PEAK

Peak Client Information:

Name:____ DOB:_____________Retirement Age:___________
Social Security: ___________________Driver's License: ___________________ Expiration Date:_________
Email:__________________________________ Phone Number:_________________

Employer Information:
Employer: ______________________ Occupation: _________________________
Address: ______________________City: __________________State:_______ Zip: ________

Name:____ DOB:_____________Retirement Age:___________
Social Security: ___________________Driver's License: ___________________ Expiration Date:_________
Email:__________________________________ Phone Number:_________________

Employer Information:
Employer: ______________________ Occupation: _________________________
Address: ______________________City: __________________State:_______ Zip: ________

Home Address:____
Mailing Address:____

Children:
Name:____________________ DOB:__________ Name:____________________ DOB:_________
Name:____________________ DOB:__________ Name:____________________ DOB:_________

Income:
Salary:___________________ Bonus: ________________ Other Income:______________________
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Social Security amount: @ 62_________ @ 66___________ @ 70___________ (SSA.gov/myaccount)
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Pension details:____
Pension details:____

Expenses:
Current Expenses (not including mortgage or children):__________ Retirement Expenses:___________

Liabilities:
Housing:
Primary Home Mortgage:
Original Amount:______________ Date of Loan:_____________
Current Principal Balance:________________
Principal and Interest Payment amount:______________
Term of loan (15, 30 year?)____________ Interest rate____________________
Any extra payments? If so, how much and new expected payoff date______________

Credit Card:
Amount:____________________ Interest:__________ Payment:_______________
Amount:____________________ Interest:__________ Payment:_______________

Student Loans:
Amount:____________________ Interest:__________ Payment:_______________
Amount:____________________ Interest:__________ Payment:_______________

Assets:

Bank:

Checking:____________Savings:____________CD:____________

Checking:____________Savings:____________CD:____________

401k:

Balance:______________ Contribution Rate______________ Employer Match______________

Balance:______________ Contribution Rate______________ Employer Match______________

IRA:

Balance: ______________ Annual Contribution:_______________

Balance: ______________ Annual Contribution:_______________

Roth IRA:

Balance: ______________ Annual Contribution:_______________

Balance: ______________ Annual Contribution:_______________

Annuity:

Balance: _____________

Balance:______________

Any Other accounts:

Name of Account:__________________________________ Amount:_____________

Name of Account:__________________________________ Amount:_____________

Insurance: (Term Life, Whole Life, Long Term Care, Etc.)

Policy Type:________________________ Purchase Date:_____________ Owner:___________________

Death Benefit:___________ Cash Value:_______________ Term Years (If Applicable):______

Premium:____________

Policy Type:________________________ Purchase Date:_____________ Owner:___________________

Death Benefit:___________ Cash Value:_______________ Term Years (If Applicable):______

Premium:____________

Policy Type:________________________ Purchase Date:_____________ Owner:___________________

Death Benefit:___________ Cash Value:_______________ Term Years (If Applicable):______

Premium:____________

Beneficiaries:

Name: ____ For Account:__________

Date of Birth: __________________ Social Security:_________________________

Relationship: _____________________________ Percentage: ________________

Name: ____ For Account:__________

Date of Birth: __________________ Social Security: _________________________

Relationship: _____________________________ Percentage: ________________

Name: ____ For Account:__________

Date of Birth: __________________ Social Security: _________________________

Relationship: _____________________________ Percentage: ________________

Name: ____ For Account:__________

Date of Birth: __________________ Social Security: _________________________

Relationship: _____________________________ Percentage: ________________