

Today's Date: _____

How did you hear of our services: Radio__ Referral__ Client event __ Other _____

Personal Information

Item	Client #1 Male/Female	Client #2 Male/Female
Full Legal Name (Married/Not Married)		
Date of Birth		
Social Security Number		
Smoker? (Y/N)		
Driver's License #		
Expiration Date:		
Issue Date:		

Address Information

Item	Client #1	Client #2
Street Address		
City, State ZIP		
Home Phone (Area Code)		
Cell Phone		
Email Address		

Employment Information

Item	Client #1	Client #2
Occupation/Title		
Company Name		
Length of Employment		
Street Address		
City, State, Zip		
Business Phone (Area Code)		

Children

Name	Birthdate	Social Security Number

#Number of Grandchildren _____

Current Income and Cash Received

Item	Wages/Salary/Bonus	Retirement Income (SS, Pension, Etc)
Client #1 Current Income		
Client #2 Current Income		

Retirement	Client #1	Client #2
Date:		

Qualified (Retirement) Investments

Identification of the Account	Type of Account *	Current Value	Mo. Addn's Client	Mo. Addn's Employer	Owner	Beneficiary

*Types of Retirement Accounts: IRA, Roth IRA, 401(k), Deferred Comp, SEP, Profit Sharing, etc.

Non Qualified (Non-retirement plan) Investments*

Name/Identification of the Account	Current Value	Purchase Date	Cost Basis	Monthly Additions	Owner	Beneficiary
	\$					
	\$					
	\$					
	\$					
	\$					

*Types of Non-qualified Investments: Savings, Checking, Money Market, Stocks, Bonds, Mutual Funds, etc.

Personal Assets and Liabilities

Assets	Purchase Price	Current Value	Owner	Comments
Residence	\$	\$	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Jt	
Second Home	\$	\$	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Jt	
Auto/Personal Property	\$	\$	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Jt	
Other (Business, S Corp, etc.)	\$	\$	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Jt	

Liabilities	Date Loan Taken	Original Loan Balance	Current Balance	Monthly Payment	Length of Loan	Interest Rate	Owner
Home Mortgage		\$	\$	\$			
2 nd Home Mortgage		\$	\$	\$			
Home Equity Line		\$	\$	\$			
Credit Card Debt		\$	\$	\$			
Other Liability		\$	\$	\$			

Life Insurance

Owner	Insured	Beneficiary	Death Benefit	Cash Value	Annual Premiums	Type of Policy	Issue Date
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Jt			\$	\$	\$		
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Jt			\$	\$	\$		
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Jt			\$	\$	\$		
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> Jt			\$	\$	\$		