



Name: _____ Spouse Name: _____
 Date of Birth: _____ Date of Birth: _____
 EMAIL _____ Spouse Email _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 CELL PHONE (____) _____ BUSINESS PHONE (____) _____

Do you intend to send your child/children to college? Yes No

- Current Concerns: Debt Elimination Retirement Tax Reduction Increased Savings
 College Planning Legacy/Estate Long-Term Care Health Care Expense

How would you improve your financial situation if you could? Why?

4 Ways to Fail to Meet Financial Goals:

Fail to Get Started; DEBT; Investment Losses; and Death/Disability

Long-Term Debt – 10 Years or More (Mortgage, Student Loans, Personal Loans, etc.):

Personal Residence

Mortgage Payment (P&I Only): \$ _____ Outstanding Balance: \$ _____
 (Taxes): \$ _____ Interest Rate: _____%
 (Insurance): \$ _____ Mortgage Type: Fixed ARM Interest Only

Short-Term Debt – Less than 10 Years (Credit Cards, Auto Loans, HELOC, medical bills, etc.):

Debt Name	Amount Owed	Interest Rate	Min. Req'd. Pymt.	Actual Pymt.
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____



Accounts (Savings, Checking, 401(k), 403(b), 457, 529, IRA, Roth IRA, UTMA/UGMA, etc.):

<u>Financial Institution</u>	<u>Account Type</u>	<u>Account Value</u>	<u>Monthly Contribution</u>	<u>Available</u>
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Would you postpone retirement savings if you could eliminate debt sooner and end up with more in retirement? Yes No

Which concerns you more, the growth in your savings or protection against loss of savings?
 Growth Protection against loss

Do you want a retirement plan controlled solely by you or subject to government influence?
 Controlled by me Subject to government influence

Are currently working with a financial advisor? Yes No If so, for how long? _____ years

Miscellaneous Questions:

What significant expenses do you plan on having each year?

- Fall Break Trip: \$ _____ Spring Break: \$ _____
- Summer Vacations: \$ _____ Other Vacations: \$ _____
- Private School Tuition: \$ _____ Travel Sports Fees: \$ _____
- Art, Music, Athletic Lessons: \$ _____ Other: \$ _____

Do you have a Will, Living Will, General Power of Attorney and Healthcare Power of Attorney?

You: Yes No Spouse: Yes No

Do you own more properties than just your personal residence? Yes No

OTHER ASSETS

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____



Life Insurance:

(Please bring in policies and latest statements.)

COMPANY	NAME OF INSURED	TYPE OF INSURANCE (WHOLE LIFE, TERM)	APPROX. DEATH BENEFIT	MONTHLY PREMIUM PAYMENT?
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Income:

Monthly Income Type

You

Spouse

Wages / Salary:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Pension:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
Other Income:	\$ _____	\$ _____
Total Income:	\$ _____	\$ _____
Desired Retirement Income:	\$ _____	\$ _____
Required Income Projection:	\$ _____	\$ _____

Do you expect a significant income or cash flow change in the near future? Yes No

If "Yes," please explain:

- | | |
|--|--|
| <input type="checkbox"/> Bonus: \$ _____ | <input type="checkbox"/> Tax Refund: \$ _____ |
| <input type="checkbox"/> Gifts: \$ _____ | <input type="checkbox"/> Inheritance: \$ _____ |
| <input type="checkbox"/> Other: \$ _____ | |

Notes:

