Paul S. Baumbach, CFA, ChFC
William D. Starnes, CFP, MST, ChFC

Dear Potential Client:

Thank you for you inquiry into our financial planning services. Once you have called us to schedule your free initial consultation, please gather the following items for our meeting as it will make it more meaningful for you. If you can not find or don't know something, simply bring in what you can:

1. The enclosed forms (completed).
2. Federal and State tax returns, including any K-1's, for the last two years (three years if self-employed).
3. Two consecutive pay stubs (one, if paid monthly).
4. All life, and disability insurance policies with, if either apply, the most recent statement and "illustrations".
5. Wills, trusts, and other appropriate legal papers (divorce decrees, settlement agreements, prenuptial agreements, buy/sell agreements, etc.).
6. Loan papers on all outstanding personal residence debts (i.e., mortgage, home equity loans, etc.).
7. All investment certificates or statements.
8. Company retirement plan statements, employee benefit booklets, and/or your most recent statement that summarizes your current employee benefits.
9. If you are eligible for a pension, please provide either a formal pension estimate if available, and/or your pension "Summary Plan Description".
10. Any other information you feel will be useful.

If you have any questions, please feel free to call me.

Sincerely,

William D. Starnes, CFP, MST, ChFC

Fee Only
273 East Main Street, Suite E • Newark, DE 19711-7331
302-737-4546 • 302-737-4553 Fax
www.mallardadvisors.com • info@mallardadvisors.com

Personal Financial Information Sheet

Please complete the following information sheet to the best of your ability. You only need to complete the unshaded portions of these forms (if applicable)
The shaded areas of this form will be completed by Mallard Advisors (if applicable) at the time of the meeting. If you prefer, you may provide financia
statements, your own spreadsheets, or software printouts (e.g., Quicken) instead of completing the corresponding sections belov

1. REAL ESTATE

Type	Primary Residence	2nd Residence	Investment Real Estate	Investment Real Estate	Investment Real Estate
Location					
Owner					
Current Mkt Value	$	$	$	$	$
Purchase Date					
Purchase Price	$	$	$	$	$
Cost of Improvements	$	$	$	$	$
Plans To Sell?					
If Selling, When?					
If Selling, Cost of Replacement	$	$	$	$	$
Yearly Rental Income	N/A	N/A	$	$	$
Yearly Expenses	N/A	N/A	$	$	$

Amt Financed	$	$	$	$	$
Current Balance	$	$	$	$	$
Current Int. Rate	%	%	%	%	%
Fixed or Variable					
Mortgage Term	years	years	years	years	years
Date of 1st Pmt.					
Payment (P&I)	$	$	$	$	$
Are You Paying Add'l $					

2. AUTOMOBILES / BOATS / PERSONAL PROPERTY

Year, Make & Model	Owner	Estimated Value	Driver	Lease / Own	Purchase Date	New / Used	Purchase Cost	Mileage	On Ave, How Long Do You Keep The Auto?	Net Cost of Next Replacement
		$					$			$
		$					$			$
		$					$			$
Furnishings / Personal Property*		$	N/A	N/A		N/A	$	N/A		N/A
Collectibles		$	N/A	N/A		N/A	$	N/A		N/A

* Furnishings typically range from $10,000 - $25,000; or 40% of replacement cost

3. BANK ACCOUNTS, CD'S, NOTES, & BANK MONEY MARKET ACCOUNTS (e.g., Local Bank Accounts)*

Financial Institution	Owner	Acct. Type (Checking, CD, Savings, Money Mkt)	Account Balance	Interest Rate	Maturity Date (CD's)	Are You Making Ongoing Contributions?
			$	%		
			$	%		
			$	%		
			$	%		
			$	%		

* Only provide the total for each ACCOUNT. Do not provide each investment within each account.

4. INVESTMENTS / NON-RETIREMENT (e.g., Stocks, Mutual Funds, Bonds)*

Financial Institution	Owner	Acct. Type (Individual, Trust, or Estate)	Current Balance	Tax Basis	Shares Owned	Are You Re-Invest?	Method Acquired	Ongoing Contributions?
			$	$				$
			$	$				$
			$	$				$
			$	$				$
			$	$				$
			$	$				$
			$	$				$

* Only provide the total for each ACCOUNT. Do not provide each investment within each account.

5. COMPANY RETIREMENT PLANS (401k, 403b, 457, Deferred Compensation Plan, etc.)*

Employer Name	Owner	Plan Type (401k, 403b, 457, Pension, etc.)	Current Total Balance	% of Salary Contribution		After Tax Balance	Beneficiary
				Company	Yourself		
			$	%	%	$	
			$	%	%	$	
			$	%	%	$	
			$	%	%	$	

* Only provide the total for each ACCOUNT. Do not provide each investment within each account.

6. IRA's (Traditional, Roth, Rollover, etc. - Also include any formal college savings plans)*

Financial Institution	Owner	Plan Type**	Current Balance	Roll - Over	After Tax Amount	Shares Owned	Method Acquired	Beneficiary	Ongoing Contributions?
			$	Y / N	$				$
			$	Y / N	$				$
			$	Y / N	$				$
			$	Y / N	$				$
			$	Y / N	$				$
			$	Y / N	$				$
			$	Y / N	$				$

* Only provide the total for each ACCOUNT. Do not provide each investment within each account.

** IRA, Roth IRA, Education IRA, UTMA, 529 Plan, etc.

7. BUSINESS OWNED & NON-LIQUID INVESTMENTS (Limited Partnerships)

Percent Ownership	Company Name	Owner	Entity Status (Corp, S, LLC, LLP)	Approx. Current Value	Fiscal Year	Cash or Accrual	Company $ Basis
%				$			$
%				$			$
%				$			$

8. STOCK OPTIONS

Investment Name	Owner	Option Type*	No. Of Shares	Grant Date	Grant Price	Vesting Date	Expiration Date	Shs Exerc'd & Held	Exercise Price

* ISO, NQSO, Restricted

9. LIFE INSURANCE (Group Term, Whole Life, Variable Universal Life, etc.)

Company Name	Insurance Type*	Insured / Owner	Death Benefit	Date Of Purchase	Beneficiary	Term of Policy (Life, # Yrs, etc.)	Yearly Premium	For Cash Value Policies Only: Gross Cash Value	Loan Amt.	Interest Rate

* Group Term, Private Term, Variable Universal Life, Whole Life, Universal Life, etc.

10. LIABILITIES - OTHER THAN MORTGAGES (AS OF_________________________)

Purpose Of Loan	Financial Institution	Amount Borrowed	Current Balance	Normal Payment*	Interest Rate	Fixed or Var.	Term of Loan (Yrs.)	Date of the First Payment	Debtor (Who Borrowed $)
Home Equity		$	$	$	%				
Home Equity		$	$	$	%				
Auto__________________		$	$	$	%				
Auto__________________		$	$	$	%				
401(k) Loan		$	$	$	%				
Other_________________		$	$	$	%				
Other_________________		$	$	$	%				

11. SOURCES OF INCOME (AS OF______________________________)

Source of Income	Recipient of Income: Client	Co-Client	Gross Amt. Of Each Payment	Frequency Received	Total Est. For This Year	Date & Amount of Next Increase	Survivor Benefit 0%, 50%, 100%?
Salary			$		$		N/A
Salary			$		$		N/A
Bonus			$		$		N/A
Bonus			$		$		N/A
Social Security			$		$		N/A
Social Security			$		$		N/A
Pension			$		$		%
Pension			$		$		%
IRA Distributions			$		$		N/A
Other			$		$		N/A

12. ESTIMATED FAMILY LIVING EXPENSES

Your expenses are one of the keys to successful financial planning. Therefore, please spend as much time as necessary to provide us with an accurate estimate.
When coming up with the "Yearly Estimate", sometimes it helps to think of weekly (x52 weeks) or monthly (x12 months) expenses to arrive at the "Yearly Estimate".

		YEARLY ESTIMATE
FAMILY LIVING EXPENSES - NON-DISCRETIONARY		
Rent (not mortgage payment):		
Housing - Total:		
* Home Maintenance & Furniture Replacement *		
Utilities		
Home Owner Association Fees		
Other Services (lawn care, pool maint, maid, etc.)		
Other Housing Expenses		
Clothing:		
Cleaners		
Food / Groceries		
Transportation - Total:		
Gasoline		
Repairs		
Commuting / Other		
Medical/Dental Expenses (out of pocket):		
Insurance:		
Homeowners: Home ____ Other ____ (Deductible ____)		
Automobile : (Deductible ____)		
Life: (Gross Premiums)		
Medical / Dental Insurance Premiums		
Disability (waiting period, monthly benefit, duration)		
Umbrella		
Long Term Care		
Business Expenses		
FAMILY LIVING EXPENSES - DISCRETIONARY		
Personal Spending (Cash, ATM, Card):		
Recreation, etc. - Total		
Recreation & Entertainment		
Eating Out		
Dues		
Vacations:		
Gifts - Total:		
Birthdays		
Holidays		
Other Gifts / Parental Support		
Charitable Contributions: Money ____ Property ____		
Adult Education / Subscriptions / Computer:		
Professional Fees: Advisor ____ Tax Prep ____ Trust Fees ____		
Children - Total:		
Child Care		
Current Educational Expenses		
Other (camps, lessons, etc.)		
Other Ongoing Expenses:		
Other Ongoing Expenses:		
TAXES		
Property, School & Local Tax (i.e., Real Estate Taxes)		
Property, School & Local Tax (i.e., Real Estate Taxes)		
PMI		
Estimated Quarterly Tax Payments: Federal ____ x4		
Estimated Quarterly Tax Payments: State ____ x4		
ONGOING SAVINGS		
IRA's Client ____ Co-Client ____		
401(k)'s Client ____ Co-Client ____		
College Savings		
Other On-Going Savings:		

**** A good measure of on-going Home Maintenance & Furniture Replacement is 1% to 3% of the market value of your home - depending on the age / condition.***