

Welcome

Please complete this form as thoroughly as possible to help us build a clear understanding of your finances. If you don't have the exact information on hand, we will use any statements you provide to verify specific details for your plan.

Personal Information

Please add your information and your spouse's information, if applicable.

	Client 1	Client 2
Full Name		
Date of Birth		
Residence Address		
City, State, Zip		
Phone		
Email		
Employer		
Occupation		

Immediate Family

List any dependents or beneficiaries.

	Family Member 1	Family Member 2	Family Member 3
Full Name			
Date of Birth			
Relationship			
Gender			
Dependent?			

Professional Contacts

Financial Advisor	
Accountant	
Lawyer	
Insurance	

Annual Income

	Client 1	Client 2
Wages		
Social Security		
Pension		
Rents, Royalties		
Other		
Subtotal		

House and Property Information

If you need more space here or elsewhere, please add additional information to a blank page.

	Property 1	Property 2	Property 3
Description			
Ownership			
Loan Start Date			
Outstanding Balance			
Interest Rate			
Length of Loan			
Current Market Value			
Monthly Payment			
Rental Income			
Rental Expense			

Other Liabilities or Debts

	Liability 1	Liability 2	Liability 3	Liability 4
Description				
Ownership				
Outstanding Balance				
Interest Rate				
Duration				
Monthly Payment				

Retirement Assets

	Asset 1	Asset 2	Asset 3
Description			
Ownership			
Market Value			
Annual Contributions			

	Asset 4	Asset 5	Asset 6
Description			
Ownership			
Market Value			
Annual Contributions			

Non-Retirement Assets

	Asset 1	Asset 2	Asset 3
Description			
Ownership			
Market Value			
Annual Contributions			

Non-Retirement Assets (Continued)

	Asset 4	Asset 5	Asset 6
Description			
Ownership			
Market Value			
Annual Contributions			

Life Insurance

	Policy 1	Policy 2
Company		
Insured		
Term, Whole, Universal		
Death Benefit		

	Policy 3	Policy 4
Company		
Insured		
Term, Whole, Universal		
Death Benefit		

Estate Planning

	Client 1	Client 2
Do you have a will?		
Do you have a trust?		
Do you have advance directives? (POA, etc.)		
When were these last updated?		

Additional Questions

Are you retired? If not, what age do you hope to retire?

Do you expect to make any large purchases or incur any major expenses in the next 5 years?

Do you have disability insurance?

Do you have long term care insurance?

Do you have ownership in a business?

Are you charitably inclined?

Is there any other information you would like us to know?

*Thank you for completing the questionnaire. Please return this document to us with your recent **tax return**, any **statements** for accounts or insurance policies referenced, and copies of your **estate planning documents**, if available. (We ask that you do not return financial or legal documents via email. You can upload documents securely via the link in any team member's email signature.)*