

Client Profile

Client A			
First, Middle, Last Name	Date of Birth	Social Security Number	
Primary Address	City	State	Zip Code
Email Address	Home Phone	Cell Phone	
Drivers License Number	Expiration Date		
Marital Status	Date of Marriage	Date of Divorce	
Employer	Title		
Employer's Address			
Employer's Phone	Employer's Fax	Business Email	
Client B			
First, Middle, Last Name	Date of Birth	Social Security Number	
Primary Address	City	State	Zip Code
Email Address	Home Phone	Cell Phone	
Drivers License Number	Expiration Date		
Marital Status	Date of Marriage	Date of Divorce	
Employer	Title		
Employer's Address			
Employer's Phone	Employer's Fax	Business Email	
Children's Names	Social Security #	DOB	Existing Education Funds

Risk Profile

What best describes your investment personality? Please rank answers 1 – 4 (1=closest to my personality)

Safety:

Rank

I cannot tolerate any decline in my investments. _____

I can tolerate some fluctuation in my investments, as long as they may recover within 1 – 3 years. _____

I can accept short-term losses for potentially higher returns overall. _____

I expect my investments to fluctuate as a cost of achieving significant returns. _____

Liquidity:

I need to have access to my money:

- within the next two years
- within the next 3 to 5 years
- within the next 6 to 10 years
- will not need for 11 years or more

Income:

I need steady income from my investments now.

I will not need income from my investments in the near future.

My experience with investments is:

- minimal
- moderate
- significant

For the long term, what would you consider a realistic pre-tax return?

- Growth (capital appreciation) _____
- Yield (interest rate) _____
- Inflation _____

Goals

At what age do you expect to stop working full-time? _____

Do you plan to work part-time during retirement? _____

What is your desired monthly income in retirement? _____

Do you desire to contribute to your children's education funds? _____

- If Yes, how much do you wish to contribute? (private vs. public, partial fund vs. 100%) _____

How much emergency funds do you need? _____

What are some other goals you desire to achieve? (new home, second home, travel, start a business, change careers, etc.)

Insurance

Life Insurance Company	Insured	Amount	Type	Issue Date	Premium	Cash Value	Loans
Disability Company	Insured	Monthly Benefit	Benefit Period	Waiting Period	Premium	Details	
Long-Term Car Company	Insured	Monthly Benefit	Benefit Period	Waiting Period	Premium	Details	

Estate Documents

		Date of Document	Type	Description
Do you have a current will?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you have a health care directive?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you have a power of attorney?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you have a trust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Other helpful documents to bring to your review Meeting:

- *Most recent completed tax return*
- *Current payroll check stub*
- *Any will and trust documents*
- *Retirement plan documents*
- *Existing insurance policies*
- *Group benefit and insurance information*
- *Home Mortgage Information*
- *Loan Statements*
- *Bank and credit card statements*
- *Investment account statements*
- *Any other information that you feel may be pertinent*