SHEAR CAPITAL GROUP, LLC
Financial Planning and Wealth Management Services

Capital Plan Checklist

EXISTING CLIENTS

A complete guide to organizing financial documents for long-term security.

Below is a handy checklist of the types of documentation, if applicable, you should forward to us:

- ☐ Checking and Savings account balances
- ☐ Loan and Credit Card information (If any)
- ☐ Mortgage interest rate, date, current balance (If any)
- ☐ Value of the home(s) and year of purchase
- ☐ Value of home contents/collectibles
- ☐ Investment statements (for accounts we are not representatives on)
- ☐ Life and Disability Insurance policies (first 6 pages, if we are not the representatives)
- ☐ Auto/Homeowner/Umbrella declaration pages
- ☐ Employee benefit summaries
- ☐ Retirement program information
- ☐ Trust(s) and Will(s)
- ☐ Business or Partnership Agreements/Value of business
- ☐ Federal, State, and Local Tax returns
- ☐ Most recent paycheck stub(s)
- ☐ Social Security Statement(s): You may get them online at www.ssa.gov
- ☐ List of Long-term/Mid-term/Short-term goals

Desired age of retirement: _____



Howard L Shear, CLU®, ChFC®
President & Financial Advisor
(412) 374-9219 x2
howard@shearcapitalgroup.com



Bradley J. Shear, CPFA®
Vice President & Financial Advisor
(412) 374-9219 x1
bradley@shearcapitalgroup.com

Securities and advisory services offered through LPL Financial, a registered investment advisor. Member FINRA/SIPC.
Shear Capital Group, LLC is a separate entity from LPL Financial.

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Prioritize any that apply to you from most to least important:

Build Savings/Emergency Fund

Education Funding

Debt Payoff

Risk Management/Insurance

_____ Retirement Planning

Major Purchase Goals

If there are any expenses that may increase or decrease at any time, please describe details here:





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Enter your average monthly expenses in the column next to each item. Leave blank if not applicable.

MORTGAGE PRINCIPAL AND INTEREST	_____	AUTO FUEL	_____
ADDITIONAL MORTG PRINCIPAL (if any)	_____	REPAIRS/OIL/TIRES/INSPECTION	_____
SAVINGS IN BANK ACCOUNTS	_____	AUTO INSURANCE	_____
401(k)/403(b) or OTHER RET ACCOUNTS	_____	CLOTHING	_____
REPAIRS/UPKEEP/LAWN	_____	PERSONAL CARE/HAIR	_____
PROPERTY/SCHOOL TAX	_____	DISABILITY INSURANCE	_____
HOME OWNERS/UMBRELLA INS	_____	HEALTH INS/EYE & DENTAL INS	_____
WATER/GAS/CELL/CABLE/INTERNET	_____	CHILDREN'S ACTIVITIES	_____
GARBAGE PICKUP	_____	ENTERTAINMENT	_____
DONATIONS	_____	VACATION/TRAVEL	_____
GROCERIES	_____	MED COPAY/RX/DENTAL COSTS	_____
RESTAURANT DINING	_____	MISC SPENDING MONEY	_____
PARKING/TOLLS	_____	STUDENT LOAN PAYMENTS	_____
MISC/POSTAGE/BANK/DRY CLEANING	_____	OTHER LOAN PAYMENTS	_____
BDAY/HOLIDAY/GIFTS	_____	OTHER: (give details)	_____
CAR PAY'T/LEASE PAY'T	_____	**TOTAL PER MONTH**	_____
		AVG LEFTOVER PER MONTH	_____



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