



PERSONAL INFORMATION – CLIENT	PERSONAL INFORMATION – CO-CLIENT
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Legal Name	Legal Name
I Prefer To Be Called	I Prefer To Be Called
Home Address	Home Address
Social Security Number	Social Security Number
Date of Birth	Date of Birth
Citizenship	Citizenship
Cell Phone <span style="float:right; font-size: small;">Preferred <input type="checkbox"/></span>	Cell Phone <span style="float:right; font-size: small;">Preferred <input type="checkbox"/></span>
Home Phone <span style="float:right; font-size: small;">Preferred <input type="checkbox"/></span>	Home Phone <span style="float:right; font-size: small;">Preferred <input type="checkbox"/></span>
Work Phone <span style="float:right; font-size: small;">Preferred <input type="checkbox"/></span>	Work Phone <span style="float:right; font-size: small;">Preferred <input type="checkbox"/></span>
Email Address <span style="float:right; font-size: small;">Preferred <input type="checkbox"/></span>	Email Address <span style="float:right; font-size: small;">Preferred <input type="checkbox"/></span>
Other Email Address <span style="float:right; font-size: small;">Preferred <input type="checkbox"/></span>	Other Email Address <span style="float:right; font-size: small;">Preferred <input type="checkbox"/></span>
Occupation	Occupation
Employer	Employer
Work Address	Work Address

Marital Status    Single    Married    Divorced    Widow(er)    Unmarried Partner

**CHILDREN/DEPENDENTS**

Name & Relationship	Date of Birth	Annual Cost of College	1st Year of College	Earmarked Funds	What % will you pay?

**SOURCES OF INCOME**

Base Salary	Base Salary
Expected Bonus	Expected Bonus
Social Security (Annual)	Social Security (Annual)
Pension	Pension
Other	Other



**FINANCIAL PLANNING OBJECTIVES**

Please rank from 1-10, 1 being the most important	Client's Ranking		Co-Client's Ranking
Adequate Life, Long Term Care & Disability Insurance		Adequate Life, Long Term Care & Disability Insurance	
Build Wealth		Build Wealth	
College Funding Strategy		College Funding Strategy	
Leave a Legacy to My Children		Leave a Legacy to My Children	
Purchase a Home		Purchase a Home	
Purchase a Vacation Home		Purchase a Vacation Home	
Reduce Estate Taxes		Reduce Estate Taxes	
Reduce Income Tax		Reduce Income Tax	
Retirement Comfort		Retirement Comfort	
Other (Specify)		Other (Specify)	

**INVESTMENT EXPERIENCE**

What do you consider a reasonable rate of return on a long-term investment portfolio? %

If your investment account dropped in value, at what percent would you be concerned? %

What investments would you consider? (Check all that apply)

CDs   Stocks   Mutual Funds   Bonds   Annuities   ETF   Other, please explain

What is the best investment you ever made?

What is the worst investment you ever made?

If you are considering changing your current investment advisor, please explain why.

**ESTATE PLANNING**

Client	Co-Client
Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you exchanged powers of attorney with anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who?	Have you exchanged powers of attorney with anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who?
Do you have current health care proxies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have current health care proxies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any trusts? <input type="checkbox"/> Yes <input type="checkbox"/> No Why did you establish it?	Do you have any trusts? <input type="checkbox"/> Yes <input type="checkbox"/> No Why did you establish it?
Are any inheritances expected? <input type="checkbox"/> Yes <input type="checkbox"/> No When?                      How much?	Are any inheritances expected? <input type="checkbox"/> Yes <input type="checkbox"/> No When?                      How much?



## RETIREMENT PLANNING

At what age do you plan to retire? Client  Co-Client

How much annual income, in today's dollars, will you want in retirement?

Do you plan on working after retirement? Yes  No  Earnings per year \$

How many years will you work?

Do you have any aspirations to make seasonal location changes? (ie. winters in Florida?) Yes  No  Explain:

Do you have plans to change your residence in the near future? Yes  No  Explain:

Do you have long term plans of owning a vacation home? Yes  No  Explain:

Have you verified the status of your social security benefits? Yes  No  If yes, what is the full monthly benefit you can expect? Client  Co-Client

Do you expect to have any debts in retirement? Yes  No  Explain:

## ASSETS

*Indicate Ownership: C = Client, CO = Co Client, J = Joint, T = Trust*

Bank/Money Market Accounts	Ownership	Current Value	Interest Rate - %

Investment Accounts	Ownership	Current Value	% Stocks	% Bonds/Cash

## RETIREMENT PLANS - CLIENT

Type: IRA, ROTH IRA, 401(k), 403(b), Pension Plan, Profit Sharing, SEP, SIMPLE IRA, etc.	Where Invested?	Current Value	Your Annual Contribution	Employer Contribution	% Vested In Plan

## RETIREMENT PLANS - CO-CLIENT

Type: IRA, ROTH IRA, 401(k), 403(b), Pension Plan, Profit Sharing, SEP, SIMPLE IRA, etc.	Where Invested?	Current Value	Your Annual Contribution	Employer Contribution	% Vested In Plan



**REAL ESTATE PROPERTY**

	Home	Other #1	Other #2
Address			
Please Describe (vacation home, investment property etc.)			
Owner (Joint, Trust, etc.)			
Month/Year Purchased			
Purchase Price			
Cost of Improvements			
Current Market Value			
Mortgage Amount			
Mortgage Date			
Interest Rate/Years Remain			
Monthly Payment (Principal and Interest)			
Property Taxes (Annual)			
Homeowners Insurance (Annual)			
Homeowner's Association/Condo Fees (Monthly)			

**HOME EQUITY LOAN/LINE OF CREDIT**

Bank Name	Credit Limit	Outstanding Balance	Original Date	Interest Rate	Form of Payment

**PERSONAL PROPERTY (OTHER THAN REAL ESTATE)**

	Car #1	Car #2	Furniture & Jewelry	Collectibles	Other: Describe
Owner					
Estimated Value					

**LIABILITIES (NOT REAL ESTATE)**

List all Loans and Debts (Auto, School, Credit Cards, etc)	Amount Due	Monthly Payment	Est. Payoff Date	Interest Rate



**BUSINESS OWNER INFORMATION**

Name of Business	
Estimated Book Value	
Percent Ownership	

**INSURANCE**

Life Insurance	Policy #1	Policy #2	Policy #3	Policy #4
Company Name & Policy Number				
Face Value				
Policy Date				
Cash Value				
Annual Premium				
Policy Type (Whole life, term, universal life, group, etc)				
Insured				
Owner				
Beneficiary				

Disability Insurance	Client	Co-Client
Name of Insurance Carrier		
Monthly Benefit		
Annual Premium		
Through Company or Personally Owned?		
Waiting Period and Length of Benefits		

Auto Insurance	Policy #1	Policy #2
Name of Insurance Carrier		
Deductible for Collision/Comprehensive		
Annual Premium		

Homeowner's Insurance	Policy #1	Policy #2
Name of Insurance Carrier		
Amount of Deductible		
Annual Premium		
Amount of Umbrella Coverage/Premium		
Replacement Value (Yes or No)		



YOUR THOUGHTS & QUESTIONS

This page is reserved so you can prepare any questions you have for us.