

**SECTION A FAMILY DATA**

PERSONAL DATA	FIRST NAME	LAST NAME	AGE	SEX	DATE OF BIRTH
CLIENT 1					
Occupation					
Employer			Years	<input type="checkbox"/> Check, if retired.	
CLIENT 2					
Occupation					
Employer			Years	<input type="checkbox"/> Check, if retired.	
HOME ADDRESS					
Street Address					
City			State	ZIP	
PHONE/FAX/E-MAIL					
Home Phone No. 1		Phone No. 2			
Client 1 Business Phone		Cell Phone			
Client 2 Business Phone		Other Phone			
Fax		E-mail			

SECTION A FAMILY DATA (continued)

CHILDREN*	FIRST NAME	AGE	SEX	COLLEGE FUNDING**	
1.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
OTHER DEPENDENT				<input type="checkbox"/> Yes	<input type="checkbox"/> No
OTHER DEPENDENT				<input type="checkbox"/> Yes	<input type="checkbox"/> No

* If you plan to have children, or additional children, please write "Future" on the name line along with the planned year(s) of birth.

** If you anticipate paying for your children's college education, check "Yes" in the college funding column.

SECTION B PROFESSIONAL DATA

	NAME/FIRM	TELEPHONE
ACCOUNTANT		
ATTORNEY		
FINANCIAL ADVISOR		

SECTION C INVESTMENT OBJECTIVES

INVESTMENT RISK TOLERANCE: GENERAL RISK VS. REWARD										AVERAGE INFLATION RATE		
Circle the number that best describes your attitude to investment risk.										Average Annual Inflation Rate		
	CONSERVATIVE					AGGRESSIVE						
CLIENT 1	1	2	3	4	5	6	7	8	9	10	_____ %	
CLIENT 2	1	2	3	4	5	6	7	8	9	10	(4% will be used for projections, unless a different percentage is selected.)	

At what age would you like to retire? Client 1 _____ Client 2 _____

What monthly income (before taxes) would you like at retirement? Use today's dollars. \$ _____

Should we include Social Security benefits in this monthly income figure? Yes No

Do you have any other income sources, such as pension plans, annuities, trusts? Yes No

If so, please describe the source and amount of additional income. _____

SECTION D CASH RESERVES

NAME OF INSTITUTION	CB	TOA*	MD	IR
1. _____	\$ _____	_____	/ /	%
2. _____	\$ _____	_____	/ /	%
3. _____	\$ _____	_____	/ /	%
4. _____	\$ _____	_____	/ /	%
5. _____	\$ _____	_____	/ /	%

CB—Current Balance

TOA—Type of Account

MD—Maturity Date

IR—Interest Rate

* Type of account includes checking, savings, money market, CDs.

SECTION E INVESTMENT DETAIL*

INSTITUTION	OWNER	TOA*	CV	5-YR	MI	MD
1. _____	_____	_____	\$ _____	\$ _____	\$ _____	/ /
2. _____	_____	_____	\$ _____	\$ _____	\$ _____	/ /
3. _____	_____	_____	\$ _____	\$ _____	\$ _____	/ /
4. _____	_____	_____	\$ _____	\$ _____	\$ _____	/ /
5. _____	_____	_____	\$ _____	\$ _____	\$ _____	/ /
6. _____	_____	_____	\$ _____	\$ _____	\$ _____	/ /
7. _____	_____	_____	\$ _____	\$ _____	\$ _____	/ /
8. _____	_____	_____	\$ _____	\$ _____	\$ _____	/ /
9. _____	_____	_____	\$ _____	\$ _____	\$ _____	/ /

TOA—Type of Account

5-YR—5-Year Return (if known)

MD—Maturity Date

CV—Current Value

MI—Monthly Investment Added

* List all investment accounts such as annuities, mutual funds, brokerage accounts, IRAs, bonds, online trading accounts, partnerships, and tax shelters. (Please enclose a copy of a recent statement to ensure accuracy.)

SECTION F COMPANY RETIREMENT PLAN

COMPANY NAME	OWNER	TOA*	CV	5-YR	EMI**	EMMI**
1. _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

TOA—Type of Account

5-YEAR—5-Year Return (if known)

EMMI—Employer Monthly Matching

CV—Current Value

MI—Monthly Investment Added

Investment

* Type of company-sponsored retirement plan, such as 401(k), 403(b), pension plan, profit sharing, SEP-IRA.

** Use percentage of salary withheld or dollar amount.

SECTION G LIFE INSURANCE COVERAGE

	NAME OF INSURER	AOC	MP	CV	LOP	YE	TOP*
1.		\$	\$	\$	\$		
2.		\$	\$	\$	\$		
3.		\$	\$	\$	\$		
4.		\$	\$	\$	\$		
5.		\$	\$	\$	\$		
6.		\$	\$	\$	\$		
7.		\$	\$	\$	\$		

AOC—Amount of Coverage

CV—Cash Value

YE—Year Established

MP—Monthly Premium

LOP—Loan on Policy (if any)

TOP—Type of Policy

* Type of policy: whole life, universal life, variable universal life, term 5-, 10-, or 20-year. If a company or employer pays for the policy, list the company's (or employer's) name under "Name of Insurer."

SECTION H LONG-TERM CARE INSURANCE

	NAME OF INSURER	AOC	MP	YE	TOP*
1.		\$	\$		
2.		\$	\$		
3.		\$	\$		
4.		\$	\$		
5.		\$	\$		
6.		\$	\$		
7.		\$	\$		

AOC—Amount of Coverage

YE—Year Established

MP—Monthly Premium

TOP—Type of Policy

* If a company or employer pays for the policy, list the company's (or employer's) name under "Name of Insurer."

SECTION I DISABILITY INSURANCE

	NAME OF INSURER	AOC	MP	YE	TOP*
1.		\$	\$		
2.		\$	\$		
3.		\$	\$		
4.		\$	\$		
5.		\$	\$		
6.		\$	\$		
7.		\$	\$		

AOC—Amount of Coverage

YE—Year Established

MP—Monthly Premium

TOP—Type of Policy

* If a company or employer pays for the policy, list the company's (or employer's) name under "Name of Insurer."

SECTION J REAL ESTATE (List all property owned)

	FAIR VALUE	PO	MB	P&I	T&I	IR
PRIMARY RESIDENCE	\$	%	\$	\$	\$	%
FIRST MORTGAGE	\$	%	\$	\$	\$	%
SECOND MORTGAGE	\$	%	\$	\$	\$	%
SECOND HOME	\$	%	\$	\$	\$	%
INVESTMENT PROPERTY	\$	%	\$	\$	\$	%
OTHER	\$	%	\$	\$	\$	%
OTHER	\$	%	\$	\$	\$	%
OTHER	\$	%	\$	\$	\$	%
OTHER	\$	%	\$	\$	\$	%

PO—Percentage of Ownership

P&I—Monthly Payment P&I

IR—Interest Rate (indicate if fixed)

MB—Mortgage Balance

T&I—Monthly Payment T&I

SECTION K INCOME

CURRENT INCOME	CLIENT 1	COLA	CLIENT 2	COLA
SALARY/BONUS	\$	%	\$	%
INTEREST AND DIVIDEND INCOME	\$	%	\$	%
CAPITAL GAINS	\$	%	\$	%
RENTAL INCOME (NET)	\$	%	\$	%
RETIREMENT INCOME*	\$	%	\$	%
SOCIAL SECURITY BENEFITS	\$	%	\$	%
OTHER	\$	%	\$	%

* Includes trusts, pensions, and other such income.

COLA—Cost of Living Adjustment (if any)

SECTION L DEBTS

CURRENT DEBTS (EXCLUDING MORTGAGES)	MP	IR
AUTO 1	\$	%
AUTO 2	\$	%
CREDIT CARD 1	\$	%
CREDIT CARD 2	\$	%
CREDIT CARD 3	\$	%
STUDENT LOAN	\$	%
BANK LOAN	\$	%
OTHER	\$	%
OTHER	\$	%
OTHER	\$	%
OTHER	\$	%