PERSONAL & FINANCIAL DATA

First Client:______________________________

Sex:___**Birth Date:**__________**Age:**___**Marital Status:**_____

SS #:______________**Driver's License #:**___________

Home Address:______________________________

City:________________**State:**____**Zip Code:**_________

Business Address:______________________________

City:________________**State:**____**Zip Code:**_________

Home Phone:______________________________

(C) ______________ **(W)** ________________

E-mail/Website:______________________________

Will / Trust:__________**Type:**____________________

Last Updated: __________ **Healthcare Directive/POA**

Other Estate Planning Documents____________________

Second Client: ______________________________

Sex:___**Birth Date:**__________**Age:**___**Marital Status:** _____

SS #:______________**Driver's License #:** ___________

Home Address: ______________________________

City:________________**State:**____**Zip Code:** _________

Business Address: ______________________________

City:________________**State:**____**Zip Code:** _________

Home Phone: ______________________________

(C) ______________ **(W)** ________________

E-mail/Website: ______________________________

Will / Trust:__________**Type:** ____________________

Last Updated: __________ **Healthcare Directive/POA**

Anniversary Date: ______________________________

PERSONAL FOCUS AREAS

- ☐ Comprehensive financial plan
- ☐ Provide college funds for children
- ☐ Cash flow/debt management
- ☐ Home loan review
- ☐ Grow retirement savings
- ☐ Life insurance review
- ☐ Establish /review estate plan
- ☐ Discuss program of gifting
- ☐ Increase retirement income
- ☐ Long-term care insurance
- ☐ Portfolio review
- ☐ Stock option planning

BUSINESS FOCUS AREAS

- ☐ Establish continuation succession plan
- ☐ Deferred compensation
- ☐ Sell, buy or start a business
- ☐ Equalize estate for heirs
- ☐ Key employee/partner protection
- ☐ Buy insurance through business

CHILDREN/DEPENDENTS/HEIRS

Name	Dependent of	Birth Date	Concerns or Special Needs

HARD ASSETS

Specific Asset Name (Home, Boat, Business, Vacation Home)	Owner	Purchase Date	Cost Basis	Current Value	Future Sale Date /Replace?

INSURANCE

Description (Whole, Term, UL, VUL) Group or Individual, DI, LTC, Health, Medicare Supplement	Owner/ Insured	Current Company	Cash Value	Premium Amt &Mode (Annual, Monthly, Qrtly, Semi)	Beneficiaries	Death Benefit

INVESTOR PROFILE

Your expectation for investment returns based your comfort level for fluctuations:

❑Aggressive ❑Growth ❑Growth with Income

❑Income with Moderate Growth ❑Capital Preservation

INVESTMENTS

Description Current Company & Type (Brokerage, Fee-based, Annuity)	Owner	Type (401k, IRA, Ind, Jt)	Current Value	Monthly / Annual Savings/Withdrawal	Intended Heirs (Primary & Contingent)

INCOME

Description	Person	Annual Amount	Applicable Period (Start Date - End Date)	Rate of Increase (Percentage)
Salary (W2)/1099				
Salary(W2)/1099				
Retirement/Pension				
Retirement/SS				
Retirement/Other				
Alimony				
Child Support				

EXPENSES*

Description	Monthly Amount	Applicable Period (Start Date - End Date)	Description	Monthly Amount	Applicable Period (Start Date - End Date)
Housing Property taxes included? Insurance included?			Insurance, Medical and Dental Expenses		
Food			Utilities		
Cars /Transportation			Personal		
Entertainment			Charity		
Business			Discretionary		

*Compare to the average from last 3 to 6 bank and/or money market debit/withdrawal amounts

DEBTS

Description	Owner	Start Date	Original Principal	Principal Balance Remaining	Interest Rate	Interest Only /Principal & Interest	Loan Period (Years)	Pmt Frequency

FUTURE PURCHASE GOALS

Description (Vacation, second home)	Purchase Amount	Purchase Date	Savings Plan Start Date	Earmarked Assets (Accounts that will fund this goal)

NOTES