



ICFP
INDEPENDENCE CAPITAL
FINANCIAL PARTNERS, LLC

DOCUMENT ASSEMBLY CHECKLIST

In order to be comprehensive in our evaluation and recommendations it would be helpful if you could provide the documents listed below. For your convenience, we would be happy to copy your originals and promptly return them.

INVESTMENT DOCUMENTS

- Brokerage accounts, IRAs & mutual funds (complete copies of a recent statement if possible)
- Employer (401(k), 403(b)/TSA or Profit Sharing Plans (statement or web printout of values)
- A list of all investment selections available in your employer's retirement plan (401 k, etc.)
- Stock certificates
- Copies of any Series E, EE, I HH Government Savings Bonds
- College Savings investment statements: 529s, UTMA's, etc. (including those provided by grandparents)

FINANCIAL PLANNING & TAX DOCUMENTS

- Last year's Federal Tax Return (please include Schedules)
- Last year's W-2 statements
- A recent pay stub
- A recent mortgage statement
- Bank account statements
- Social Security benefit statements

INSURANCE DOCUMENTS

- Life Insurance statement (most recent)
- Life Insurance original policies
- Disability Insurance policies
- Long Term Care policies
- Employee Benefit Statement and Benefits Handbook (from your employer)

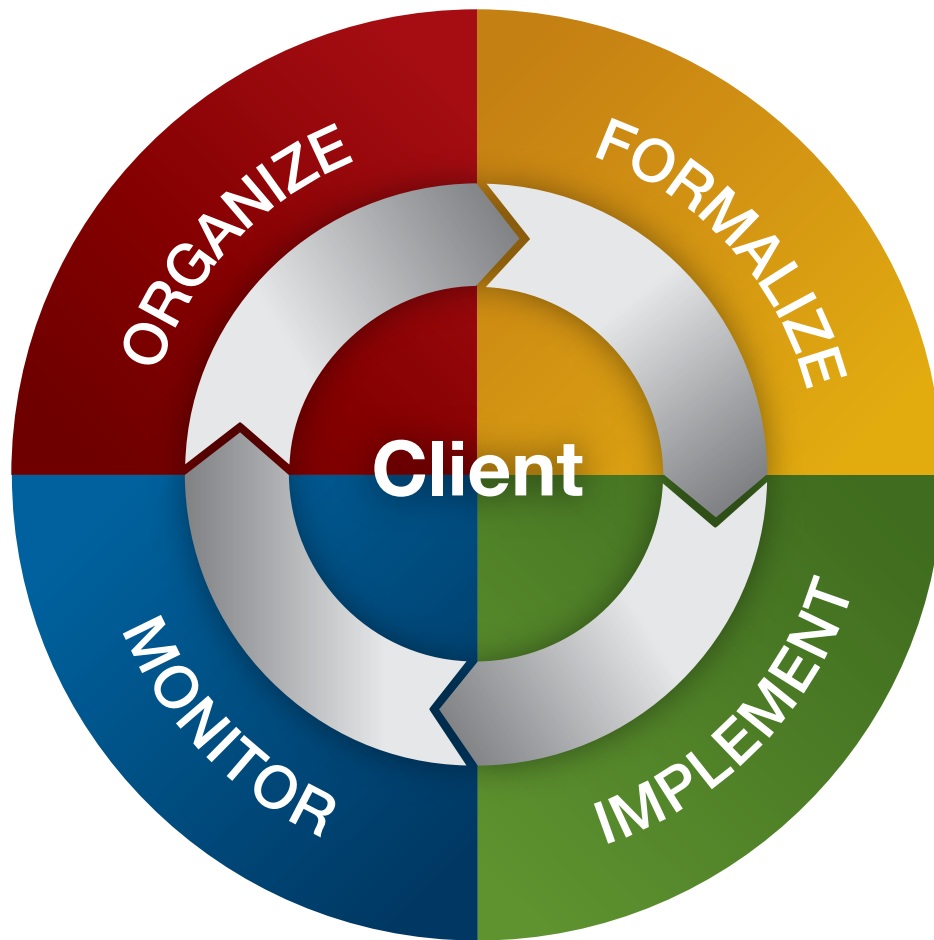
LEGAL DOCUMENTS

- Copies of Trust documents
- Copies of wills, living wills and powers of attorney
- Divorce/Prenuptial Agreements
- List of key contacts and advisors (lawyer, accountant, insurance agent, banker, etc.)



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OUR PROCESS BEGINS AND ENDS WITH *You.*



The client-centric approach at ICFP focuses on our partnership with you. Through our comprehensive process, we are uniquely positioned to help each client deal with the complexities of the financial world so they can focus on other important aspects in their lives. Our process is designed to provide financial direction and the confidence to proceed toward your financial goals.



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PERSONAL INFORMATION

| | | | | | |
|--------------------------------|--|---------------------------------|--|---------------------|--|
| _____ Name | | _____ Social Security Number | | _____ Birth Date | |
| _____ Spouse/partner's Name | | _____ Social Security Number | | _____ Birth Date | |
| _____ Home Address | | | | | |
| _____ City | | _____ State | | _____ Zip | |
| | | _____ Home Phone | | | |

OCCUPATION

| | | | | | |
|-------------------------------------|--|-------------------|--|--------------------------|--|
| _____ Job Title | | _____ Employer | | | |
| _____ Address | | _____ City | | _____ State | |
| | | | | _____ Zip | |
| _____ Phone | | _____ Cell | | _____ Preferred Email | |
| _____ Spouse/partner's Job Title | | _____ Employer | | | |
| _____ Address | | _____ City | | _____ State | |
| | | | | _____ Zip | |
| _____ Phone | | _____ Cell | | _____ Preferred Email | |

DEPENDENTS

| | | | | | |
|---------------|--|---------------------------------|--|---------------------|--|
| _____ Name | | _____ Social Security Number | | _____ Birth Date | |
| _____ Name | | _____ Social Security Number | | _____ Birth Date | |
| _____ Name | | _____ Social Security Number | | _____ Birth Date | |
| _____ Name | | _____ Social Security Number | | _____ Birth Date | |

CURRENT FINANCIAL SNAPSHOT



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| INCOME | ANNUAL | EXPENSES | ANNUAL |
|--------------------------|----------|--------------------------|----------|
| Your Salary | \$ _____ | Housing Total | \$ _____ |
| Spouse/partner's Salary | \$ _____ | Property Taxes | \$ _____ |
| Self Employment (You) | \$ _____ | Auto Total | \$ _____ |
| Self Employment (Spouse) | \$ _____ | Debt/install Payments | \$ _____ |
| Interest & Dividends | \$ _____ | Charitable Contributions | \$ _____ |
| Pensions & Alimony | \$ _____ | Life Insurance | \$ _____ |
| Social Security | \$ _____ | Disability Insurance | \$ _____ |
| Rental Property (Net) | \$ _____ | Other _____ | \$ _____ |
| Other _____ | \$ _____ | Other _____ | \$ _____ |
| Total Income: | \$ _____ | Total Expenses: | \$ _____ |

RISK MANAGEMENT

LIFE INSURANCE

| Insured | Employer Provided | Death Benefit | Annual Premium | Cash Value |
|---------|-------------------|---------------|----------------|------------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |

LONG TERM CARE INSURANCE

| Insured | Employer Provided | Benefits | Annual Premium |
|---------|-------------------|----------|----------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

DISABILITY INSURANCE

| Insured | Employer Provided | Annual Premium |
|---------|-------------------|----------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

PERSONAL BALANCE SHEET



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RETIREMENT PLANS

| | Employer Provided (Y/n) | Current Contribution | Employer Cont/match |
|----------------|-------------------------|----------------------|---------------------|
| You | _____ | _____ % | _____ % |
| Spouse/partner | _____ | _____ % | _____ % |

EMPLOYER PROVIDED BENEFITS

| | You (Provide Brief Description) | Spouse/partner (Provide Brief Description) |
|------------------------------|---------------------------------|--|
| Stock Options | _____ | _____ |
| Restricted Stock Awards | _____ | _____ |
| Deferred Compensation | _____ | _____ |
| Pension Plan / PS | _____ | _____ |
| Employee Stock Purchase Plan | _____ | _____ |

REAL ESTATE

| | Primary Home | Vacation Home | Investment Property 1 | Investment Property 2 |
|---|--------------|---------------|-----------------------|-----------------------|
| Current Market Value | _____ | _____ | _____ | _____ |
| Ownership | _____ | _____ | _____ | _____ |
| Loan Start Date | _____ | _____ | _____ | _____ |
| Interest Rate | _____ | _____ | _____ | _____ |
| Loan Duration | _____ | _____ | _____ | _____ |
| Outstanding Loan Balance Payment (Principal Interest) | _____ | _____ | _____ | _____ |
| Annual Property Taxes | _____ | _____ | _____ | _____ |

ADDITIONAL ASSETS & LIABILITIES

Please provide information on additional assets (investment accounts, private placement Investments, business interests, etc.) or additional liabilities (auto loans, credit card debts, student loans, business loans, etc).

- _____
- _____
- _____
- _____



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PRIVACY POLICY

Gathering Information:

Independence Capital Financial Partners (ICFP) collects personal information about you to help us serve your financial needs, process transactions in your account(s), provide client service, offer new products or services, and fulfill legal and regulatory requirements. ICFP collects nonpublic personal information from you as well as from other sources. The sources and the information collected may include: information you provide to us, to our affiliated entities, or to your registered representative on applications and related forms, thorough discussions with our client service staff, or on our website, such as, but not limited to, address, social security number, birth date, net worth, assets, income, or medical information; if applying for insurance. Also, information regarding your transaction history with us, such as products or services purchased, account balances, trading history, and payment history.

Sharing Information:

We may disclose any of the nonpublic personal information that we collect about you, as required to conduct our business and as permitted or required by law. We may share information about our clients with our affiliated Investment Adviser and/or with unaffiliated financial or nonfinancial services providers, such as insurance companies, mutual fund companies, banks, investment firms, third-party administrators, clearing firms, and other third parties who assist us in providing account maintenance or customer service to your account(s). We also may share your information with regulators and law enforcement organizations or in response to a subpoena or discovery request, as permitted or required by law. We do not sell, share, or disclose your nonpublic personal information to unaffiliated third-party marketing companies. If the advisor servicing your account(s) leaves ICFP to join another financial institution, the advisor may retain copies of your personal information with the new firm but is otherwise required to keep confidential the personal information obtained from you while the advisor is affiliated with ICFP, and he or she may only use it to service your account(s).

Safeguarding Policy:

ICFP recognizes the need to prevent unauthorized access to the information we collect, including information held in electronic format. ICFP authorizes access to your nonpublic personal information only to personnel who need that information to serve you and to conduct our operations. We maintain physical, electronic, procedural, and contractual safeguards regarding your nonpublic personal information to ensure that we comply with our own policy, industry practices, and federal and state regulations. And we train our employees in the proper handling of sensitive information. If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and the practices as described in this notice.

