

The following information is strictly confidential and will not be disclosed to anyone without your consent.

Date: _____

Personal Information

General Information

	Self	Co-Client
Name (First, MI, Last)		
Preferred Name		
Date of Birth		
Social Security #	We will get this # later if needed	We will get this # later if needed
US Citizen (Y/N)		
Street Address		
City, State, Zip		
Home Phone		
Cell Phone		
E-Mail Address		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	

Children and Other Dependents

	1.	2.	3.	4.	5.
Name					
Date of Birth					
Sex & Relationship					
Social Security #					
Living with You					
Marital Status					
Education					
Grandchildren					

Employment & Income Information

	Self	Co-Client
Employer		
Occupation		
Work Phone		
Salary / Wages		
Bonus		
Social Security		
Pensions		
Other Income (specify nature)		
Is your income consistent?	Yes / No	Yes / No
Covered by a company pension?	Yes / No	Yes / No
Annual IRA Contributions	\$ _____ IRA \$ _____ Roth IRA	\$ _____ IRA \$ _____ Roth IRA
Annual Retirement Contributions to Employer Plans	\$ _____ or _____ % Salary Deferral \$ _____ or _____ % Company Match	\$ _____ or _____ % Salary Deferral \$ _____ or _____ % Company Match

Advisor Information

Advisor	Name / Company	Street Address / City, State, Zip	Telephone
Accountant			
Attorney			
Insurance Agent			
Stockbroker			
Financial Advisor			

Insurance Information

	Self	Co-Client
Life insurance amount?		
Life insurance type (term, whole life)?		
Do you have health insurance?		
Do you have disability insurance?		
What level of excess liability do you carry (umbrella liability)?		

Estimated Assets & Debts

Assets – Please provide the following types of accounts (with estimated values):

BANK ACCOUNTS:

Checking	\$ _____	Checking	\$ _____
Savings	\$ _____	Savings	\$ _____
Money Market	\$ _____	Money Market	\$ _____
CD's	\$ _____	CD's	\$ _____

TAXABLE INVESTMENT ACCOUNTS (stocks, bonds, mutual funds, money markets):

Brokerage	\$ _____	Brokerage	\$ _____
Options	\$ _____	Options	\$ _____
Employer	\$ _____	Employer	\$ _____

RETIREMENT ACCOUNTS:

401k / 403b	\$ _____	401k / 403b	\$ _____
IRA	\$ _____	IRA	\$ _____
Roth IRA	\$ _____	Roth IRA	\$ _____

PERSONAL ASSETS:

Residence	\$ _____	Residence	\$ _____
Rental	\$ _____	Rental	\$ _____
Vehicle	\$ _____	Vehicle	\$ _____
RV / Boat	\$ _____	RV / Boat	\$ _____
Personal	\$ _____	Personal	\$ _____

LIABILITIES:

Mortgage	\$ _____	Home Equity	\$ _____
Mortgage	\$ _____	Home Equity	\$ _____
Education	\$ _____	Education	\$ _____
Vehicle	\$ _____	Vehicle	\$ _____
Credit Card	\$ _____	Credit Card	\$ _____
Other	\$ _____	Other	\$ _____

- Do you follow a budget? Yes_____ No_____

- Do you use some system to track your expenses? _____Manual _____Computer Program

- Do you know what your annual or monthly living expenses are (excluding taxes)? Yes_____ No _____

- Are you pleased with your current advisors services? If no, which advisors are you referring to and why?

- What motivated you to seek out a financial advisor?

- Why is that important to you?

- What are your three most important financial goals at this time?
 1. _____

 2. _____

 3. _____

Retirement

If Pre-Retirement

- When do you plan on retiring? _____
- How are you saving for retirement?

- Are you comfortable that you are on track to build a sufficient financial-freedom nest egg?

- What does "retirement" mean for you?

- Are you concerned that you might outlive your retirement money? Yes _____ No _____

If Post-Retirement

- Are you satisfied that your money will last you for the rest of your life? Yes _____ No _____
- Have you projected the effect on your net worth of the desired retirement distributions over your life expectancy?
Yes _____ No _____

Education Planning

- Will your children be attending college? Yes _____ No _____
- Have you determined how much it will cost to send them to college? Yes _____ No _____
- Have you established college savings funds for your children? Yes _____ No _____
- Will you have enough saved to cover college costs? Yes _____ No _____
- If you haven't, how will you pay for it? _____

Estate Planning

- Do you have a Will, Durable Power of Attorney, Health Care Power, Etc. Yes _____ No _____
- When did you last review your estate plan and wills? _____
- If you were to die tomorrow, do you know how your estate would be distributed? Yes _____ No _____
- If you were to die tomorrow, do you know if your family would have enough resources to maintain their present lifestyle? Please elaborate.

Investment Planning

- Do you know what rate of return is required on your money for you to retire on your schedule?

- How do you determine where to invest your money?

- Are you comfortable that your investments are sufficiently diversified so that when one decreases in value there is a possibility that another will help stabilize the portfolio? If not, please elaborate.

- Do your investment selections match your risk tolerance? What did you do the last time the stock market went down by 5% or more?

- Are you pleased with your past investment performance? Why or why not?

Planning Needed?

- Are you missing anything in your life right now that is important to you? What's not happening that you want to happen?

- Where do you want to be and what do you want to be doing in 5 years?

In 10 years?

- If we could help you put together a financial plan of action detailing how you might reach your retirement savings goal, finance college education, provide for your family in the event of an untimely death, and help you evaluate your investment plan, how would you benefit?

- If we were working together one year from now, what would have had to happen for you to be pleased with our relationship?

Personal Insights

- If you had all the money in the world, what would you do differently from what you're doing now?

- You had a car accident and you are totally disabled. How would this change your income and lifestyle?

- You just returned from the doctor's office, and found that you have five to seven years to live. The only good news is that you'll be healthy for all of those five to seven years. How would you live those five to seven years?

- You just came back from the doctor's office, but this time you have been told that you have just one day to live. Look back. What regrets do you have?

- If there are other issues you are concerned about or information you wish to share, please use the space below.
