

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

**Personal Information**

**Self**

**Spouse**

Name

Date of Birth

Social Security Number

Address

Telephone Home / Bus.

FAX / E-mail

Occupation

Years Employed: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Employer

Employer's Address

Annual Salary

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Bonus

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Expected Increase

\_\_\_\_\_ % Date: \_\_\_\_\_

\_\_\_\_\_ % Date: \_\_\_\_\_

Other Earned Income

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Other Income Source

**Children**

Name

Date of Birth

SSN

Grade

Address (if different from above)

_____	/ _____ /	_____	/ _____ /	_____
_____	/ _____ /	_____	/ _____ /	_____
_____	/ _____ /	_____	/ _____ /	_____

**Assets (Family)****Residence:**

Current Market Value	\$ _____	Initial Cost	\$ _____
Mortgage Date / Rate	_____ / %	Mortgage Balance	\$ _____

**Non-Retirement Account**

Individual Stock	\$ _____	Bank Account(s)	\$ _____
Bonds	\$ _____	Business Interests	\$ _____
Mutual Funds	\$ _____	Other	\$ _____

**Liabilities (Family)**

Other Mortgage(s)	\$ _____	Other – Consumer	\$ _____
Home Equity Loan	\$ _____	Credit Card(s)	\$ _____
Other	\$ _____		

**Insurance****Self****Spouse**

<u>Life</u> - Date / Amount	_____ \$ _____	_____ \$ _____
Type	_____	_____
Annual Premium	\$ _____	\$ _____
<u>Disability</u> – Date / Amount	_____ \$ _____	_____ \$ _____
Policy Loans	\$ _____	\$ _____
Provider	Employer _____ Self _____	Employer _____ Self _____
<u>Long-Term Care</u> – YES	Company _____	Company _____
	Date _____	Date _____
<u>Medical</u> - Provider	Employer _____ Self _____	Employer _____ Self _____

**Homeowners/Automobile**

Name / Address of Company / Agent \_\_\_\_\_

**Retirement Plan****Self****Spouse**

Company / Pension

\$ \_\_\_\_\_

\$ \_\_\_\_\_

403B / 401K / 457

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Keogh / SEP

\$ \_\_\_\_\_

\$ \_\_\_\_\_

IRA Regular

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Roth

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Legal (Family)**

Attorney \_\_\_\_\_

Wills

NO\_\_\_ YES\_\_\_ Date of Last Update/Review \_\_\_\_\_

Power of Attorney

NO\_\_\_ YES\_\_\_

Health Care Proxy

NO\_\_\_ YES\_\_\_

**Tax Advisor**

NO\_\_\_ YES\_\_\_ Name / Address \_\_\_\_\_

**Advisors/Other**

NO\_\_\_ YES\_\_\_ Name/Address \_\_\_\_\_

**Estate (Family)**

Do you receive annual gifts?

NO\_\_\_ YES\_\_\_

Do you anticipate inheriting money or property?

NO\_\_\_ YES\_\_\_

**Areas of Planning Concern**Long-Term \_\_\_\_\_Short-Term \_\_\_\_\_**Other Issues/Concerns (Check all that apply)**

Where to Live ( ) Health ( ) Family ( ) Legacy/Charity ( ) Life in Slow Lane ( )