

Date: _____

Section 1: Personal Data

Client A: _____ Home Address: _____ City: _____ State: _____ Zip: _____ DOB: _____ SS#: _____ M/S/W/D: _____ Client A E-Mail: _____ Client A Cell: _____ Driv's Lic #: _____ State: _____ Iss'd: _____ Exp: _____	Gender		Gender	Client B: _____ Home Tel: _____ Home Fax: _____ DOB: _____ SS#: _____ M/S/W/D: _____ Client B E-Mail: _____ Client B Cell: _____ Driv's Lic #: _____ State: _____ Iss'd: _____ Exp: _____
---	--------	--	--------	---

Section 2: Occupation

Client A's: _____ Title: _____ Work Address: _____ City, State, Zip: _____ E-Mail: _____ Tel / Fax: _____ Salary: _____	Client B's: _____ Title: _____ Work Address: _____ City, State, Zip: _____ E-Mail: _____ Tel / Fax: _____ Salary: _____
---	---

Section 3: Dependents

Name	Gender	DOB	SSN	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section 4: Other Advisors (CPA, Lawyer, etc)

Name / Type / Phone: _____	Name / Type / Phone: _____
Name / Type / Phone: _____	Name / Type / Phone: _____

Section 5: Financial Snapshot

Estimated Net Worth (not including home):

- Under \$50,000 \$100,001 - \$500,000
 \$50,000 - \$100,000 Over \$500,000; Amount: _____

Investment Objectives: (Low = L, Medium = M, High = H):

- Preservation of Capital
 Capital Appreciation
 Income
 Speculation
 Trading Profits
 Other: _____

Investment Experience: (Low = L, Medium = M, High = H):

- Mutual Funds
 Stocks
 Bonds
 Options
 Variable Contracts
 Limited Partnerships

Primary Home Value (if owned): _____

Mortgage: _____ Fixed | Variable Rate: _____ % Years left: _____

HELOC outstanding: _____ Rate: _____ %

Home Equity Loan: _____ Rate: _____ % Years left: _____

Student Loan 1: _____ Rate: _____ % Years left: _____

Student Loan 2: _____ Rate: _____ % Years left: _____

Auto Loan 1: _____ Rate: _____ % Years left: _____

Auto Loan 2: _____ Rate: _____ % Years left: _____

Total Credit Card Debt: _____

Other: _____

Other: _____

Section 6: Financial Snapshot (continued)

Cash Reserves:

Checking 1: _____
 Checking 2: _____
 Savings 1: _____
 Savings 2: _____
 CD 1: _____
 CD 2: _____
 Money Market 1: _____
 Money Market 2: _____
 Other: _____

Investments (NON-Retirement):

Bonds (total): _____
 Stocks (total): _____
 Mutual Funds (total): _____

Savings Plan (Describe in a few words):

Client A:

A. Retirement Investments

Roth IRA: _____
 Beneficiary Roth IRA: _____
 Traditional IRA: _____
 Rollover IRA: _____
 Beneficiary IRA: _____
 SEP / SIMPLE: _____
 401(k): _____ Match? Y N
 403(b): _____ Match? Y N
 Other: _____

B. Insurance Coverage

Health: Y N
 Short-Term Disability: Y N
 Long-Term Disability: Y N
 Life: \$ _____ Y N
 Annuities: _____
 Other: _____

Client B:

A. Retirement Investments

Roth IRA: _____
 Beneficiary Roth IRA: _____
 Traditional IRA: _____
 Rollover IRA: _____
 Beneficiary IRA: _____
 SEP / SIMPLE: _____
 401(k): _____ Match? Y N
 403(b): _____ Match? Y N
 Other: _____

B. Insurance Coverage

Health: Y N
 Short-Term Disability: Y N
 Long-Term Disability: Y N
 Life: \$ _____ Y N
 Annuities: _____
 Other: _____

Section 7: Retirement Planning

Client A: Briefly describe your retirement goals / expectations:

Client B: Briefly describe your retirement goals / expectations:

Section 8: Estate Planning

Do you have a ...	Client A		Client B	
Will? Updated (MM / YYYY): _____	Y	N	Y	N
Living Will?	Y	N	Y	N
Healthcare Power of Attorney?	Y	N	Y	N
Financial Durable Power of Attorney?	Y	N	Y	N
Prenuptial or postnuptial agreement?	Y	N	Y	N
Have guardians been appointed for your dependents?	Y	N	Y	N
Do you have a living trust?	Y	N	Y	N
Have assets been transferred to the living trust?	Y	N	Y	N
Do you make annual gifts?	Y	N	Y	N

Whom do you wish to benefit from your estate?
 (check all that apply)

	Client A		Client B	
Spouse	Y	N	Y	N
Children	Y	N	Y	N
Grandchildren	Y	N	Y	N
Charity	Y	N	Y	N
Other Relatives	Y	N	Y	N
Other (describe)	Y	N	Y	N

Client A: Briefly describe your goals in planning your estate:

Client B: Briefly describe your goals in planning your estate:

