Personal Information

Name: _____ Gender:_____
Date of Birth: _____ Marital Status: _____ Primary Phone #: _____
Address: _____ Email Address: _____

Employment Information

Employer: _____ Occupation: _____
Salary: _____ Annual Bonus: _____ Years: _____ Business Phone #: _____

Spousal Information

Name: _____ Gender: _____ U.S. Citizen?: _____ Date of Birth: _____
Employer: _____ Occupation: _____ Annual Income: _____

Dependents and Other Beneficiaries

Name: _____ Relationship: _____ Date of Birth: _____
Name: _____ Relationship: _____ Date of Birth: _____
Name: _____ Relationship: _____ Date of Birth: _____
Name: _____ Relationship: _____ Date of Birth: _____
Name: _____ Relationship: _____ Date of Birth: _____

Other Advisors (i.e. CPA, Estate Attorney)

Name: _____ Occupation: _____
Name: _____ Occupation: _____
Name: _____ Occupation: _____

Other Income (i.e. Outside Consulting, Board of Director)

_____ Amount: _____
_____ Amount: _____
_____ Amount: _____

Personal and Financial Goals

Age to Retire: _____ Desired Monthly After Tax Income: _____

Personal and Business Assets (i.e. Investment or Rental Properties)

_____ Total Cost: _____ Current Value: _____ Ann. Income: _____
_____ Total Cost: _____ Current Value: _____ Ann. Income: _____
_____ Total Cost: _____ Current Value: _____ Ann. Income: _____
_____ Total Cost: _____ Current Value: _____ Ann. Income: _____
_____ Total Cost: _____ Current Value: _____ Ann. Income: _____

Related and Additional Liabilities (Please also note maturity date)

_____ Balance: _____ Int. Rate: _____ Monthly Payment: _____
_____ Balance: _____ Int. Rate: _____ Monthly Payment: _____
_____ Balance: _____ Int. Rate: _____ Monthly Payment: _____
_____ Balance: _____ Int. Rate: _____ Monthly Payment: _____
_____ Balance: _____ Int. Rate: _____ Monthly Payment: _____

Brokerage Assets

Type of Account: _____ Current Total Value: _____ Owner: _____
Type of Account: _____ Current Total Value: _____ Owner: _____
Type of Account: _____ Current Total Value: _____ Owner: _____
Type of Account: _____ Current Total Value: _____ Owner: _____
Type of Account: _____ Current Total Value: _____ Owner: _____

Employee Sponsored Plans and Individual Retirement Plans

_____ Current Total Value: _____ Ann. Contribution: _____
_____ Current Total Value: _____ Ann. Contribution: _____
_____ Current Total Value: _____ Ann. Contribution: _____
_____ Current Total Value: _____ Ann. Contribution: _____

Cash Assets (i.e. Checking, Savings, CDs)

_____ Current Total Value: _____ Owner: _____
_____ Current Total Value: _____ Owner: _____
_____ Current Total Value: _____ Owner: _____
_____ Current Total Value: _____ Owner: _____

Annuities

Type: _____ Surrender Value: _____ Additions: _____ Owner: _____
Type: _____ Surrender Value: _____ Additions: _____ Owner: _____

Life Insurance Policies

_____ Face Amount: _____ Cash Value: _____ Premium: _____
_____ Face Amount: _____ Cash Value: _____ Premium: _____
_____ Face Amount: _____ Cash Value: _____ Premium: _____
_____ Face Amount: _____ Cash Value: _____ Premium: _____

Disability and Long Term Care Insurance Policies

_____ Benefit Amount: _____ Benefit Period: ____ Premium: _____
_____ Benefit Amount: _____ Benefit Period: ____ Premium: _____
_____ Benefit Amount: _____ Benefit Period: ____ Premium: _____

Other Insurance (i.e. Home, Auto)

Type: _____ Premium: _____
Type: _____ Premium: _____
Type: _____ Premium: _____
Type: _____ Premium: _____

Retirement Income (i.e. Social Security, Pension)

Source: _____ Monthly Amount: _____ Owner: _____
Source: _____ Monthly Amount: _____ Owner: _____
Source: _____ Monthly Amount: _____ Owner: _____
Source: _____ Monthly Amount: _____ Owner: _____

Wills, Powers of Attorney, Medical Directives, Trust Documents, or other Estate Information

_____ Date Last Reviewed: _____
_____ Date Last Reviewed: _____
_____ Date Last Reviewed: _____
_____ Date Last Reviewed: _____

Other Information

What are your current investment objectives?

_____

Do you see those changing? ____ If so, when and why? _____

Do you have any charitable or philanthropic spending goals? _____

If so, how much and when? _____

Are you expecting an inheritance? _____ If so, how much and within what time frame?

_____

Do you have plans to leave an inheritance for your heirs? _____

Do you need to financially support someone now or expect to in the future? _____

What is your current effective federal income tax rate? _____

What is your current effective state income tax rate? _____

Do you keep a detailed monthly budget? _____ If so, what is your average monthly spend? _____

Please use the space below to provide us with any other relevant information

_____
_____
_____
_____
_____

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