
Personal Information

1. Client #1 Personal Information

Title: First Name: Last Name: Date of Birth: Gender: Tax Filing Status:

Contacts

Home Phone #: Business Phone #: Cell Phone #:

Email Address:

Address

Street: City: State: Zip Code:

Client #1 Employer Info

Employer Name: Title:

Address

Street: City: State: Zip Code:

1. Client #2 Personal Information

Title: First Name: Last Name: Date of Birth: Gender: Tax Filing Status:

Contacts

Home Phone #: Business Phone #: Cell Phone #:

Email Address:

Address

Street: City: State: Zip Code:

Client #2 Employer Info

Employer Name: Title:

Address

Street: City: State: Zip Code:

Dependents

1. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:

Address (if different from client's)
Street: City: State: Zip Code:

2. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:

Address (if different from client's)
Street: City: State: Zip Code:

3. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:

Address (if different from client's)
Street: City: State: Zip Code:

4. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:

Address (if different from client's)
Street: City: State: Zip Code:

Notes:

Other Professional Advisors You Work With

1. Professional Advisor **CPA**

Name: _____ Practice Name: _____
Email Address: _____ Business Phone #: _____
Street Address: _____
State: _____ Zip Code: _____

2. Professional Advisor **Insurance Agent**

Name: _____ Practice Name: _____
Email Address: _____ Business Phone #: _____
Street Address: _____
State: _____ Zip Code: _____

3. Professional Advisor **Attorney**

Name: _____ Practice Name: _____
Email Address: _____ Business Phone #: _____
Street Address: _____
State: _____ Zip Code: _____

4. Professional Advisor **Other**

Name: _____ Practice Name: _____
Email Address: _____ Business Phone #: _____
Street Address: _____
State: _____ Zip Code: _____

Cash Flow

Income

1. Client #1 Employment Income

Salary: Monthly Gross Income: or Annual Gross Income:
Bonus: Annual Amount: When do you receive:

2. Client #2 Employment Income

Salary: Monthly Gross Income: or Annual Gross Income:
Bonus: Annual Amount: When do you receive:

Pensions (future estimated benefit - or current benefit if retired)

1. Client #1 Pension Income

Annual Gross Pension: Cost of Living Adjustment?
Is it joint and survivor or single life?

2. Client #2 Pension Income

Annual Gross Pension: Cost of Living Adjustment?
Is it joint and survivor or single life?

Social Security & Other Income (estimated or current benefits)

1. Client #1 Social Security & Other Income

Monthly Social Security:
Other Income: Annual Amount: Monthly Amount:

2. Client #2 Social Security & Other Income

Monthly Social Security:
Other Income: Annual Amount: Monthly Amount:

Current Lifestyle Expenses (this is used to calculate retirement income needs)

Expenses (detailed monthly)

Monthly Expense	Amount
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Housing

Mortgage or Rent:	\$
Homeowner Dues:	\$
HO Insurance:	\$
Property Taxes:	\$
Maintenance:	\$
Improvements:	\$
Utilities:	\$
Cable:	\$
Telephone:	\$
Other:	\$

Food

Groceries:	\$
Dining Out:	\$

Transportation

Auto Loans:	\$
Auto Insurance:	\$
Auto Maintenance:	\$
Monthly Fuel Expense:	\$
Annual Tag/Tax:	\$

Healthcare/Personal

Health Insurance:	\$
Prescriptions:	\$
Personal Care:	\$
Life Insurance:	\$
Disability Insurance:	\$
Long Term Care Ins:	\$
Other Medical:	\$

Entertainment

Recreation:	\$
Travel:	\$
Hobbies:	\$
Memberships:	\$

Miscellaneous

Education:	\$
Child Care:	\$
Gifts to Family:	\$
Charitable Donations:	\$
Other:	\$
Other:	\$

Liabilities (credit cards, loans, etc.)

Description: Monthly Payment: Interest Rate: Balance:

Description: Monthly Payment: Interest Rate: Balance:

Description: Monthly Payment: Interest Rate: Balance:

Notes:

Your Financial Goals & Objectives:

What are your objectives for your child's education, investment, and retirement?

1. Education Goal for:

College: Member: Start Age: Start Year: Years of Attendance:

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College: Member: Start Age: Start Year: Years of Attendance:

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College: Member: Start Age: Start Year: Years of Attendance:

Investment & Retirement Objectives:

The analysis looks at your current lifestyle expenses for retirement needs. Please make any notes regarding changes below: (changes in lifestyle, location, income, etc).

Your Financial Goals & Objectives:

What are your objectives for your life, disability, and LTC insurance?

Life Insurance Objective for Client 1

Briefly indicate your desires for what you would like covered in the event of your premature death.

Cover Outstanding Liabilities: mortgage / auto loans / credit card debt

Cover Accumulation Goals: college education / retirement

Cover Living Expenses: family / spouse (from basic capital needs to full human life value)

Cover Potential Estate Tax Liabilities:

Life Insurance Objective for Client 2

Briefly indicate your desires for what you would like covered in the event of your premature death.

Cover Outstanding Liabilities: mortgage / auto loans / credit card debt

Cover Accumulation Goals: college education / retirement

Cover Living Expenses: family / spouse (from basic capital needs to full human life value)

Cover Potential Estate Tax Liabilities:

Disability Insurance Objective for Client 1

Briefly indicate your desires for what you would like covered in the event of a long term illness or injury.

Disability Insurance Objective for Client 2

Briefly indicate your desires for what you would like covered in the event of a long term illness or injury.

Long Term Care Insurance Objective for Client 1

Briefly indicate your desires for what you would like covered in the event of a long term care illness.

Long Term Care Insurance Objective for Client 2

Briefly indicate your desires for what you would like covered in the event of a long term care illness.

Estate Planning

Will Information: Do you have your Will, Living Will and Powers of Attorney?

Client #1

Family Member: Has a Will? Last Updated On:

Cash Bequests: Asset Bequests: Credit Shelter Trust: Marital Trust: Living Trust:

Qualified Terminable Interest Property Trust (QTIP): Location of Will:

Other Testamentary Trusts:

Client #2

Family Member: Has a Will? Last Updated On:

Cash Bequests: Asset Bequests: Credit Shelter Trust: Marital Trust: Living Trust:

Qualified Terminable Interest Property Trust (QTIP): Location of Will:

Other Testamentary Trusts:

Advanced Estate Issues:

Please note any special details that we should know about your estate or beneficiaries.