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Confidential Information

Today's Date: ___/___/___

Spouse 1: _____ Birth Date: ___/___/___

Spouse 2: _____ Birth Date: ___/___/___

Address: _____ City: _____ Zip: _____

Home Phone: (____) - _____ - _____

Work: (____) _____ - _____

Mobile: (____) _____ - _____

Work: (____) _____ - _____

Mobile: (____) _____ - _____

Work Status: Retired _____ or Employed at _____

Work Status: Retired _____ or Employed at _____

Spouse 1 Email: _____ **Spouse 2 Email:** _____

Children:

Grandchildren ages:

Name: _____ Age: _____ → Age: _____ Age: _____ Age: _____ Age: _____

Name: _____ Age: _____ → Age: _____ Age: _____ Age: _____ Age: _____

Name: _____ Age: _____ → Age: _____ Age: _____ Age: _____ Age: _____

Name: _____ Age: _____ → Age: _____ Age: _____ Age: _____ Age: _____

Name: _____ Age: _____ → Age: _____ Age: _____ Age: _____ Age: _____

Advisors

If none, state "None."

Accountant: _____ Attorney: _____

Insurance Agent: _____ Stockbroker: _____

Financial Advisor: _____ Other: _____

Legal documents

Please bring copies of legal documents.

	<u>Spouse 1</u>		<u>Spouse 2</u>	
Do you have a Will?	Yes	No	Yes	No
Do you have a Durable Power of Attorney?	Yes	No	Yes	No
Do you have a Medical Power of Attorney?	Yes	No	Yes	No
Do you have a Living or Revocable Trust?	Yes	No	Yes	No
Are the documents you DO have VALID in your permanent state of residence?	Yes	No	Yes	No

Insurance

Spouse 1 Life Insurance Totals:

Permanent Life Insurance: \$ _____ Death Benefit \$ _____ Cash Value
Term Life Insurance: \$ _____ Death Benefit

Do you have Long Term Care Insurance? Yes _____ No _____
If so, what company? _____ \$ _____ Daily Benefit _____ # of Years or Lifetime

Spouse 2 Life Insurance Totals:

Permanent Life Insurance: \$ _____ Death Benefit \$ _____ Cash Value
Term Life Insurance: \$ _____ Death Benefit

Do you have Long Term Care Insurance? Yes _____ No _____
If so, what company? _____ \$ _____ Daily Benefit _____ # of Years or Lifetime

Other

Do you have an Umbrella Liability Policy Yes _____ No _____
If so, what is the coverage limit? \$1,000,000 \$2,000,000 Other _____
Do you have an Identity Theft Plan in place? Yes _____ No _____

Real Estate

Please provide information about your current holdings.

Personal Residence Information:

Purchase Price \$ _____ Purchase Year _____ Estimated Value Today \$ _____
Outstanding Mortgage \$ _____ Term Remaining _____ years Interest Rate: _____%

Other Property Information:

Do you have other property? Yes _____ No _____
Purchase Price \$ _____ Purchase Year _____ Estimated Value Today \$ _____
Outstanding Mortgage \$ _____ Term Remaining _____ years Interest Rate: _____%

Hobbies/Interests/Clubs/Associations (COI): _____

Income & Expenses

<u>MONTHLY INCOME</u> (Net)	<u>Spouse 1</u>	<u>Spouse 2</u>	
Wages/Salary	\$ _____	\$ _____	
Social Security	\$ _____	\$ _____	
Pension	\$ _____	\$ _____	
Investment Income	\$ _____	\$ _____	
Rental Income	\$ _____	\$ _____	
Other Income	\$ _____	\$ _____	
Total Monthly Income	\$ _____	\$ _____	Both \$ _____

EXPENSES: Estimated Monthly \$ _____ **CASH FLOW +/-** \$ _____

Do you expect a significant change in your cash flow in the near future? Yes ____ No ____

If yes, please explain: _____

Your Current Concerns

	CONCERNED	NOT CONCERNED
Keeping my investments safe from losses	_____	_____
Reducing the risk that I am taking in my investment portfolio	_____	_____
Making sure that my assets provide income for my/our lifetime	_____	_____
Reducing Income and Estate Taxes	_____	_____
Planning for Long Term Care for myself, spouse or family members	_____	_____
Searching for ways to create more income	_____	_____
Leaving a legacy to my family and/or favorite charities	_____	_____
Providing for children's or grandchildren's education	_____	_____
Creating your own Family Bank	_____	_____
Getting my legal affairs in order	_____	_____