



## **Confidential Client Information**

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# Please Complete:

- ❖ Confidential Client Information
- ❖ Risk Tolerance Assessment
- ❖ Bring in Checked Documents from the Financial Roadmap Checklist



## CONFIDENTIAL CLIENT INFORMATION

Date Completed: \_\_\_\_\_

### CLIENT

Name \_\_\_\_\_ U.S. Citizen Yes  No

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

(H) Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Preferred person to contact? \_\_\_\_\_

Preferred method of contact? Home  Work  Phone  Fax  Email  Cell

How long in your current home? \_\_\_\_\_ Any plans to move? Yes  No

Date of Birth \_\_\_\_\_ Single  Married  Divorced  Widowed

Anniversary Date \_\_\_\_\_ Is this your first marriage? Yes  No

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration date \_\_\_\_\_ Issue Date \_\_\_\_\_

What name do you go by? \_\_\_\_\_

Occupation \_\_\_\_\_ Employment stable? Yes  No

Name of Employer \_\_\_\_\_ How long? \_\_\_\_\_

Business Address \_\_\_\_\_ (W) Phone \_\_\_\_\_

\_\_\_\_\_ (W) Email \_\_\_\_\_

### SPOUSE

Name \_\_\_\_\_ U.S. Citizen Yes  No

(H) Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Is this your first marriage? Yes  No

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Issue Date \_\_\_\_\_

What name do you go by? \_\_\_\_\_

Occupation \_\_\_\_\_ Employment Stable? Yes  No

Name of Employer \_\_\_\_\_ How long? \_\_\_\_\_

Business Address \_\_\_\_\_ (W) Phone \_\_\_\_\_

\_\_\_\_\_ (W) Email \_\_\_\_\_

## CHILDREN/GRANDCHILDREN

Name	Date of Birth	Relationship	Current Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any of these (grand)children require any special care? Yes  No

If Yes, please explain \_\_\_\_\_

## CHILDREN'S/GRANDCHILDREN'S EDUCATION

What type of grade school/high school do you plan for your (grand)children? Public  Private

What type of college/university education do you plan for your (grand)children?

In state  Out of state  Public  Private

Do you have a specific college/university/trade school in mind? \_\_\_\_\_

Will you pay for your (grand)child(ren)'s college? Yes  If yes, what % \_\_\_\_\_ No  Undecided

Will you pay for post-graduate school? Yes  If yes, what % \_\_\_\_\_ No  Undecided

Have assets been set-aside for your (grand) child(ren)? Yes  No

(Grand)Child	Type of Account	Account Balance	Current Contribution
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

## HEALTH

How do you feel about your current physical and mental health? \_\_\_\_\_

Describe any concerns about your health in later stages of life. \_\_\_\_\_

Describe any issues that may impact your life expectancy. \_\_\_\_\_

Describe any health issues affecting other family members/dependents. \_\_\_\_\_

Will you provide financial help or other assistance to these family members/dependents?

Yes  No  Don't Know

When, and for how long, will this help be required? \_\_\_\_\_

If Yes, how much annual financial support will you provide? \_\_\_\_\_

What ages are these potential dependents? \_\_\_\_\_

## INCOME

### Current

	Client	Spouse	Total Annual
Salary/Draw	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Investment	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Do you think you have adequate emergency reserves? Yes  No

What are your current emergency reserves? (Do not include investment or retirement balances)

\$ \_\_\_\_\_ Where are these assets held? \_\_\_\_\_

Over the next five years, do you expect your **earned income** to:

Increase: substantially  a little  no change

Decrease: substantially  a little  no change

Will money be needed for such items as a home purchase, college funds, debt repayment, weddings, gifts, home remodeling, or other one-time expenses? Yes  No

What is the last year you filed your taxes? \_\_\_\_\_

What is the number of exemptions you take? \_\_\_\_\_

## LIABILITIES (Credit Cards, Student Loans, Non Real Estate Loans, etc.)

**PLEASE ATTACH STATEMENTS FOR ANY LIABILITIES**

## EXPENSES

**PLEASE ATTACH A BUDGET IF YOU HAVE ONE COMPLETED**

## PERSONAL PROPERTY

	Client	Spouse	Jointly Owned
Home Furnishings	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Boats, Trailers, Airplanes	\$ _____	\$ _____	\$ _____
Clothing, Furs	\$ _____	\$ _____	\$ _____
Jewelry, Silver, Antiques	\$ _____	\$ _____	\$ _____
Other Items	\$ _____	\$ _____	\$ _____

**PERSONAL REAL ESTATE**

**Primary Residence:** Owner(s) \_\_\_\_\_ Market Value \_\_\_\_\_

Original Cost \$ \_\_\_\_\_ Purchase date \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

% Interest \_\_\_\_\_ Remaining Term \_\_\_\_\_ Monthly Payment \_\_\_\_\_

**Second Residence:** Owner(s) \_\_\_\_\_ Market Value \_\_\_\_\_

Original Cost \$ \_\_\_\_\_ Purchase date \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

% Interest \_\_\_\_\_ Remaining Term \_\_\_\_\_ Monthly Payment \_\_\_\_\_

**INVESTMENT REAL ESTATE**

Owner(s)	Income	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

What is the monthly net income from your investment real estate? \$ \_\_\_\_\_

**PLEASE ATTACH LIST OF PROPERTY ADDRESSES, COST BASIS AND APPLICABLE MORTGAGE STATEMENTS**

**BUSINESS INTERESTS**

Owner	Address	Market Value	Income
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Do you plan to sell the business? Yes  No  When? \_\_\_\_\_ For how much? \$ \_\_\_\_\_

If no, what are your plans for the business? \_\_\_\_\_

What would happen to your business in the event of your disability or death? \_\_\_\_\_

Does a binding purchase agreement exist for the sale of an owner's interest upon disability or death?

Yes  No  If yes, is it funded? Yes  No  For how much? \$ \_\_\_\_\_

## ASSET INFORMATION

**PLEASE ATTACH MOST RECENT STATEMENTS FOR ALL ASSETS LISTED BELOW**

### CASH AND CASH EQUIVALENTS:

Cash in Checking Account(s), Savings or Credit Union, Money Market Fund(s), Certificate of Deposit

### PERSONAL ACCOUNTS & ANNUITIES:

Non-retirement brokerage, limited partnerships or investment accounts you own, where they are held, and the total account value.

**STOCK OPTIONS:** Please attach a schedule of the options you have been granted

**RETIREMENT ACCOUNTS:** \*Type refers to: IRA, SEP-IRA, Roth IRA, Simple IRA, Profit Sharing, 401(k), 403(b), or Deferred Comp (including 457)

In the next few years do you plan to take money out of any of these accounts? Yes  No

If yes, explain: \_\_\_\_\_

Have you confirmed all of your account beneficiary designations in the past year? Yes  No

## RETIREMENT GOALS

What are three things you want to do that you've been putting off?

\_\_\_\_\_

At what age do you want to retire? \_\_\_\_\_ Is this age flexible? Yes  No

At what age does your spouse want to retire? \_\_\_\_\_ Is this age flexible? Yes  No

How much annual **gross** income, in today's dollars, will you **want** at retirement? \$ \_\_\_\_\_

How much annual **net** income, in today's dollars, will you **want** at retirement? \_\_\_\_\_

Do you plan to work after retirement? Yes  No

Earning \$ \_\_\_\_\_ Until what age? \_\_\_\_\_

Does your spouse plan to work after retirement? Yes  No

Earning \$ \_\_\_\_\_ Until what age? \_\_\_\_\_

Do you anticipate receiving a **Pension**? Yes  No  If yes, please describe below:

**Owner** \_\_\_\_\_ Payable from whom? \_\_\_\_\_ Age \_\_\_\_\_

Amount per Mo/Yr \$ \_\_\_\_\_ Inflating over time? Yes  No  What % \_\_\_\_\_

**Owner** \_\_\_\_\_ Payable from whom? \_\_\_\_\_ Age \_\_\_\_\_

Amount per Mo/Yr \$ \_\_\_\_\_ Inflating over time? Yes  No  What % \_\_\_\_\_

Have you confirmed all of your pension beneficiary designations in the past year? Yes  No

**RISK MANAGEMENT**

**PLEASE ATTACH MOST RECENT STATEMENTS FOR ALL LIFE AND DISABILITY POLICIES:  
GROUP AND PERSONAL**

**LIFE INSURANCE:**

Have you confirmed all of the beneficiary designations in the past year? Yes  No

**DISABILITY INSURANCE:**

In the event of a long-term disability, how much annual **gross** income would your household need to maintain your present standard of living in today's dollars? \$ \_\_\_\_\_

If you leave your employment can you maintain this coverage? Yes  No  Don't Know

Is there any reason that we need to review this policy? Yes  No

**AUTO, HOMEOWNERS AND UMBRELLA INSURANCE**

**PLEASE ATTACH MOST RECENT DECLARATION PAGES SHOWING COVERAGES AND PREMIUMS**

**HEALTH INSURANCE**

Company \_\_\_\_\_

Group? Yes  No  If yes, whose employer? Self  Spouse  Monthly Cost: \$ \_\_\_\_\_

Individual? Yes  No  Monthly Cost: \$ \_\_\_\_\_

Does the policy include: Dental? Yes  No  Monthly Cost: \$ \_\_\_\_\_

Vision? Yes  No  Monthly Cost: \$ \_\_\_\_\_

Is there any reason we need to review this policy? Yes  No

Will this coverage continue until you qualify for Medicare? Yes  No

**LONG-TERM CARE INSURANCE**

Insured	Monthly Benefit	Benefit Period	Company
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

If you leave your employment can you maintain this coverage? Yes  No  Don't Know

Is there any reason that we need to review this policy? Yes  No

When were your various insurance policies last reviewed? \_\_\_\_\_ By whom? \_\_\_\_\_



## ESTATE PLANNING

Do you or your spouse have the following?

	Client			Spouse		
A Will	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____
A Trust	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____
A Medical Directive	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____
A Durable Power of Attorney	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____
A Personal Property Memorandum	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date _____

When were these documents last reviewed? \_\_\_\_\_ By whom? \_\_\_\_\_

Are you expecting inheritances from any family members? Yes  No  Don't Know

WHO	AMOUNT
_____	\$ _____
_____	\$ _____

Do you have a plan to pay your Estate taxes? Yes  No

## GIFTS MADE OR RECEIVED

Do you anticipate making or receiving a gift? Yes  No  If yes, please give details below.

Donor	Date of Gift	Donee(s)	Value of Gift	Tax Liability
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Name some charities or causes that are important to you. \_\_\_\_\_

## MILITARY HISTORY

Which branch of the military were you a part of?

\_\_\_\_\_  
\_\_\_\_\_

What was your rank? \_\_\_\_\_

How many years did you serve? \_\_\_\_\_

How were you discharged?

\_\_\_\_\_  
\_\_\_\_\_

## PROFESSIONAL ADVISORS

Accountant/Firm \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Attorney/Firm \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Stockbroker/Firm \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Portfolio Manager(s)/Firm(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Banker/Bank \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Other Professional Advisors \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Please indicate those we may contact for additional information

## FURTHER COMMENTS

Is there anything else we should know in order to evaluate or better understand your situation?

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Client: \_\_\_\_\_ Date: \_\_\_\_\_ Client: \_\_\_\_\_ Date: \_\_\_\_\_