STIFEL

Investment Services and Opportunities

Our services cover all areas of wealth management, from investment and retirement planning to risk management strategies and issues surrounding estate planning strategies. We specialize in helping our clients develop a comprehensive, cohesive financial strategy that fits their unique needs and enables them to pursue both short- and long-term strategies.

	Zip:			
State:	7in:			
e education for your children, th	ot just money, but the foundation ne stability of your business. products and services to help you			
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Common Stock Opport	unities			
☐ College Expense Planni	ing			
☐ Disability Insurance				
☐ Long-Term Care Insurar	nce			
Life Insurance				
inancial Planning Annuity Review				
	Life Insurance Long-Term Care Insurar Disability Insurance College Expense Planni Common Stock Opport Mutual Funds Exchange Traded Funds			

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Beneficiary Checklist

Who receives your retirement assets? It's in your control.

When was the last time you checked the beneficiaries listed on your retirement accounts?

At Stifel, we recommend that you periodically review your beneficiary designations to ensure that your retirement assets are distributed according to your intentions.

Building a beneficiary plan helps protect your assets from costly penalties and unnecessary taxes when transferred. Most importantly, the plan directs your assets to the beneficiaries you choose. It also helps provide the opportunity for continued tax-deferred growth on your account.

► Have you or your beneficiaries experienced any major life events recently that might change

Answering the questions below will help you build a solid beneficiary plan.

	☐ Marriage [ribute your assets? □ Births/Adoptions □ Job change				
•	,	neficiaries listed that s st to inherit) or conting		n your wishes, or would you like to make a change ondary) beneficiary?		
>	Have you recent	ly updated the benefi	ciary of y	our retirement accounts?		
>	Are you using ar	ny trusts as part of you	ır estate p	plan?		
>	Do you participa	ate in more than one r	etiremen	t account (i.e., 401(k) and IRA)?		
>	Do you have any	y retirement accounts	residing	with a former employer?		
>	Do you have cor	mpany stock in your ei	mployer's	s retirement plan?		
>	If you listed a ch	arity or other entity as	a benefi	iciary, do you still want to support this effort?		
•	☐ Children's ed	, ,	home	u want your assets used? ☐ Care for another family member ☐ Other		
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(123) 456-7890 | Address | City, State Zip

Name

Title

e-mail

Name

Title

e-mail

Checklist for Loss of a Loved One

The passing of a loved one is not only emotionally challenging, but it also involves a series of difficult and sometimes overwhelming tasks requiring great attention to detail. Many of the tasks may not be immediately obvious to someone who has not experienced a family death.

Immediate Considerations	
 Notify family, friends, and/or clergy Make an appointment with a funeral home or execute previously made arrangements regarding funeral or burial instructions or if any costs have been prepaid Gather all essential records and documentation, including: Social Security Number Birth/marriage/death certificates Estate planning documents Insurance statements 	 Education information Occupation and/or military information Financial and investment account statements Prepare photographs for the embalming and cosmetic process (if necessary) and a notice of death/obituary statement Cancel any subscriptions or bills, including cell phone service, gym membership, health coverage, credit cards, Social Security benefits, home coverage, and automobile coverage
Meeting With Trusted Advisors and Organizations	
Stifel Financial Advisor. He/she can help you create a new plan based on your current situation. During this meeting, you can retitle or open new accounts, identify designated beneficiaries, and transfer or distribute assets. You should also review all beneficiary designations on your own qualified plans, life insurance policies, and annuities.	☐ Credit Agencies. Contact the three credit agencies to report the death: Equifax, Experian, and TransUnion.
	☐ Other Insurance Carriers. Notify all other insurance carriers, including health (medical, dental, and vision), long-term care, disability, accidental death, travel, vehicle, homeowners, or renters insurance.
☐ Trusted Attorney. He/she can help you review the will and estate planning documents and prepare documents to confirm authority of "successor trustee of the trust" or "executor or personal representative of the will." Be sure to review documents and	☐ Change Titling. Retitle any property (including real estate and automobiles) owned by the deceased. Work with the probate attorney on the timing of these changes.
agreements if the deceased had any business interests.	☐ Mortgages and Loans. Notify each company/party of the death.
☐ Certified Public Accountant. He/she will review the tax situation of the deceased.	☐ Online Accounts. Cancel the deceased's e-mail, social media, and other web-based accounts.
☐ Local Social Security Administration and/or Veterans Affairs Office to claim survivor benefits. If the deceased was receiving benefits via direct deposit, request that the bank return funds received for the month of death and thereafter to Social Security.	□ Cancel Memberships. Cancel professional associations, unions, health, athletic, automobile, alumni club, etc. Updating Your Wealth Management Plan
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■ Medicare. Social Security will notify Medicare of the death. If the deceased was receiving Medicare Part D (prescription drug), a Medicare Advantage Plan, or Medigap Policy, contact the plan provider to cancel the policy.	□ Review/Incorporate life insurance proceeds or other death benefits to increase cash reserves to meet current expenses and funeral costs (if needed)
Credit Cards, Merchant Cards, and Other Creditors. Notify the deceased's creditors. Close and destroy credit cards held by the deceased and keep records of the amount owed. Update the billing	☐ Establish a budget and make a list of income and expenses
	☐ Establish an emergency fund, usually three to six months of living expenses
name for all joint credit cards. Check to see if there was additional life insurance connected with the deceased's accounts.	☐ Assess your life and health coverage needs
☐ Utilities. Update billing name.	

As you navigate the grieving process, you do not need to put any more stress on yourself. While each of your trusted advisors will have a role in helping you, please reach out to us should you have any questions or concerns.

Name

Title

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Address | City, State Zip



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Name Ttile

Client Financial Worksheet

(123) 456-7890 main (800) 123-4567 toll-free | (123) 456-7890 fax

Please complete the following information and return it to our office prior to your appointment. E-Mail: Appointment Date: Emergency Contact: _____ Gross Annual Income: Client ______ Spouse _____ Gross Annual Social Security: Client______ Spouse _____ Gross Annual Pension: Client ______ Spouse _____ Other Income – Annual Gross: Client _____ Spouse ____ **Outside Bank Account Balances** Checking: Money Markets: _____ Outside Investments – Personal IRAs: Client ______ Spouse____ Value of Real Estate (not including residence): Total Net Worth (excluding Stifel assets): Federal Tax Bracket: State Tax Bracket: Life Insurance: Client______ Spouse_____ Long-Term Care Insurance: Client ______ Spouse_____ **Outside Annuities** Company Name:

If you have a Legal Power of Attorney, please provide a copy to our office for each spouse. Issues surrounding estate planning will be discussed during your appointment.

Current Market Value:

First Meeting Information



Documents to provide:

	Most Recent Bank Statement	Most Recent Federal and State Income
	Most Recent Brokerage Statement	Tax Returns
	Most Recent Mutual Fund Statement	All Life Insurance, Long-Term Care Insurance, and Disability Insurance
	Most Recent Annuity Statement	Policies
	Most Recent IRA Statement	Property and Casualty Insurance Policy
	Most Recent 401(k) Statement	Personal Umbrella Insurance Policy
	Most Recent Profit Sharing Information	Estate Planning Documents
	Employee Pension Information	☐ Wills
	Most Recent Stock Option Statement	☐ Trusts
	Most Recent Restricted Stock Statement	☐ Powers of Attorney
	Most Recent Social Security Statement	☐ Health Care Power of Attorney
ш	(showing what your future benefit will be,	☐ Living Wills
	unless already receiving)	☐ Irrevocable Life Insurance Trusts

Name	Nam e
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401(k) Plan Sponsor Survey on Advisor Services



Plan Sponsor Name:		Company	:								
Current Advisor Name:			Advisor's Broker-Dealer Name:								
	Please answer the following questions using the provided and please leave that answer blank. Thank you for your								ice,		
			DISSATISFIED						VERY SATISFIED		
			1	2	3	4	5	6	7		
1.	Overall, how satisfied are you with your current advisor?										
HOV	V SATISFIED ARE YOU WITH THE FOLLOWING SERVICES?										
2.	Reviewing performance of your plan's investment options										
3.	Understanding your company's changing needs										
4.	Analyzing and offering strategies for improving overall plan performa	ince									
5.	Analyzing and offering strategies for improving:										
	a. Participation rates										
	b. Deferral percentages										
	c. Investment allocations										
6.	Conducting proactive check-ins with you										
7.	Providing updates on retirement or 401(k) plan-related topics										
8.	Providing updates on industry or legislative news										
9.	Helping you understand your fiduciary responsibilities										
10.	Helping you understand your administrative responsibilities										
11.	Offering day-to-day support (i.e., advisor's responsiveness)										
12.	Answering your questions about the plan and troubleshooting										
13.	Developing employee education and communications										
14.	Providing information on enrollment and investment options										
15.	Educating employees on general investing principles										
16.	Assisting employees with retirement planning										
FRO	M QUESTIONS 2-16 ABOVE, PLEASE LIST THE THREE SERVI	CES THA	ΓARE MC	ST IM	PORT	ANT TO	O YOU	•			
	1)								_		
	3)								_		
17.	Overall, how satisfied are you that your plan is achieving its objectives for your company?										
18.	Would you recommend your current advisor to someone looking for help servicing a 401(k) plan? ($1 = No; 7 = Yes$, with no reservations)										
	COMMENTS				Name	<u> </u>					
					Title						

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