



Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Review: \_\_\_\_\_

**All information provided is kept strictly confidential.**

**Please provide the most recent copy of a statement for each account during meeting.**

Bank Accounts and Money Market Accounts					
Account/Asset Name	Current Value	Monthly Deposit	Maturity (if applicable)	Interest Rate	Purpose

Retirement Accounts				
Account/Asset Name	Type of Account (401k, Roth, Traditional, etc.)	Current Value	Monthly Out-of-Pocket Contributions	Monthly Company Match

Non-Retirement Investment and Education Accounts				
Account/Asset Name	Account Type (Investment, 529, etc)	Value	Monthly Deposits	Purpose

**Real Estate**

Asset Name	Type (Residence, investment, L.P.)	Value	Monthly Net Income

**Personal Assets (including autos, boats, furnishings, collections, etc.)**

Asset Type	Value

**Liabilities**

Company	Type (mortgage, home equity, credit)	Interest Rate	Monthly Payment	Balance

**Life Insurance**

Company	Name of Insured	Death Benefit	Cash Value (if applicable)	Monthly Premium

**Disability Insurance**

Company	Name of Insured	Monthly Benefit	Benefit Period (6 months, to age 65, etc)	Monthly Premium

**Long Term Care Insurance**

Company	Name of Insured	Monthly Benefit	Benefit Period (5 yrs, lifetime, etc)	Monthly Premium

**Estate Planning**

- |  |     |    |
|--|-----|----|
| Do you have a current will and/or trusts in place?                       | Yes | No |
| Do you have powers of attorney for financial decisions in place?         | Yes | No |
| Do you have healthcare directives in place?                              | Yes | No |
| Do you currently participate in a gifting strategy or charitable giving? | Yes | No |

**Business Owners**

- What is the approximate current market value of your business? \$ \_\_\_\_\_
- |   |     |    |
|---|-----|----|
| Do you have a business continuation strategy in place?    | Yes | No |
| Do you offer a company retirement plan?                   | Yes | No |
| Do you provide group health insurance for your employees? | Yes | No |
| Do you provide other group benefits for your employees?   | Yes | No |
| Do you provide financial education for your employees?    | Yes | No |

**Annual Income**

Name of Recipient	Income Source (salary, pension, Social Security, rental income, etc)	Did you receive an increase in pay in the last 12 months?	Monthly Income (Before Taxes)

What are your total monthly expenses? \$\_\_\_\_\_ If possible, please provide a copy of your current budget.

Did you receive or do you anticipate any bonuses or additional income? Yes      No

Did you bring your most recent Social Security and pension benefit statements? Yes      No

**Income Taxes**

Did you receive a federal income tax refund for the previous year, or did you owe? How much? Refund      Owed      \$\_\_\_\_\_

Did you receive a state income tax refund for the previous year, or did you owe? How much? Refund      Owed      \$\_\_\_\_\_

**Concerns & Actions**

Would you be interested in increasing management on some of your accounts? Yes      No

Would you be interested in completing a process to clearly track the progress you have made towards your financial goals? Yes      No

Are you interested in an analysis of your investments? Yes      No

Have there been significant changes in your income or expenses in the last year? Yes      No

Have there been any changes in your personal situation? Yes      No

Do you anticipate any major purchases in the near future? If yes, please provide details. Yes      No

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Are there any other concerns you would like to address? Please

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**Children and Dependents**

Child/Dependent's Name	Relation, if any (child, parent, etc)	Date of Birth

**Additional Advisors**

Attorney Name	City, State	Phone No.
CPA or Tax Preparer	City, State	Phone No.
Property & Casualty	City, State	Phone No.
Other Advisor	City, State	Phone No.
Other Advisor	City, State	Phone No.

**Referrals**

Name	Address	Phone No.