

PERSONAL INFORMATION – CLIENT		PERSONAL INFORMATION – CO-CLIENT	
Legal Name		Legal Name	
I Prefer To Be Called		I Prefer To Be Called	
Home Address		Home Address	
Social Security Number		Social Security Number	
Date of Birth		Date of Birth	
Citizenship		Citizenship	
Cell Phone	Preferred <input type="checkbox"/>	Cell Phone	Preferred <input type="checkbox"/>
Home Phone	Preferred <input type="checkbox"/>	Home Phone	Preferred <input type="checkbox"/>
Work Phone	Preferred <input type="checkbox"/>	Work Phone	Preferred <input type="checkbox"/>
Email Address	Preferred <input type="checkbox"/>	Email Address	Preferred <input type="checkbox"/>
Other Email Address	Preferred <input type="checkbox"/>	Other Email Address	Preferred <input type="checkbox"/>
Occupation		Occupation	
Employer		Employer	
Work Address		Work Address	

 Marital Status Single Married Divorced Widow(er) Unmarried Partner

CHILDREN/DEPENDENTS

Name & Relationship	Date of Birth	Annual Cost of College	1st Year of College	Earmarked Funds	What % will you pay?

SOURCES OF INCOME

Base Salary	Base Salary
Expected Bonus	Expected Bonus
Social Security (Annual)	Social Security (Annual)
Pension	Pension
Other	Other

FINANCIAL PLANNING OBJECTIVES

Please rank from 1-10, 1 being the most important	Client's Ranking		Co-Client's Ranking
Adequate Life, Long Term Care & Disability Insurance		Adequate Life, Long Term Care & Disability Insurance	
Build Wealth		Build Wealth	
College Funding Strategy		College Funding Strategy	
Leave a Legacy to My Children		Leave a Legacy to My Children	
Purchase a Home		Purchase a Home	
Purchase a Vacation Home		Purchase a Vacation Home	
Reduce Estate Taxes		Reduce Estate Taxes	
Reduce Income Tax		Reduce Income Tax	
Retirement Comfort		Retirement Comfort	
Other (Specify)		Other (Specify)	

INVESTMENT EXPERIENCE

What do you consider a reasonable rate of return on a long-term investment portfolio? %

If your investment account dropped in value, at what percent would you be concerned? %

What investments would you consider? (Check all that apply)

CDs
 Stocks
 Mutual Funds
 Bonds
 Annuities
 ETF
 Other, please explain

What is the best investment you ever made?

What is the worst investment you ever made?

If you are considering changing your current investment advisor, please explain why.

ESTATE PLANNING

Client	Co-Client
Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you exchanged powers of attorney with anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who?	Have you exchanged powers of attorney with anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who?
Do you have current health care proxies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have current health care proxies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any trusts? <input type="checkbox"/> Yes <input type="checkbox"/> No Why did you establish it?	Do you have any trusts? <input type="checkbox"/> Yes <input type="checkbox"/> No Why did you establish it?
Are any inheritances expected? <input type="checkbox"/> Yes <input type="checkbox"/> No When? How much?	Are any inheritances expected? <input type="checkbox"/> Yes <input type="checkbox"/> No When? How much?

RETIREMENT PLANNING

At what age do you plan to retire? Client Co-Client

How much annual income, in today's dollars, will you want in retirement?

 Do you plan on working after retirement? Yes No Earnings per year \$

How many years will you work?

 Do you have any aspirations to make seasonal location changes? (ie. winters in Florida?) Yes No Explain:

 Do you have plans to change your residence in the near future? Yes No Explain:

 Do you have long term plans of owning a vacation home? Yes No Explain:

 Have you verified the status of your social security benefits? Yes No If yes, what is the full monthly benefit you can expect? Client Co-Client

 Do you expect to have any debts in retirement? Yes No Explain:

ASSETS
Indicate Ownership: C = Client, CO = Co Client, J = Joint, T = Trust

Bank/Money Market Accounts	Ownership	Current Value	Interest Rate - %

Investment Accounts	Ownership	Current Value	% Stocks	% Bonds/Cash

RETIREMENT PLANS - CLIENT

Type: IRA, ROTH IRA, 401(k), 403(b), Pension Plan, Profit Sharing, SEP, SIMPLE IRA, etc.	Where Invested?	Current Value	Your Annual Contribution	Employer Contribution	% Vested In Plan

RETIREMENT PLANS - CO-CLIENT

Type: IRA, ROTH IRA, 401(k), 403(b), Pension Plan, Profit Sharing, SEP, SIMPLE IRA, etc.	Where Invested?	Current Value	Your Annual Contribution	Employer Contribution	% Vested In Plan

REAL ESTATE PROPERTY			
	Home	Other #1	Other #2
Address			
Please Describe (vacation home, investment property etc.)			
Owner (Joint, Trust, etc.)			
Month/Year Purchased			
Purchase Price			
Cost of Improvements			
Current Market Value			
Mortgage Amount			
Mortgage Date			
Interest Rate/Years Remain			
Monthly Payment (Principal and Interest)			
Property Taxes (Annual)			
Homeowners Insurance (Annual)			
Homeowner's Association/Condo Fees (Monthly)			

HOME EQUITY LOAN/LINE OF CREDIT					
Bank Name	Credit Limit	Outstanding Balance	Original Date	Interest Rate	Form of Payment

PERSONAL PROPERTY (OTHER THAN REAL ESTATE)					
	Car #1	Car #2	Furniture & Jewelry	Collectibles	Other: Describe
Owner					
Estimated Value					

LIABILITIES (NOT REAL ESTATE)				
List all Loans and Debts (Auto, School, Credit Cards, etc)	Amount Due	Monthly Payment	Est. Payoff Date	Interest Rate

BUSINESS OWNER INFORMATION

Name of Business	
Estimated Book Value	
Percent Ownership	

INSURANCE

Life Insurance	Policy #1	Policy #2	Policy #3	Policy #4
Company Name & Policy Number				
Face Value				
Policy Date				
Cash Value				
Annual Premium				
Policy Type (Whole life, term, universal life, group, etc)				
Insured				
Owner				
Beneficiary				

Disability Insurance	Client	Co-Client
Name of Insurance Carrier		
Monthly Benefit		
Annual Premium		
Through Company or Personally Owned?		
Waiting Period and Length of Benefits		

Auto Insurance	Policy #1	Policy #2
Name of Insurance Carrier		
Deductible for Collision/Comprehensive		
Annual Premium		

Homeowner's Insurance	Policy #1	Policy #2
Name of Insurance Carrier		
Amount of Deductible		
Annual Premium		
Amount of Umbrella Coverage/Premium		
Replacement Value (Yes or No)		

YOUR THOUGHTS & QUESTIONS

This page is reserved so you can prepare any questions you have for us.