



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

## Personal and Family Information

	Name	Date of Birth	Soc Sec #	Home Phone
Name 1				
Name 2				

Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

	Employer/Occupation	Address	Hire Date	Retire Date
Name 1				
Name 2				

	Name	Address	Birthdate	Soc Sec #
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

	<u>Name 1</u>	<u>Name 2</u>
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Are you currently, or in the last 5 years, a smoker or tobacco user?	Yes or No	Yes or No
Are you currently taking any medications? ( explain below)	Yes or No	Yes or No
Have you been diagnosed with an illness or chronic disease? (explain below)	Yes or No	Yes or No

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## Estate Planning

	<u>Name 1</u>	<u>Name 2</u>
Do you have a current will? If yes, date last reviewed: _____	Yes or No	Yes or No
Do you have a trust? Type: _____ Dated: _____	Yes or No	Yes or No
Do you have a Financial Power of Attorney?	Yes or No	Yes or No
Do you have a Healthcare Power of Attorney?	Yes or No	Yes or No
Do you have a Living Will?	Yes or No	Yes or No
Are your cemetery lots / funerals paid for?	Yes or No	Yes or No
Do you have a Pre Nuptial agreement or Post Nuptial agreement in place?	Yes or No	Yes or No
Are you actively gifting?	Yes or No	Yes or No
What do you want to happen to your estate at your death(s)?		
_____		
_____		

## Income & Expenses

Source	Owner	Annual Income
Salary / Social Security	Name 1	
Salary / Social Security	Name 2	
Pension	Name 1	
Pension	Name 2	

Useage	Annual Expenses
Living Expenses	
401(k) & IRA Contributions	
Investments	
Recreation & Leisure	
Gifts	
Maintenance & Upkeep	

## Assets

Note: Give total value of all accounts. Be sure to bring individual statements for each account.  
If all assets are jointly owned, simply use Name 1 column.

	Name 1		Name 2	
	Asset Value	Rate of Return	Asset Value	Rate of Return
Checking				
Savings				
Certificate of Deposit				
Money Market				
Stocks				
Bonds				
Brokerage Account				
Mutual Funds				
Savings Bonds (EE, HH, I)				
Variable Annuities				
Fixed Annuities				
IRA – Roth				
IRA – Traditional				
401(k)				
401(k) Employer Match				
403(b)				
457				
Keogh Plan				
Deferred Compensation				
Limited Partnership/Corporation				
Residence				
Other Real Estate				
Collectibles				
Autos/Trucks				
Other				
<b>Total Assets</b>				

## Liabilities

Note: Include car payments, personal loans, insurance loans, TSA loans, credit cards, home loans.

Creditor	Interest Rate	Balance Owed	Min Payment	Amount You Pay	Payoff Date

## Insurance

<u>Name 1</u>	<u>Name 2</u>
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Do you have a long-term care insurance? Yes or No    Yes or No

Describe Benefits and Cost:

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Do you have health insurance or Medicare coverage? Yes or No    Yes or No

Describe Benefits and Cost:

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Do you have an umbrella liability insurance policy? Yes or No    Yes or No

Describe Liability Limits:

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Do you have an automobile insurance? Yes or No    Yes or No

What are your liability and deductible limits?

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Do you have homeowner's insurance? Yes or No    Yes or No

What are your liability and deductible limits?

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Do you have disability insurance? Yes or No    Yes or No

Describe Benefits and Cost:

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Name 1      Name 2

Do you have life insurance?

Yes or No      Yes or No

Company	Type*	Owner?	Who is the		Death Benefit	Annual Cost?	Cash Value
			Insured?	Beneficiary?			

\*Types:      WL = Whole Life      T = Term      G = Group      UL = Universal Life      VL = Variable Life

**Professional Team Members**

Professional	Name	Address	Phone	E-mail
Attorney				
Bank / Banker				
Financial Advisor				
Insurance Agent				
Primary Care Dr.				
Tax Preparer				

**Concerns/Goals**

What are your primary financial concerns/goals?    How would you improve your situation if you could?

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## Financial Values and Risk Tolerances

Indicate the level of importance	Name 1			Name 2		
	Very	Important	Not	Very	Important	Not
Having emergency funds available						
Avoiding unnecessary taxes						
Provide income for retirement						
Accumulating to provide for heir's						
Accumulating to have more assets for self						
Preserving what I have						
Maintaining my current standard of living						
Insuring for possible long-term care						
Insuring against potential liabilities						
Insuring against market volatility						

Overall Risk Tolerance Self-Rating											
Name 1	1	2	3	4	5	6	7	8	9	10	
Name 2	1	2	3	4	5	6	7	8	9	10	
	<b>Low</b>			<b>Moderate</b>				<b>Aggressive</b>			

Volatility Risk versus Running Out of Money Risk Self-Rating										
Name 1	1	2	3	4	5	6	7	8	9	10
Name 2	1	2	3	4	5	6	7	8	9	10
	<b>Volatility</b>					<b>Running out of Money</b>				

**Comments:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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