

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Working At/ Retired From: \_\_\_\_\_ Current/Former Occupation: \_\_\_\_\_ Retired? Yes No Semi

Spouse Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Working At/ Retired From: \_\_\_\_\_ Current/Former Occupation: \_\_\_\_\_ Retired? Yes No Semi

Home#: ( ) \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Primary Address  
Street/City/State/Zip \_\_\_\_\_

Were you referred to us? YES NO If so, by whom? \_\_\_\_\_

**FAMILY**

Children's Names	Age	Number of Grandchildren	Grandchildren Ages
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			

Who are your trustees and/or executor? \_\_\_\_\_

Do any of your children or grandchildren have special needs? YES NO

Are any of your children or grandchildren listed as joint owners? YES NO

<b>LEGAL ITEMS</b>	Which of the following documents do you have?			<b>ADD'L ITEMS</b>	Which of the following do you have?		
	Will	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Umbrella Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Power of Attorney (POA) Assets	<input type="checkbox"/>	<input type="checkbox"/>		Long Term Care Insurance	<input type="checkbox"/>	<input type="checkbox"/>
	Power of Attorney (POA) Health	<input type="checkbox"/>	<input type="checkbox"/>		Have you prepaid your funeral?	<input type="checkbox"/>	<input type="checkbox"/>
	Living Will	<input type="checkbox"/>	<input type="checkbox"/>		Death Benefit Type Whole Term Universal		
	Living Trust	<input type="checkbox"/>	<input type="checkbox"/>		Life Insurance _____		
	Date Last Updated _____				Life Insurance _____		

**CASH FLOW**

Please list <b>monthly income</b> from each source:			Is your current cash flow sufficient and comfortable?	Yes No	
		Husband	Wife		
	Social Security	_____	_____	Do you take any withdrawals from your retirement savings to meet your current budget?	Yes No Don't Know
	Pension (Survivor Options)	_____	_____	Do you anticipate any significant changes in cash flow?	Yes No Don't Know
	Wages	_____	_____	Are you planning any major lifestyle changes?	Yes No Don't Know
	Other Income	_____	_____	Do you foresee any large purchases greater than \$5,000 within the next 3 years?	Yes No Don't Know
	Are these amounts net or gross? Gross Net			Do you contribute to charity?	Yes No

How much are your monthly expenses? \_\_\_\_\_

Here are some common expenses: *Mortgage, Food, Gas, Car Loan Insurance, Utilities, Gifts/Donations, Medical, Taxes, Social Security, etc.*

**LIFE EVENTS**

In the near future I expect to: (Please check all that apply)

- Buy a home
- Sell a home
- Improve a home
- Retire
- Care for a parent
- Start/Expand a business
- Pay off debt
- Start a part-time job
- Help fund education costs for a family member
- Sell a property
- Receive an inheritance
- Purchase a property
- Other \_\_\_\_\_

**ASSETS**

**Assets:** Please check off the accounts you currently hold, note the approximate value and bring in the latest statement.

- Bank / Credit Union Accounts \_\_\_\_\_
- CDs \_\_\_\_\_
- Mutual Funds / Stocks / Bonds \_\_\_\_\_
- Brokerage Accounts \_\_\_\_\_
- Business Interest \_\_\_\_\_
- Annuities \_\_\_\_\_
- Retirement Accounts from Work \_\_\_\_\_
- IRAs / 401K / 403B / Keoghs / TSAs \_\_\_\_\_
- Life Insurance \_\_\_\_\_
- Long Term Care Insurance \_\_\_\_\_
- Promissory Notes / Contract for Deed \_\_\_\_\_
- Other Assets \_\_\_\_\_

**Property:**

	Balance Owed	Payment	Pay off date
Home Value \$ _____	/ \$ _____	/ \$ _____	/ _____
Autos and Personal Property \$ _____	/ \$ _____	/ \$ _____	/ _____
Rental/Add'l Properties \$ _____	/ \$ _____	/ \$ _____	/ _____

**ADD'L INFORMATION**

If you are not already retired, when do you want to retire? \_\_\_\_\_

How did you acquire your wealth?

Who else do you rely on for financial advice and decisions?

If something were to happen to you tomorrow, who do you want taken care of?

Please pick the top two for your retirement "nest egg" money. Why? SAFETY LIQUIDITY GROWTH INCOME

How would you describe your investment knowledge? NONE AVERAGE LIMITED GOOD HIGH EXPERT

Client Health \_\_\_\_\_ Spouse Health \_\_\_\_\_

**CONCERNS**

Which of the following are your top three concerns?

- Losing too much money in the stock market
- Avoid paying too much in taxes
- Considering retirement and not sure if I/we can afford to
- Not having a reliable income plan for retirement
- Concerned about giving away life savings due to a catastrophic illness
- Outliving nest egg
- Uncertainty about stock market
- Leaving a legacy to children and/or grandchildren
- Need direction with 401K and/or IRA accounts

**OBJECTIVES**

Which of the following describes your risk tolerance when it comes to retirement assets?

- Conservative
- Moderate
- Aggressive

What are your Financial Objectives? (Check all that apply)

- Income Now/Later
- Reduce Risk
- Growth Potential
- Reduce Taxes
- Reduce Fees
- Pass to Beneficiaries