Seneca Wealth Strategies, LLC
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Client Factfinder

RAYMOND JAMES®
FINANCIAL SERVICES, INC.
Member FINRA/SIPC

June 20, 2011

Personal Information

Date:

Mr. Mrs. Ms.

First Name	M. I.	Last Name
Birth Date	Age	Social Security Number
Street Address		
City/Town	State/ZIP	
Home Phone	Home FAX	
Cellular Phone	Email Address	
Employment		
Occupation		Employer
Employer Address		Phone
Fax	Email Address	
Education		
School	**Degree**	**Affiliations (clubs, activities, sports)**
High School		
College		
Graduate School		
Military Service		
Dates of Active Duty	Branch	Type of Discharge
Notes		

Personal Information

Mr. Mrs. Ms.

Spouse/Partner		
First Name	M. I.	Last Name
Birth Date	Age	Social Security Number
Cellular Phone	Email Address	
Spouse/Partner's Employment		
Occupation		Employer
Employer Address		Phone
Fax	Email Address	
Spouse/Partner's Education		
School	**Degree**	**Affiliations (clubs, activities, sports)**
High School		
College		
Graduate School		
Spouse/Partner's Military Service		
Dates of Active Duty	Branch	Type of Discharge
Children/Grandchildren/Other Dependents		
Name	**Birth Date**	**Relationship**

Please attach any additional information on a separate sheet.

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Financial Information

Assets Use current fair market value		Liabilities	
Cash and CDs		Mortgages	
Primary Residence		Other Home Loans	
Second Residence		Vehicle Loans	
Automobiles		School Loans	
Other Vehicles		Business Loans	
Business Interests		Other Loans	
Retirement Accounts		Notes	
Investments		Credit Cards	
Fine Art, Jewelry, Collectibles		Medical Bills	
Other Personal Property		Taxes	
Any Other Assets		Any Other Liabilities	
Total Assets		**Total Liabilities**	
		Net Worth Total assets minus total liabilities	

Are any liquid assets earmarked as an "emergency fund"?	Yes	No	If yes, how much?	

Notes

Financial Information

Cash Flow

Monthly Income		Monthly Expenses	
Salary		Mortgage Payments	
Bonuses, Commissions		Loan Payments	
Pension Income		Credit Card Payments	
Annuity Income		Utilities	
Rental Property Income		Food, Meals	
Interest, Dividends		Medical Expenses	
Alimony		Vehicle Expenses	
Child Support		Insurance Payments	
Income from a Trust		Personal Care	
Social Security		Entertainment	
Any Other Income		Any Other Expenses	
Total Monthly Income		**Total Monthly Expenses**	

Do you have a monthly budget? Yes No

If yes, are you able to stick to it? Yes No

Notes

Insurance

Life Insurance--Current Coverage

Please enter the information for each type of life insurance policy you currently have.

Client						
Type	**Face Value**	**Annual Premium**	**Beneficiary**	**Cash Value**	**Current Loans**	**Surrender Value**
Term				**N/A**	**N/A**	**N/A**
Whole						
Variable						
Universal						
Other (specify below)						
Spouse/Partner						
Term				**N/A**	**N/A**	**N/A**
Whole						
Variable						
Universal						
Other (specify below)						

Notes

Education Planning

> ***"Learning is a treasure that will follow its owner everywhere."***
> ***~ Chinese Proverb***

Anticipated Needs

Child's Name	Year Entering College	Projected Total Costs for Four Years

Current Savings Allocated for College Costs

Please enter the information for all that apply.

	529 Plans	Coverdell Education Savings Accounts	UGMA/UTMA Custodial Accounts	Other (specify)
Current Balance				
Additional Monthly Savings				
Planned Lump-Sum Contributions				

Notes

Retirement Planning

Current Retirement Savings--Your information

Please complete for all retirement plans you currently have. Complete the next page for your spouse/partner.

	Your Current Year Contribution	Total Value (December 31, prior year)	Vested Value (December 31, prior year)	Beneficiary
Traditional IRA			N/A	
Roth IRA			N/A	
401(k)				
Roth 401(k)				
Profit-Sharing Plan				
Stock Bonus Plan/ ESOP				
SIMPLE Plan			N/A	
SEP			N/A	
403(b) Plan				
Federal Thrift Savings Plan				
Governmental 457(b) Plan				
Nonqualified Deferred Compensation				
Annuities			N/A	
Other (specify below)				

Notes

Retirement Planning

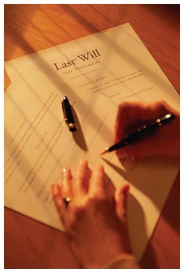
Current Retirement Savings--Your Spouse/Partner

Please complete for all retirement plans your spouse/partner currently has.

	Spouse/ Partner's Current Year Contribution	Total Value (December 31, prior year)	Vested Value (December 31, prior year)	Beneficiary
Traditional IRA			N/A	
Roth IRA			N/A	
401(k)				
Roth 401(k)				
Profit-Sharing Plan				
Stock Bonus Plan/ ESOP				
SIMPLE Plan			N/A	
SEP			N/A	
403(b) Plan				
Federal Thrift Savings Plan				
Governmental 457(b) Plan				
Nonqualified Deferred Compensation				
Annuities			N/A	
Other (specify)				

Notes

Estate Planning



Please check the correct response.

Do you have an up-to-date:	Client		Spouse/ Partner	
	Yes	No	Yes	No
Will?				
Power of Attorney for Property?				
Health Care Directives?				
Living Trust?				
Other Trust?				
Beneficiary Designations?				
Estate Plan?				
Business Succession Plan?				
Letter of Instruction?				
Do you keep your important documents in a safe deposit box?				
If so, does someone other than your spouse have access to it?				

Notes

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