



**FUNDING
HOMEWORK
FORM**

CONFIDENTIAL

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<https://idenlaw.com>

CASH ACCOUNTS

TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD". (Indicate type below for all bank and credit union accounts.) If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Institution	Type	Last 4 digits of acct #	Owner(s)
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Less than \$5,000? Yes No

Are funds electronically deposited or withdrawn from this account? Yes No

Name of Institution	Type	Last 4 digits of acct #	Owner(s)
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Less than \$5,000? Yes No

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Less than \$5,000? Yes No

Are funds electronically deposited or withdrawn from this account? Yes No

INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

TYPE: Money Market “MM” ♦ Investment Account “IA” ♦ Cash Management “CM” ♦ or Other Account “OA”. (Indicate type below for all investment and street accounts.) If you hold individual stock certificates, please indicate those under “Stocks” on the following page. If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Brokerage Firm	Type	Last 4 digits of acct #	Owner(s)
_____	_____	_____	_____

Less than \$5,000? Yes No

Are funds electronically deposited or withdrawn from this account? Yes No

Contact information for your broker or account representative:

Is this account pledged as collateral on any loans? Yes No

Name of Brokerage Firm	Type	Last 4 digits of acct #	Owner(s)
_____	_____	_____	_____

Less than \$5,000? Yes No

Are funds electronically deposited or withdrawn from this account? Yes No

Contact information for your broker or account representative:

Is this account pledged as collateral on any loans? Yes No

Name of Brokerage Firm	Type	Last 4 digits of acct #	Owner(s)
_____	_____	_____	_____

Less than \$5,000? Yes No

Are funds electronically deposited or withdrawn from this account? Yes No

Contact information for your broker or account representative:

Is this account pledged as collateral on any loans? Yes No

STOCKS

Please indicate any stock certificates that are in your possession. Stock owned in a family business or non-publicly-traded company should be listed under "Corporate and Professional Business Interests." Stocks held in a Street Account or Investment Account should be listed under "Investment Accounts". If you are named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Name of Stock	Number of Shares	Owner	Fair Market Value
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_____	_____	_____	_____
-------	-------	-------	-------

Name of Transfer Company: _____

Is this stock pledged as collateral on any loans? Yes No

Name of Stock	Number of Shares	Owner	Fair Market Value
---------------	------------------	-------	-------------------

_____	_____	_____	_____
-------	-------	-------	-------

Name of Transfer Company: _____

Is this stock pledged as collateral on any loans? Yes No

Name of Stock	Number of Shares	Owner	Fair Market Value
---------------	------------------	-------	-------------------

_____	_____	_____	_____
-------	-------	-------	-------

Name of Transfer Company: _____

Is this stock pledged as collateral on any loans? Yes No

Name of Stock	Number of Shares	Owner	Fair Market Value
---------------	------------------	-------	-------------------

_____	_____	_____	_____
-------	-------	-------	-------

Name of Transfer Company: _____

Is this stock pledged as collateral on any loans? Yes No

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____

Name of Transfer Company: _____

Is this stock pledged as collateral on any loans? Yes No

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____

Name of Transfer Company: _____

Is this stock pledged as collateral on any loans? Yes No

Name of Stock	Number of Shares	Owner	Fair Market Value
_____	_____	_____	_____

Name of Transfer Company: _____

Is this stock pledged as collateral on any loans? Yes No

MAJOR PERSONAL EFFECTS

(Optional)

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business personal property. (Indicate type below and give a lump sum value for miscellaneous items.)

Type	Owner	Value	Indicate Primary Driver for Automobiles	Is there a lien against the asset?	
				Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

RETIREMENT PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) (Indicate type below.) Please provide a copy of your Retirement Plan Summary Agreement, if possible.

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____

Last 4 digits of account _____

Are you currently receiving benefits from this plan? Yes No

Contact information for your broker or account representative:

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____

Last 4 digits of account _____

Are you currently receiving benefits from this plan? Yes No

Contact information for your broker or account representative:

Company Name	Type of Plan	Owner	Beneficiary Upon Your Death	Value
_____	_____	_____	_____	_____

Last 4 digits of account _____

Are you currently receiving benefits from this plan? Yes No

Contact information for your broker or account representative:

PENSION PLANS

Company Name	Owner	Beneficiary Upon Your Death (if applicable)
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Are you currently receiving benefits from this plan? Yes No

Company Name	Owner	Beneficiary Upon Your Death (if applicable)
---------------------	--------------	--

Are you currently receiving benefits from this plan? Yes No

Company Name	Owner	Beneficiary Upon Your Death (if applicable)
---------------------	--------------	--

Are you currently receiving benefits from this plan? Yes No

Company Name	Owner	Beneficiary Upon Your Death (if applicable)
---------------------	--------------	--

Are you currently receiving benefits from this plan? Yes No

Company Name	Owner	Beneficiary Upon Your Death(if applicable)
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Are you currently receiving benefits from this plan?

Yes

No

INSURANCE POLICIES

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability ♦ Long Term Care (Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

Company Name	Insured	Owner	Type of Policy	Face Amount	Cash Value
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Last 4 digits of policy: _____

Agent contact information: _____

Primary Beneficiary: _____ Secondary Beneficiary: _____

Company Name	Insured	Owner	Type of Policy	Face Amount	Cash Value
--------------	---------	-------	----------------	-------------	------------

Last 4 digits of policy: _____

Agent contact information: _____

Primary Beneficiary: _____ Secondary Beneficiary: _____

Company Name	Insured	Owner	Type of Policy	Face Amount	Cash Value
--------------	---------	-------	----------------	-------------	------------

Last 4 digits of policy: _____

Agent contact information: _____

Primary Beneficiary: _____ Secondary Beneficiary: _____

Are any of the above-referenced insurance policies pledged as collateral on any loans? Yes No

ANNUITIES

Please provide a copy of each annuity contract.

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
--------------	-----------	-----------	-------	-------------	------------

Agent contact information: _____

Primary Beneficiary: _____ Secondary Beneficiary: _____

Are you receiving any regular distributions from this annuity contract?	Yes	No
If “yes”, do the distributions have “survivorship” or “period certain” provisions?	Yes	No
Survivorship	Period Certain	

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
--------------	-----------	-----------	-------	-------------	------------

Agent contact information: _____

Primary Beneficiary: _____ Secondary Beneficiary: _____

Are you receiving any regular distributions from this annuity contract?	Yes	No
If “yes”, do the distributions have “survivorship” or “period certain” provisions?	Yes	No
Survivorship	Period Certain	

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
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Agent contact information: _____

Primary Beneficiary: _____ Secondary Beneficiary: _____

Are you receiving any regular distributions from this annuity contract?	Yes	No
If “yes”, do the distributions have “survivorship” or “period certain” provisions?	Yes	No
Survivorship	Period Certain	

Company Name	Annuitant	Account #	Owner	Face Amount	Cash Value
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Agent contact information: _____

Primary Beneficiary: _____ Secondary Beneficiary: _____

Are you receiving any regular distributions from this annuity contract?	Yes	No
If “yes”, do the distributions have “survivorship” or “period certain” provisions?	Yes	No
Survivorship	Period Certain	

BONDS

TYPE: US Savings Bonds ♦ Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills (Indicate type below.) If you are named as a co-owner on any bonds owned by or with someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

Type	Owner	Face Value
_____	_____	_____

MONIES OWED TO YOU

TYPE: Promissory notes payable to you ♦ Other monies owed to you
(Please provide a copy of any promissory notes.)

Name of Debtor	Date Due	Owed To	Current Balance	Promissory Note	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

PARTNERSHIP & LLC INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own.
(Please provide a copy of the Partnership Agreement.)

Name of Partnership or LLC _____

Owners _____ Value _____

Is this a "Professional" Partnership or LLC? Yes No

Entity Type: General Partnership Limited Partnership Limited Liability Company

Who holds the Partnership or LLC papers? _____

Do you have a corporate book? Yes No

Name of General Partner or Managing Member _____

Name of Partnership or LLC _____

Owners _____ Value _____

Is this a "Professional" Partnership or LLC? Yes No

Entity Type: General Partnership Limited Partnership Limited Liability Company

Who holds the Partnership or LLC papers? _____

Do you have a corporate book? Yes No

Name of General Partner or Managing Member _____

CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.

(Please provide a copy of your Corp. book and any Buy/Sell agreements, if applicable.)

Company _____

Number of Shares _____ % of Ownership _____

Owner _____ Value _____

Is there a Buy/Sell Agreement Yes No Is this an "S-Corporation" Yes No

Is this a "Professional" Corporation? Yes No

Who holds corporate books and records? _____

Company _____

Number of Shares _____ % of Ownership _____

Owner _____ Value _____

Is there a Buy/Sell Agreement Yes No Is this an "S-Corporation" Yes No

Is this a "Professional" Corporation? Yes No

Who holds corporate books and records? _____

Company _____

Number of Shares _____ % of Ownership _____

Owner _____ Value _____

Is there a Buy/Sell Agreement Yes No Is this an "S-Corporation" Yes No

Is this a "Professional" Corporation? Yes No

Who holds corporate books and records? _____

SOLE PROPRIETORSHIP INTERESTS

TYPE: All assets owned by you in a sole proprietorship type of business.

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Name of Business	Description of Business	Owner	Value
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_____	_____	_____	_____
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Is this a "Professional" Business? Yes No

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Name of Business	Description of Business	Owner	Value
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_____	_____	_____	_____
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Is this a "Professional" Business? Yes No

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGEMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

Description	Value
_____	_____
_____	_____

OIL, GAS, AND MINERAL INTERESTS

TYPE: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest ♦ Pooling agreement, etc. (Please provide copy of Agreement, Certificate, or Deed.)

Company _____ Type _____ Name _____
Address _____ City _____ State _____ Zip _____
County _____ Phone # _____
Owner _____ Value _____

Company _____ Type _____ Name _____
Address _____ City _____ State _____ Zip _____
County _____ Phone # _____
Owner _____ Value _____

OTHER HIGH VALUE ASSETS

TYPE: Any property you own that does not fit into any other listed category.

Description	Owner	Value
_____	_____	_____

REAL PROPERTY

TYPE: Land ♦ Buildings ♦ Homes ♦ Time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS) ♦ Tenants in common (TC) ♦ Tenancy by the entireties (TBE)

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">City _____</td> <td style="width: 25%;">State _____</td> <td style="width: 25%;">Zip _____</td> <td style="width: 25%;"></td> </tr> </table>				City _____	State _____	Zip _____	
City _____	State _____	Zip _____					
County _____	Purchase price _____		Do				
you have a mortgage? Yes No							
Lender _____	Loan # _____						

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____				
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Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____
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City _____	State _____	Zip _____	_____	_____
County _____			Purchase price _____	Do _____
you have a mortgage?	Yes	No		
Lender _____			Loan # _____	

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____
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City _____	State _____	Zip _____	_____	_____
County _____			Purchase price _____	Do _____
you have a mortgage?	Yes	No		
Lender _____			Loan # _____	

Address _____	Owner _____	Mortgage Amount _____	Fair Market Value _____
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County _____			Purchase price _____	Do _____
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Lender _____			Loan # _____	