

PERSONAL & FINANCIAL DATA

First Client: _____ Sex: ___ Birth Date: _____ Age: ___ Marital Status: _____ SS #: _____ Driver's License #: _____ Home Address: _____ City: _____ State: ___ Zip Code: _____ Business Address: _____ City: _____ State: ___ Zip Code: _____ Home Phone: _____ (C) _____ (W) _____ E-mail/Website: _____ Will / Trust: _____ Type: _____ Last Updated: _____ Healthcare Directive/POA _____ Other Estate Planning Documents _____	Second Client: _____ Sex: ___ Birth Date: _____ Age: ___ Marital Status: _____ SS #: _____ Driver's License #: _____ Home Address: _____ City: _____ State: ___ Zip Code: _____ Business Address: _____ City: _____ State: ___ Zip Code: _____ Home Phone: _____ (C) _____ (W) _____ E-mail/Website: _____ Will / Trust: _____ Type: _____ Last Updated: _____ Healthcare Directive/POA _____ Anniversary Date: _____
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PERSONAL FOCUS AREAS

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|---|---|---|
| <input type="checkbox"/> Comprehensive financial plan
<input type="checkbox"/> Provide college funds for children
<input type="checkbox"/> Cash flow/debt management
<input type="checkbox"/> Home loan review | <input type="checkbox"/> Grow retirement savings
<input type="checkbox"/> Life insurance review
<input type="checkbox"/> Establish /review estate plan
<input type="checkbox"/> Discuss program of gifting | <input type="checkbox"/> Increase retirement income
<input type="checkbox"/> Long-term care insurance
<input type="checkbox"/> Portfolio review
<input type="checkbox"/> Stock option planning |
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BUSINESS FOCUS AREAS

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|---|--|---|
| <input type="checkbox"/> Establish continuation succession plan
<input type="checkbox"/> Deferred compensation | <input type="checkbox"/> Sell, buy or start a business
<input type="checkbox"/> Equalize estate for heirs | <input type="checkbox"/> Key employee/partner protection
<input type="checkbox"/> Buy insurance through business |
|---|--|---|

CHILDREN/DEPENDENTS/HEIRS

Name	Dependent of	Birth Date	Concerns or Special Needs

HARD ASSETS					
Specific Asset Name (Home, Boat, Business, Vacation Home)	Owner	Purchase Date	Cost Basis	Current Value	Future Sale Date /Replace?

INSURANCE						
Description (Whole, Term, UL, VUL) Group or Individual, DI, LTC, Health, Medicare Supplement	Owner/ Insured	Current Company	Cash Value	Premium Amt & Mode (Annual, Monthly, Qrtly, Semi)	Beneficiaries	Death Benefit

INVESTOR PROFILE

Your expectation for investment returns based your comfort level for fluctuations:

- Aggressive
- Growth
- Growth with Income
- Income with Moderate Growth
- Capital Preservation

