

Client Information

Name: _____

Social Security Number: _____

Home Phone: _____ Home Fax: _____

Address: _____

City: _____

State: _____ Zip: _____

Date of Birth: _____ Wedding Anniversary: _____

Employer: _____

Title: _____

Annual Income: _____ Email: _____

Address: _____

City: _____

State: _____ Zip: _____

Bus. Phone: _____ Bus. Fax: _____

Spouse Information

Name: _____

Social Security #: _____ Date of Birth: _____

Employer: _____

Title: _____

Annual Income: _____

Address: _____

City: _____

State: _____ Zip: _____

Bus. Phone: _____ Bus. Fax: _____

Children's Information

Name: _____

Social Security #: _____ Date of Birth: _____

Children's Information Continued

Name: _____

Social Security #: _____ Date of Birth: _____

Name: _____

Social Security #: _____ Date of Birth: _____

Name: _____

Social Security #: _____ Date of Birth: _____

Name: _____

Social Security #: _____ Date of Birth: _____

Grandchildren's Information:

Name: _____

Social Security #: _____ Date of Birth: _____

Name: _____

Social Security #: _____ Date of Birth: _____

Name: _____

Social Security #: _____ Date of Birth: _____

Name: _____

Social Security #: _____ Date of Birth: _____

Vacation Home

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Areas of Concern:

Please rank the following items to the level of which they concern you: (1 Low – 9 High)

Current cash flow analysis

Children's education

Income to spouse/children after death

Reduction of death taxes

Liquidity for death taxes

Estate planning

Review current wills/trusts

Review current life/disability coverage

Analyze company benefits

Financial independence at retirement

Review long-term care needs

Discuss program of gifting

Investment account analysis

Other

Other

Other

Additional Issues:

Please answer the following questions:

How do you feel about your career, business, current income level?

How much can you comfortably save monthly?

Additional Issues Continued:

Is it important to fully fund education from a savings plan? Public or Private Institution?

Is saving for retirement important?

At what age would you like to retire?

Do you have a will and estate planning documents? When were they last updated?

Do you want your wife to work if something happens to you?

How much income do you want your spouse to have if you die?

Do you foresee any significant changes in your family or financial situation?

Names of other advisors? (Attorney, accountant, stockbroker, etc.)

Life Insurance Coverage:

Company:	Type:

Insured:	

Owner:	

Beneficiary:	

Amount:	Premium:

Company:	Type:

Insured:	

Owner:	

Beneficiary:	

Amount:	Premium:

Company:	Type:

Insured:	

Owner:	

Beneficiary:	

Amount:	Premium:

Company:	Type:

Insured:	

Owner:	

Beneficiary:	

Amount:	Premium:

Company:	Type:

Insured:	

Owner:	

Beneficiary:	

Amount:	Premium:

Disability Income Insurance:

Company:	Type:

Insured:	

Monthly Benefit:	Annual Premium:

Riders:	

Company:	Type:

Insured:	

Monthly Benefit:	Annual Premium:

Riders:	

Company:	Type:

Insured:	

Monthly Benefit:	Annual Premium:

Riders:	

Company:	Type:

Insured:	

Monthly Benefit:	Annual Premium:

Riders:	

Company:	Type:

Insured:	

Monthly Benefit:	Annual Premium:

Riders:	

Estate Planning:

Wills:

Credit Shelter Trust:

Life Insurance Trust:

Other:
