



PACIFICLEADER

Financial & Insurance Services, LLC.



Pre-Meeting Client Data Sheet

Client

Personal Information:	
Name	
Age/Date of Birth	
Address	
Phone	
Email	
Employer	
Best Method of Contact	
Health	<input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor
Family:	
Kids	
Grandkids	
Parents	
Goals:	
Top 3 Personal Goals	
Top 3 Financial Goals	
Topics you would like to discuss at meeting?	
Desired Retirement Date _____	Desired Retirement Age _____

Spouse/Domestic Partner

Personal Information:	
Name	
Age/Date of Birth	
Address	
Phone	
Email	
Employer	
Best Method of Contact	
Health	<input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor
Family:	
Kids	
Grandkids	
Parents	
Goals:	
Top 3 Personal Goals	
Top 3 Financial Goals	
Topics you would like to discuss at meeting?	
Desired Retirement Date _____	Desired Retirement Age _____

Client

Assets & Income:

Employment Income	Other Income
Cash	
IRA	
401(k)	
Investments	
Home Value	
Rental Property	
Other	

Liabilities:

1st Mortgage	
2nd Mortgage	
Credit Cards	
Loans	
Other	

Insurance: (please check off below)

Life <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability <input type="checkbox"/> Yes <input type="checkbox"/> No
Long Term Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No
Liability Umbrella <input type="checkbox"/> Yes <input type="checkbox"/> No	Umbrella Limits \$ _____
Auto <input type="checkbox"/> Yes <input type="checkbox"/> No Limits per accident: Bodily Injury \$ _____	Deductible \$ _____ Uninsured Motorist \$ _____

Other _____

Estate: (please check off below)

Estate Plan Documents with Directives

Wills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Medical Directives	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____

Other _____

Notes _____

Spouse/Domestic Partner

Assets & Income:

Employment Income	Other Income
Cash	
IRA	
401(k)	
Investments	
Home Value	
Rental Property	
Other	

Liabilities:

1st Mortgage	
2nd Mortgage	
Credit Cards	
Loans	
Other	

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Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____

Other _____

Notes _____

