

Goals; Primary Financial Concerns and Objectives: _____

PERSONAL INFORMATION

Name (1) _____ Occupation _____ Yrs _____
DOB _____ SSN _____ Employer _____
Birthplace _____ Address _____
Address _____
Phone (H) _____ Phone (W) _____
E-mail Address _____ Phone (C) _____
Driver's License # _____ Fax Number _____
Issue Date _____ Exp. Date _____
Marital Status: S M DP D W Anniversary _____

Name (2) _____ Occupation _____ Yrs _____
DOB _____ SSN _____ Employer _____
Birthplace _____ Address _____
Address _____
Phone (H) _____ Phone (W) _____
E-mail Address _____ Phone (C) _____
Driver's License # _____ Fax Number _____
Issue Date _____ Exp. Date _____

DEPENDENTS' INFORMATION

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>College Preference / Goal</u>	<u>Plan Type</u>	<u>Approximate Value</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Type can be: UTMA, UTGA, 529, ESA, JT, Trust

REAL ESTATE

Primary Residence: Owner: _____ Titling: _____

Date Bought _____ Purchase Price _____ Current Value _____ Mortgage Statements

Type of Debt	Original Loan Amount	Date Loan Originated	Current Balance	Interest Rate	Monthly Payment
1 st Mortgage Type _____	_____	_____	_____	_____	_____
2 nd Mortgage Type _____	_____	_____	_____	_____	_____
HELOC	_____	_____	_____	_____	_____

Other Real Estate: Owner: _____ Titling: _____

Date Bought _____ Purchase Price _____ Current Value _____ Mortgage Statements

Type of Debt	Original Loan Amount	Date Loan Originated	Current Balance	Interest Rate	Monthly Payment
1 st Mortgage Type _____	_____	_____	_____	_____	_____
2 nd Mortgage Type _____	_____	_____	_____	_____	_____
HELOC	_____	_____	_____	_____	_____

Does this real estate produce income? Y N Net Monthly Income _____

CPA / Tax Planner: _____ Phone: _____ Yrs / Last Review Date _____
Copy of Tax Return?

Estate Planner: _____ Phone: _____ Yrs / Last Review Date _____
Copy of Will/Trust?

Who has your "Power of Attorney" for healthcare? _____

Who has your "Power of Attorney" for financial decisions? _____

Who are your successor Trustees for your estate? _____

Who are the beneficiaries and successor beneficiaries for your estate? _____

Are you a current Trustee / Executor of an Estate? _____ For Whom? _____

NOTES: _____

LIQUID ACCOUNTS – Checking, Savings, CDs, and Money Markets

Bank Accounts & CDs Statements [] Emergency Cash Needs? \$ _____ Regular Deposits [] \$ _____

<u>Owner</u>	<u>Bank / Credit Union</u>	<u>Type</u>	<u>Monthly Balance</u>	<u>Current Balance</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Purpose / Goal</u>
1 2 JT Tr	_____	_____	_____	_____	_____	_____	_____
1 2 JT Tr	_____	_____	_____	_____	_____	_____	_____
1 2 JT Tr	_____	_____	_____	_____	_____	_____	_____
1 2 JT Tr	_____	_____	_____	_____	_____	_____	_____
1 2 JT Tr	_____	_____	_____	_____	_____	_____	_____

C = Checking, S = Savings, MM = Money Market, CD = Certificate of Deposit

INVESTMENT ACCOUNTS – Personal and Individual Retirement Accounts

Individual Stocks, Bonds, Mutual Funds, etc. Statements [] Deposit Regularly [] \$ _____

<u>Owner</u>	<u>Company</u>	<u>Date Purchased</u>	<u>Estimated Current Value</u>	<u>Estimated Purchase Price</u>	<u>Purpose / Goal</u>
1 2 JT Trust	_____	_____	_____	_____	_____
1 2 JT Trust	_____	_____	_____	_____	_____
1 2 JT Trust	_____	_____	_____	_____	_____
1 2 JT Trust	_____	_____	_____	_____	_____
1 2 JT Trust	_____	_____	_____	_____	_____
1 2 JT Trust	_____	_____	_____	_____	_____

Retirement Accounts Statements [] Deposit Regularly [] \$ _____

<u>Owner</u>	<u>Company</u>	<u>Type</u>	<u>Annual Contribution</u>	<u>Estimated Value</u>	<u>Beneficiaries Primary / Secondary</u>
1 2	_____	_____	_____	_____	/
1 2	_____	_____	_____	_____	/
1 2	_____	_____	_____	_____	/
1 2	_____	_____	_____	_____	/
1 2	_____	_____	_____	_____	/

Type can be: Traditional IRA (IRA), Roth IRA (ROTH), Rollover IRA (R/O), Simplified Employee Pension (SEP), Fixed Annuity (FA), Equity-Indexed Annuity (EIA), Variable Annuity (VA)

ADDITIONAL NOTES on INVESTMENTS: _____

RETIREMENT INCOME and EMPLOYER PROVIDED RETIREMENT BENEFITS

Social Security

Statements []

Client _____ Age 62 Benefit _____ Full Benefit Age & Amount _____ Age 70 Amount _____

Client _____ Age 62 Benefit _____ Full Benefit Age & Amount _____ Age 70 Amount _____

Employer Defined Benefit Plans (Pensions)

Statements []

Owner	Company	Estimated Monthly Income	Cash Value	Earliest Age Available	Survivor Benefit %	Beneficiaries Primary/Secondary
1 2	_____	_____	_____	_____	_____	/
1 2	_____	_____	_____	_____	_____	/

Past and Current Employer Defined Contribution Plans

Statements []

Roth 401k []

Owner	Past or Current	Company	Type	Your Contribution	Employer Match	Estimated Value	Beneficiaries Primary/ Secondary
1 2	P C	_____	_____	_____	_____	_____	/
1 2	P C	_____	_____	_____	_____	_____	/
1 2	P C	_____	_____	_____	_____	_____	/

Types of Defined Contribution Plans: 401k, 403b, 457, SIMPLE, Profit Sharing (P/S)

HR Contact (1) _____ Phone _____ Last Meeting with Plan Rep.? _____

HR Contact (2) _____ Phone _____ Last Meeting with Plan Rep.? _____

Other Sources of Retirement Income

Statements []

Receiving Now []

Owner	Source	Estimated Current Value	Estimated Monthly Income
1 2	_____	_____	_____
1 2	_____	_____	_____

INSURANCE - Personal and Employer Provided

LIFE INSURANCE POLICIES

Statements []

Policies Picked-Up []

Owner	Type	Purpose	Company	Death Benefit	Premium / Mode	Cash Value	Policy Date	Beneficiaries Primary / Secondary
1 2	_____	_____	_____	_____	/	_____	_____	/
1 2	_____	_____	_____	_____	/	_____	_____	/
1 2	_____	_____	_____	_____	/	_____	_____	/
1 2	_____	_____	_____	_____	/	_____	_____	/

Type can be: Term, Whole Life (WL), Universal Life (UL), Variable Life (VLO, Variable Universal Life (VUL), remember to pick-up policies

HEALTH, DISABILITY, & LTC POLICIES

Statements []

Policies Picked Up []

Owner	Type	Company	Premium / Mode	Coverage/ Co-Pay	Deductible or Elimination Period	Inflation Adjusted
1 2	_____	_____	/	_____	_____	Y N
1 2	_____	_____	/	_____	_____	Y N
1 2	_____	_____	/	_____	_____	Y N
1 2	_____	_____	/	_____	_____	Y N

Type can be: Short-term Disability (STD), Long-Term Disability (LTD), Long-Term Care (LTC), Medical (M), Dental (D), Vision (V)

CASH FLOW

Sources of Income

<u>Client</u>	<u>Salary / Wages</u>	<u>Commissions / Bonuses</u>	<u>Pay Stubs [] Investment Income</u>	<u>Rents</u>	<u>Annuities</u>	<u>Other</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Net Household Monthly Income \$ _____

Total Monthly Expenses \$ _____

ITEMIZED EXPENSES

<u>Housing Expenses</u>	<u>Living & Transportation Expenses</u>	<u>Discretionary Expenses</u>
Mortgage / Rent: _____	Groceries: _____	Charity: _____
Homeowner's Insurance: _____	Child Care: _____	Personal Care: _____
Property Taxes: _____	Child Support / Alimony: _____	Club Dues: _____
Maintenance / Repairs: _____	Clothing: _____	Dining Out: _____
Housecleaning: _____	Education: _____	Gifts: _____
Yard Maintenance: _____	Medical / Dental: _____	Pet Care: _____
Gas & Electric: _____	Car Payments / Lease: _____	Recreation: _____
Cable TV / Internet: _____	Fuel: _____	Entertainment: _____
Telephone: _____	Car Insurance: _____	Subscriptions: _____
Water / Sewer: _____	Tax / License: _____	Vacations: _____
Garbage: _____	Auto Repairs: _____	Hobbies: _____
Other: _____	Other: _____	Other: _____

LIABILITIES (not already included)

<u>Consumer / Credit Card Debt</u>			<u>Statements []</u>		<u>Typical Payment</u>	<u>Interest Rate</u>
<u>Owner</u>	<u>Company</u>	<u>Credit Limit</u>	<u>Current Balance</u>	<u>Minimum Payment</u>		
1 2	_____	_____	_____	_____	_____	_____
1 2	_____	_____	_____	_____	_____	_____
1 2	_____	_____	_____	_____	_____	_____
<u>Auto Loans & Other Fixed Term Debt</u>			<u>Statements []</u>		<u>Term</u>	<u>Interest Rate</u>
<u>Owner</u>	<u>Company</u>	<u>Original Balance</u>	<u>Current Balance</u>	<u>Monthly Payment</u>		
1 2	_____	_____	_____	_____	_____	_____
1 2	_____	_____	_____	_____	_____	_____

Net Monthly Savings Outside of Company Plans? \$ _____ / _____ % of Income

How much more can you save on a monthly basis? \$ _____ / _____ % of Income

Set Follow-up Meeting

Time: _____

Date: _____

Location: _____