

6 Life Insurance

Type: T = Term; U = Universal Life; V = Variable; W = Whole Life

Insurance Company Name	Policy Enclosed?	Type	Insured A, B, or Child	Beneficiary A, B or Child	\$ Face Value	\$ Cash Value	\$ Loans Against	Loan % Rate	Annual Premium
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	\$	\$	%	\$
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	\$	\$	%	\$
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	\$	\$	%	\$
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	\$	\$	%	\$
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	\$	\$	%	\$
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	\$	\$	%	\$

When you return this data form, please attach your Life, Disability, Long-Term Care Insurance Policies, and any other policies you would like your advisor to review.

7 Other Insurance

Existing Coverage	Insurance Company	Coverage Amount	Annual Premium
Disability Insurance Through Employer, Client A		\$	\$
Disability Insurance Through Employer, Client B		\$	\$
Personal Disability Insurance, Client A		\$	\$
Personal Disability Insurance, Client B		\$	\$
Long-Term Care Insurance, Client A		\$	\$
Long-Term Care Insurance, Client B		\$	\$
Umbrella Policy		\$	\$
Auto Insurance #1		\$	\$
Auto Insurance #2		\$	\$
Home Insurance #1		\$	\$
Home Insurance #2		\$	\$
		\$	\$

8 Cash Reserve Details

Investment Type: CK = Checking Account; MI = Market Interest Account; MM = Money Mkt Fund; PS = Passbook Savings; TB = U.S. Treasury Bills

Name of Institution	Owner (A, B, Both)	Account Type	Current Balance #	Interest Rate

Amount of Personal Property* You Own: \$ _____

*Personal property includes your home furnishings, autos, boats, antiques, heirlooms, jewelry, silver place settings, stamp collections, etc. that you do not want to sell to fund retirement needs. Personal property should be listed at fair market value.

Investment Detail

List all variable annuity and variable insurance information in Section 7.

Please attach recent statements for the accounts listed.

Investment Types:

FA = Fixed Annuity

I = IRA

K = Keogh

P = Profit Sharing or 401(k)

S = SEP -IRA

B = TSA or 403(b)

T = TSP

U = Universal Life Insurance

Policy Cash Value

W = Whole Life Insurance

Policy Cash Value

CB = Corporate Bond

CD = Certificate of Deposit

F = Fixed Account

GS = U.S. Treasury Notes/Bonds

MB = Municipal Bonds

MF = Mutual Fund

MM = Money Market

OG = Oil & Gas Ltd Partnership

PS = Passbook Savings

RE = Real Estate Ltd Partnership

S = Stock

T = Tangible Assets

TB = U.S. Treasury Bills

TS = Other Tax Shelters

Account Type: If investment is not held in a tax-deterred account such as those listed below, then leave this column blank

Please fill these out even if you attach a statement							Fill these out if you do not attach a statement				
Name	Statement Enclosed?	Account Type	Investment Type	Owner A, B or Both	Current Value	Annual Return	Margin Debt	# of Shares	Maturity Date	Purchase Price	Purchase Date
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	%				\$	
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	%				\$	
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	%				\$	
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	%				\$	
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	%				\$	
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	%				\$	
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	%				\$	
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	%				\$	
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	%				\$	
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	%				\$	
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	%				\$	
	<input type="checkbox"/> Y <input type="checkbox"/> N				\$	%				\$	

10 Employer Benefits (Your employer can help you determine this information)

401(k) Plans

403(b) Plans

SIMPLE IRA Plans (Savings Incentive Match Plans for Employees)

SEP Plans (Simplified Employee Pension)

SARSEP Plans (Salary Reduction Simplified Employee Pension)

Payroll Deduction IRAs

Profit-Sharing Plans

Defined Benefit Plans

Money Purchase Plans

Employee Stock Ownership Plans (ESOPs)

Governmental Plans

457 Plans

409A Nonqualified Deferred Compensation Plans

Client A / B	Retirement Plan Type	Your Monthly Contribution	Your Employers Monthly Contribution	Current Balance

11 Inheritances or Future Anticipated Income

Client A / B or Household	Paid By (Where This Income Comes From)	Paid To (Who This Income Goes to)	Description. Example: Investment, Deceased Loved ones Estate, Sale of Company, etc.	Estimated Amount?

12 Real Estate Portfolio Detail

Real Estate Type:

PR = Primary Residential
 SR = Secondary Residential
 R = Recreational Property

I = Investment Property
 O = Other

Mortgage Type:

F = First
 S = Second

Credit Insurance:

D = Disability Insurance
 L = Life Insurance
 B = Both Life & Disability
 N = None

Type	Owner A, B or Both	Market Value	Equity	Annual Property Tax	Mortgage Number	Original Mortgage Amount	Date of Mortgage	Term (Years)	Mortgage Balance	Monthly Payment	Interest Rate	Credit Insurance	
												A	B

13 Liabilities

Do not include real estate loans in this section. All real estate loans should be entered in Section 10.

Credit Insurance: D = Disability; L = Life; B = Both Life & Disability; N = None

Item or Company	Original Date	Original Amount	Original Term	Balance	Interest Rate	Min. Payment	Current Payment	Credit Insurance	
								A	B
Auto Loan 1		\$		\$	%	\$	\$		
Auto Loan 2		\$		\$	%	\$	\$		
Auto Loan 3		\$		\$	%	\$	\$		
Recreational Vehicle		\$		\$	%	\$	\$		
Credit Card 1		\$		\$	%	\$	\$		
Credit Card 2		\$		\$	%	\$	\$		
Credit Card 3		\$		\$	%	\$	\$		
Line of Credit		\$		\$	%	\$	\$		
Student Loan		\$		\$	%	\$	\$		
		\$		\$	%	\$	\$		
		\$		\$	%	\$	\$		
		\$		\$	%	\$	\$		
		\$		\$	%	\$	\$		

14 Income Taxes - Annually

If you can attach a copy of your last two years' tax returns you can skip this section

Two Years Tax Returns Enclosed? Yes No

Filing Status (check one): Married/Joint Single Head of Household Married/Separate

1. Total Present Income from Section 12, Line 14 (Total for both clients)		\$				6. Nontaxable Income (Social Security benefits, tax-exempt interest, etc.)	\$
2. IRA Deduction	Client A: _____	Client B: _____	Total: \$			7 Other Adjustments	\$
3. Keogh/SEP Deduction	Client A: _____	Client B: _____	Total: \$			8 Adjusted Gross Income	\$
4. 401(k)/403(b) Plan Contribution	Client A: _____	Client B: _____	Total: \$			9 Itemized or Standard Deductions	\$
5. Cafeteria Plan Contribution	Client A: _____	Client B: _____	Total: \$			10. Exemptions (#)	\$

15 Survivor Income

In today's economy, the death of either spouse can cause considerable financial hardship. We will automatically compute your insurance needs at your present standard of living. If there are any special circumstances you would like considered, such as changes in based on your income or retirement age, please list them here.

16 Estate Planning - indicate any items that you already have done here.

Estate Planning Strategies You Use:

Simple Will

Living Will

Durable Power of Attorney

Advanced Health Care Directive

Revocable Living Trust

Annual Gifting (non-taxable)

Irrevocable Life Insurance Trust

Family Partnership

Buy-Sell Agreement

Taxable Lifetime Gifts

Charitable Trust

Q-TIP Trust

Credit Shelter Trust

Client A

Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No

Client B

Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No

If you checked other, please explain:

If you have a will, when did you last review it?

If you have a trust, please describe:

Have you made taxable lifetime gifts? How much?

Please check a number that best represents your attitude about risk and investment for each of the questions listed:

	Not at all		Important				Very Important			
	1	2	3	4	5	6	7	8	9	10
How important is capital preservation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is growth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is low volatility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is inflation protection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is current cash flow?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all		A Moderate Amount				A Lot			
	1	2	3	4	5	6	7	8	9	10
How much risk are you willing to take	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What average annual rate of return* do you want to earn on your portfolio to reach your financial goals? %

***This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.**

- What is the initial size of your investment portfolio? \$ _____
- What is your projected time horizon for this portfolio (that is, how long do you expect the assets to remain in the portfolio until they are completely withdrawn for their intended purpose)?
 - Up to 3 years 4 - 5 years 6 - 10 years 10+ years
- How far away is your retirement?
 - 20+ years 16-20 years 10-15 years less than 10 years
- Rate your overall investment knowledge and experience (re. products, risk factors, return characteristics, etc.):
 - No knowledge or experience Good
 - Poor Very good
 - Fair
- How successful were you in your previous investments in stocks, bonds or mutual funds?
 - Very Average
 - Not Very Somewhat
 - Not enough experience to matter
- If the value of your portfolio decreased by 20% in one year, how would you react?
 - I would be very concerned and would find another way to invest my money.
 - I would be somewhat concerned and would reconsider the aggressiveness of my portfolio.
 - I would not be concerned about the temporary fluctuation in my portfolio.
- If you had \$10,000 invested and lost \$800 of it within two weeks, how would you feel?
 - Very upset "No big deal"
 - Uncomfortable I would want to buy more

8. What is the maximum percentage you would be willing to lose in any one year in your portfolio? A general (but not guaranteed) proposition for investing is that, over time, higher returns correspond with greater risks.
- 0 20 40
 5 25 45
 10 30
 15 35
9. Bearing in mind that risk generally increases with return potential, what average annual rate of return would you like to receive over time on this money?
- over 8% 6-8% 3-5% 1-2%
10. How long are you willing to wait for your account's performance to meet your rate of return objective?
- One year or less. Three to five years. More than five years.
11. Select the choice that best represents how you feel about the following statement: "My portfolio should be managed for the long run and the volatility is less important than the end result." (Select one.)
- I disagree.
 I am willing to accept some variability of return, but never any loss of capital.
 I am willing to accept a reasonable amount of annual fluctuation and an occasional year of negative return, in the interest of building capital.
 I agree.
12. How likely are you to need access to your retirement savings for current money needs?
- Very likely Possible, but not probable I don't need access to this money
13. What percentage of your total financial assets are represented by your retirement savings?
- Less than 30% 30-49% 50-69% 70% or more
14. How important is it to you to watch the price of your investments and see steady progress from day to day?
- Not the least bit Somewhat Don't know Very
15. You have taken a look at past investment returns, established your investment time horizon and considered the risk and return issues important to successful investing. Which one of the following investment objectives most closely meets your needs and circumstances?
- Aggressive Growth - Growth of capital through investments in common stocks of small, emerging growth companies. No income considerations. Little or no concern for volatility.
 Moderate Aggressive Long-term Growth - Growth of capital through investments of common stocks of established "Blue Chip" companies. Little or no income considerations.
 Moderate Balanced Growth - Growth of capital through approximately equal investments in high quality common stocks and fixed-income securities.
 Moderate Conservative Growth & Income - Growth of capital through fixed income securities and stocks for growth and dividend yield.
 Conservative Capital Preservation & Income - Income and safety are the primary emphases, achieved through investments in Government and other investment-grade fixed-income securities.

The above descriptions are for illustrative purposes and are generic, should not be construed as investment advice. Actual investments may differ. To give an example of how these objectives differ: "Aggressive Growth"- Generally consisting of investments that have a higher potential volatility. This can include, in part, domestic small-cap stocks and international stocks. Conservative- Usually consists of investments with historically low volatility. As a result, the growth potential is usually small.

"As an Investor, how many years experience do you have with the following investments and check mark whether limited, moderate or extensive is appropriate for them.

Equities Stocks: _____

Would you consider your knowledge: Limited Moderate Extensive

Exchange Traded Funds: _____

Would you consider your knowledge: Limited Moderate Extensive

Fixed Annuities: _____

Would you consider your knowledge: Limited Moderate Extensive

Fixed Income: _____

Would you consider your knowledge: Limited Moderate Extensive

Bonds: _____

Would you consider your knowledge: Limited Moderate Extensive

Mutual Funds: _____

Would you consider your knowledge: Limited Moderate Extensive

Real Estate: _____

Would you consider your knowledge: Limited Moderate Extensive

Real Estate Investment Trusts: _____

Would you consider your knowledge: Limited Moderate Extensive

Variable Annuities: _____

Would you consider your knowledge: Limited Moderate Extensive

Annuities: _____

Would you consider your knowledge: Limited Moderate Extensive

Options: _____

Would you consider your knowledge: Limited Moderate Extensive

Insurance: _____

Would you consider your knowledge: Limited Moderate Extensive

18 Goal Setting

In the next 5-10 years I would really like to accomplish one or more of the following items.

I set my priority level of achieving this goal as "High, Medium, Average" where

High is a pressing desire that I am passionate about achieving,

Medium is that I am pretty committed to this goal but not as passionate goals marked High.

Average means that I am interested in achieving this goal but willing to make more sacrifices to achieve the other goals I have marked as High and Medium.

20 Retirement Priorities

For each goal below, please check ALL of the actions you would be willing to take if needed to enhance your probability of success. You may check more than one box in each row. Next, rank each goal in order of importance to you.

	Retire Later	Reduce Retirement Spending	Reduce Size of Estate	Take More Risk	Save More	Goal Does Not Apply	Priority Rating
To achieve our early retirement age, we would be willing to:	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To achieve our higher spending target in retirement, we would prefer to:	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To achieve our larger estate goal, we would be willing to:	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To reduce the investment risk in our portfolio, we would be willing to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To reduce our current savings, we would be willing to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>
To achieve our education funding goals, we would be willing to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>

21 Additional comments

Any additional comments you want us to know about your present / future financial situation?

22 Uploaded or Attached Documents

Please attach the following documents to assist us in performing your financial analysis:

	Client A	Client B	
Income	_____	_____	Recent Pay Stub / Leave & Earnings Statement
Taxes	_____	_____	Last Two Years Tax Returns
Retirement Accounts	_____	_____	IRA
	_____	_____	401 (k)
	_____	_____	Social Security
	_____	_____	TSP Statement
Insurance Policies	_____	_____	Life Insurance Policies
	_____	_____	Disability Insurance Policies
	_____	_____	Long Term Care Policies
	_____	_____	Auto Insurance Policies
	_____	_____	Home Insurance Policies
Additional Items Attached	_____	_____	Umbrella Policy
	_____	_____	Other: _____
			Other: _____

Shilanski & Associates, Inc.

Premier Wealth Managers

Shilanski & Associates has been helping Alaskans plan their financial futures since 1978. We specialize in comprehensive financial planning for our clients. We help our clients with everything from planning retirement, paying for college, managing million dollar portfolios, as well as tax and estate planning strategies.

Why Work With a Financial Planner?

You wouldn't think of traveling to a place you've never been without doing research or finding the right guide. You can learn a lot about finance and retirement through books; but nothing can replace real world experience.

We have been helping Alaskans meet their financial goals for nearly 30 years; whether it's preparing for a comfortable retirement - or leaving a family legacy foundation. We have helped over 1,000 of our clients retire comfortably. We can help you too.

Why Should I Work With an Independent Firm?

Shilanski & Associates works for you — not an insurance company. As an independent financial planning firm, we are not affiliated with any insurance or investment company. Being independent allows us to choose from a wider variety of products to choose the best one to meet your needs.