SHEAR CAPITAL GROUP, LLC

Financial Planning and Wealth Management Services

# Capital Plan Checklist

NEW 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:

- [ ] Date(s) of Birth
- [ ] 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
- [ ] Life and Disability Insurance policies (first 6 pages)
- [ ] 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 _____



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Securities and advisory services offered through LPL Financial, a registered investment advisor. Member FINRA/SIPC.
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Prioritize any that apply to you from most to least important:

1 Build Savings/Emergency Fund

1 Education Funding

1 Debt Payoff

1 Risk Management/Insurance

1 Retirement Planning

1 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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