

Is there anything you want to specifically talk about today? _____

Individual/Spouse- _____

Home Address- _____

Home Phone- _____ Cell Phone- _____ Work Phone- _____

Email- _____

Preferred contact method

Dependents- _____

Date of Birth- _____

Name of Employer- _____

Job Title- _____

Goals

Long Term- _____

Short Term- _____

Retirement

What age do you want to retire? _____

What hobbies or other activities do you want to enjoy during retirement? _____

How long do you want your retirement income to last? _____

Education

Do you plan on fully funding your children's college education? What percentage? _____

Income

	Individual	Spouse
Annual Income		
Pension		
SSI		
Investments		
Civil Service, Veterans, or Gov't Benefits		
Other Income		
Covered by Social Security or similar program?		

Current Portfolio

Assets	Current Value	Annual Contribution	Growth Rate	Owner	Purpose	Details
Savings						
CDs						
Bonds						
Mutual Funds						
Stocks						
401(k)						
403(b)						
IRAs						
Annuities						
529 Plans						

Liabilities

Debts/Liabilities	Balance	Interest Rate	Time Remaining	Personal Liab.	Payable at Death
Mortgage					
Equity Loans					
Personal/College Loans					
Auto Loans					
Credit Card Debt					

Life Insurance

Insured	Face Amount	Type	Cash Value	Premium	Company	Beneficiary	Personal/Employer

Long Term Care

Do you have any current long term care insurance coverage? _____

Have you or anyone you know had prior experience with long term care? _____

How would you pay for long term care expenses if you needed? _____

How important is it for you to have long term care insurance in place should you need it? _____

Health Insurance

Do you currently have health insurance? _____ Employer/Personal _____

Deductible _____ Out of pocket maximum _____ Co-Pay _____

Co-Insurance _____

Disability Insurance

What source of income would be available for you in the event that you became disabled? _____

Do you currently have disability insurance? _____

Monthly Benefit _____ Waiting Period _____

Benefit Period _____ % of Salary _____ Premium _____

Do you feel comfortable with your current disability insurance? _____

How would your family's income need change if you became disabled? _____

How important is it for you to protect your income in the event of a disability? _____

Survivor Needs

	Individual	Spouse
Medical Expense	\$ _____	\$ _____
Funeral Expenses	\$ _____	\$ _____
Debt Liquidation	\$ _____	\$ _____
Estate Settlement Costs	\$ _____	\$ _____
Federal and State Death Taxes	\$ _____	\$ _____
Charitable Giving	\$ _____	\$ _____
Mortgage Liquidation	\$ _____	\$ _____
Education Funding	\$ _____ Per Child	\$ _____ Per Child
Emergency Fund	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Household Duties	\$ _____	\$ _____
Home/Yard Maintenance	\$ _____	\$ _____
Monthly Income for Surviving Spouse	\$ _____	\$ _____