

PERSONAL & FINANCIAL DATA

First Client: _____ Sex: ____ Birth Date: _____ Age: ____ Marital Status: _____ SS #: _____ Driver's License #: _____ Home Address: _____ City: _____ State: ____ Zip Code: _____ Business Address: _____ City: _____ State: ____ Zip Code: _____ Home Phone: _____ (C) _____ (W) _____ E-mail/Website: _____ Will / Trust: _____ Type: _____ Last Updated: _____ Healthcare Directive/POA _____ Other Estate Planning Documents _____	Second Client: _____ Sex: ____ Birth Date: _____ Age: ____ Marital Status: _____ SS #: _____ Driver's License #: _____ Home Address: _____ City: _____ State: ____ Zip Code: _____ Business Address: _____ City: _____ State: ____ Zip Code: _____ Home Phone: _____ (C) _____ (W) _____ E-mail/Website: _____ Will / Trust: _____ Type: _____ Last Updated: _____ Healthcare Directive/POA _____ Anniversary Date: _____
--	---

PERSONAL FOCUS AREAS

- | | | |
|---|---|---|
| <input type="checkbox"/> Comprehensive financial plan
<input type="checkbox"/> Provide college funds for children
<input type="checkbox"/> Cash flow/debt management
<input type="checkbox"/> Home loan review | <input type="checkbox"/> Grow retirement savings
<input type="checkbox"/> Life insurance review
<input type="checkbox"/> Establish /review estate plan
<input type="checkbox"/> Discuss program of gifting | <input type="checkbox"/> Increase retirement income
<input type="checkbox"/> Long-term care insurance
<input type="checkbox"/> Portfolio review
<input type="checkbox"/> Stock option planning |
|---|---|---|

BUSINESS FOCUS AREAS

- | | | |
|---|--|---|
| <input type="checkbox"/> Establish continuation succession plan
<input type="checkbox"/> Deferred compensation | <input type="checkbox"/> Sell, buy or start a business
<input type="checkbox"/> Equalize estate for heirs | <input type="checkbox"/> Key employee/partner protection
<input type="checkbox"/> Buy insurance through business |
|---|--|---|

CHILDREN/DEPENDENTS/HEIRS

Name	Dependent of	Birth Date	Concerns or Special Needs

HARD ASSETS					
Specific Asset Name (Home, Boat, Business, Vacation Home)	Owner	Purchase Date	Cost Basis	Current Value	Future Sale Date /Replace?

INSURANCE						
Description (Whole, Term, UL, VUL) Group or Individual, DI, LTC, Health, Medicare Supplement	Owner/ Insured	Current Company	Cash Value	Premium Amt &Mode (Annual, Monthly, Qrtly, Semi)	Beneficiaries	Death Benefit

INVESTOR PROFILE

Your expectation for investment returns based your comfort level for fluctuations:

- Aggressive
- Growth
- Growth with Income
- Income with Moderate Growth
- Capital Preservation

INVESTMENTS					
Description Current Company & Type (Brokerage, Fee- based, Annuity)	Owner	Type (401k, IRA, Ind, Jt)	Current Value	Monthly / Annual Savings/Withdrawal	Intended Heirs (Primary & Contingent)

INCOME				
Description	Person	Annual Amount	Applicable Period (Start Date - End Date)	Rate of Increase (Percentage)
Salary (W2)/1099				
Salary(W2)/1099				
Retirement/Pension				
Retirement/SS				
Retirement/Other				
Alimony				
Child Support				

EXPENSES*					
Description	Monthly Amount	Applicable Period (Start Date - End Date)	Description	Monthly Amount	Applicable Period (Start Date - End Date)
Housing Property taxes included? Insurance included?			Insurance, Medical and Dental Expenses		
Food			Utilities		
Cars /Transportation			Personal		
Entertainment			Charity		
Business			Discretionary		

*Compare to the average from last 3 to 6 bank and/or money market debit/withdrawal amounts

North Georgia Wealth Management Group 81 Crown Mtn. Place, Building A Ste 500 Dahlonega, GA 30533
Office: 706-864-8631 Fax: 706-867-8667 Visit us online at www.ngwmg.com

Advisory Services offered through IFG Advisory, LLC, a registered investment advisor.
IFG Advisory, LLC, and North Georgia Wealth Management Group are separate entities from LPL Financial.

DEBTS

Description	Owner	Start Date	Original Principal	Principal Balance Remaining	Interest Rate	Interest Only /Principal & Interest	Loan Period (Years)	Pmt Frequency

FUTURE PURCHASE GOALS

Description (Vacation, second home)	Purchase Amount	Purchase Date	Savings Plan Start Date	Earmarked Assets (Accounts that will fund this goal)

NOTES
