



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?

- |   |   |
|---|---|
| <input type="checkbox"/> Fall Break Trip: \$ _____              | <input type="checkbox"/> Spring Break: \$ _____       |
| <input type="checkbox"/> Summer Vacations: \$ _____             | <input type="checkbox"/> Other Vacations: \$ _____    |
| <input type="checkbox"/> Private School Tuition: \$ _____       | <input type="checkbox"/> Travel Sports Fees: \$ _____ |
| <input type="checkbox"/> Art, Music, Athletic Lessons: \$ _____ | <input type="checkbox"/> 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:

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