



Children/Parents/Other Dependents

	Name	Date of Birth	Relationship	Any Special Considerations?
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

What would you like your investments to provide? Please check one

Aggressive growth: No need for current income, focus on maximum capital appreciation. I can tolerate volatility.

Growth: Little need for current income, focus on capital appreciation.

Growth with income: Emphasis placed on both modest capital growth and some current income.

Income with moderate growth: Need capital preservation and current income.

Income with capital preservation : Preserve my purchasing power. I don't need it right now, but I just don't want to lose it.



Retirement Accounts *(401k, 403b, IRA, Roth IRA, SEP IRA, Profit Sharing, Defined Benefit etc.)*

Account Name/Description	Amount	Annual Contributions	Owner	Registration	Available for Retirement? (yes or no)
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____	_____

Investment Accounts/Assets *(Personal, Trust, Checking, Investments, Stock options, Business Interests, etc.)*

Account Name/Description	Amount	Annual Contributions	Owner	Registration	Available for Retirement? (yes or no)
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____	_____



Income (Employment, Social Security, Pension, Rental Property Income, etc.)

Description /Type	Monthly Amount	Owner	Growth/COLA %
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____

Social Security (List your estimated annual benefit for each age)

Age 62: _____ Age 66/67: _____ Age 70: _____

Real Estate

			Value	Mortgage Balance	Mortgage Rate	Mortgage Term
<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Rental/Investment	<input type="checkbox"/> Vacation/Second Home	_____	_____	_____	_____
<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Rental/Investment	<input type="checkbox"/> Vacation/Second Home	_____	_____	_____	_____
<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Rental/Investment	<input type="checkbox"/> Vacation/Second Home	_____	_____	_____	_____
<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Rental/Investment	<input type="checkbox"/> Vacation/Second Home	_____	_____	_____	_____



Life Insurance

		Death Benefit (Amount)	Cash Value	Monthly/Annual Premium	Policy Type (circle one)	
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	Term (Yrs ___) Variable Life	Whole Life Universal Life Variable Universal Life
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	Term (Yrs ___) Variable Life	Whole Life Universal Life Variable Universal Life
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	Term (Yrs ___) Variable Life	Whole Life Universal Life Variable Universal Life
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	Term (Yrs ___) Variable Life	Whole Life Universal Life Variable Universal Life

Disability Insurance

		Coverage (Amount)	Benefit Period	Waiting/Elimination Period	Monthly/Annual Premium
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	_____
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	_____

Long Term Care Insurance

		Coverage (Amount)	Benefit Period	Waiting/Elimination Period	Monthly/Annual Premium
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	_____
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	_____



Debt *Credit Card*

Card Name	Balance	Interest Rate	Minimum Payment	Average Payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Debt - Other *Car Loan, Student Loans etc*

Loan Description	Balance	Interest Rate	Minimum Payment	Average Payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes/Comments *Please list any additional goals, objectives or items you would like to note for consideration*



Documents needed for next meeting

The following documents will be needed for study and analysis as we work together to create a financial strategy for you. It is understood that this material will be treated confidentially and returned when the plan is completed, or earlier if requested.

- Most recent payroll stubs
- Cash flow worksheet
- Income Tax Returns
- Investment/Retirement Statements
 - Pension/Profit Sharing
 - SEP/SIMPLE
 - 401k/TSA/PEDC
 - IRA/Roth
 - 529
 - Securities Accounts
 - Savings and investments
 - Annuities
- Liabilities
 - Mortgage Statements
 - Credit Cards
 - Student Loans
 - Auto Loans
- Insurance Policies and/or Statements
 - Life
 - Medical
 - Disability
 - Long-term Care
 - Auto and Home
 - Liability
 - Group Insurance
- Wills and Trusts
- Business Documents
 - Buy-Sell Agreements
 - Deferred Compensation Agreements
 - Split Dollar Agreements
 - Wage Continuation Agreements
 - Employee/Consulting
 - Group Benefit Programs
 - Other Employer Paid Benefits
- Employee Benefit Statements/Booklets

Questions to Consider

- With whom do you consult before making important financial decisions?
- What is the best investment and worst investment you have made? Why?
- What about money keeps you up at night?
- If we were conducting a review of your plan 5 years from today, what would have had to take place over that time for you to feel that working with me was a success?
- If I could show you a way to pursue your goals and objectives would there be any reason why you would delay in the implementation of my recommendations?
- Who are the other professional advisors you work with?

Get in Touch with Us

Adam Vartanyan, CFP®

Office 949-612-6334
Mobile 303-916-6171

vartanyanwealth.com