



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:**

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