

PERSONAL & FINANCIAL DATA

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| 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 |
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CHILDREN/DEPENDENTS/HEIRS

| Name | Dependent of | Birth Date | Concerns or Special Needs |
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| HARD ASSETS | | | | | |
|---|-------|---------------|------------|---------------|-------------------------------|
| Specific Asset Name (Home, Boat, Business, Vacation Home) | Owner | Purchase Date | Cost Basis | Current Value | Future Sale Date /Replace? |
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| 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 |
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INVESTOR PROFILE

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

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

