



DATE: _____

Client Data Information

CLIENT	SPOUSE
Name:	Name:
DOB:	DOB:
Cell phone:	Cell phone:
Current Employer:	Current Employer:
Work phone:	Work phone:
Email:	Email:
Home phone:	
Address:	
City, State, Zip:	
Dependent Name(s) & Ages:	
How did you hear about us? Prefer contact by: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail 	

FINANCIAL INFORMATION			
Client	Annual Amount	Spouse	Annual Amount
Salary:	\$	Salary:	\$
Social Security:	\$	Social Security:	\$
Net worth:	\$		
Liquid net worth:	\$		

ASSETS			
(401(k) Account / Pension / IRA / Roth / Taxable / Checking / Savings / etc.)			
Account Type	Owner	Current Balance	Contributions
		\$	\$ or %
		\$	\$ or %
		\$	\$ or %
		\$	\$ or %
		\$	\$ or %
		\$	\$ or %
		\$	\$ or %
		\$	\$ or %

DATE: _____



REAL ESTATE		
<u>Description</u>	<u>Purchase Price</u>	<u>Current Value</u>
Primary Residence:	\$	\$
Vacation Property:	\$	\$
Rental Property:	\$	\$
	\$	\$
	\$	\$

OTHER INFORMATION	
<u>Name</u>	<u>Phone</u>
Estate Planning Attorney:	
Accountant (CPA):	
Life Insurance Agent:	

WHAT ARE YOUR FINANCIAL GOALS?
1.
2.
3.
4.
5.

WE'D LIKE TO GET TO KNOW YOU
Preferred meeting times / days:
Wedding Anniversary:
Hobbies (sports, reading, cooking, music, etc.):
Interests (sporting events, travel, wine tasting, theater, etc.):
Reason for contacting us:
Anything else you'd like us to know: