

YOUR PERSONAL INFORMATION**Family Information**

Client Name:	Date of Birth: / /	Marital Status:
Spouse Name	Date of Birth: / /	Client E-mail:
Address:		
City:	State:	Zip:
Home Phone:	Fax:	
Client Cell Phone:	Spouse Cell Phone:	

Age Assumptions

Client/Spouse	Retirement Age	Assumed Life Expectancy

Real Estate & Personal Property

Name	Current Value	Owner

Non-Qualified Assets (Taxable & Cash)

Type/Institution Name	Current Value	Owner

Retirement Assets (Qualified, Roth IRAs, Annuities & Deferred Compensation)

Type/Institution Name	Current Value	Owner	Beneficiary

Financial Data**Liabilities**

Mortgage/Loans	Property	Original Loan Amount	Current Balance	Interest Rate	Loan Term

Income

Name	Annual Amount	Owner	Starts	Ends
Salary/Bonus/Soc. Sec.-Client				
Salary/Bonus/Soc. Sec.-Spouse				

529 Plans

Name	Current Value	Beneficiary	Monthly Savings

Life Insurance

	Life Policy 1	Life Policy 2
Policy Type		
Insured		
Current Death Benefit		

Long Term Care Insurance

	Life Policy 1	Life Policy 2
Insured		
Benefit Amount/Frequency		
Annual Premium		

Disability Insurance

	Life Policy 1	Life Policy 2
Insured		
Benefit Type		
Benefit Amount/Frequency		
Annual Premium		

Estate Planning**Do you have? Y/N**

Revocable Trusts?	Wills?	POA?
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Wilde Wealth Management Group

A Personal Approach to Wealth Management

Any other information you'd like to provide for us to better evaluate your current situation: