

Family Information

	<u>Full Name</u>	<u>S.S.N and D.O.B.</u>	<u>Tobacco?</u>	<u>Married?</u>	<u>Living @ Home?</u>
You	_____	_____	<input type="checkbox"/>		
Spouse	_____	_____	<input type="checkbox"/>		
Children	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Residence Address: Street _____
City _____ State _____ Zip Code _____

Second Home: Street _____
City _____ State _____ Zip Code _____

Other: Street _____
City _____ State _____ Zip Code _____

Do you own your home? Yes No Monthly rent or mortgage payment: _____

Home Phone: _____ Cell Phone: _____

Spouse's Cell: _____ Home Fax: _____

Personal Spouse's
Email: _____ Email: _____

Are your parents living? Yes No Are your spouse's parents living? Yes No

Has anyone in your family required assisted living or long-term care? Yes No

Your Attorney: _____ Your Accountant/CPA: _____

Do you have a will? Yes No Date: _____ Executor: _____

Does your spouse have a will? Yes No Date: _____ Executor: _____

Do you have a trust? Yes No Who are the trustees? _____

List anyone financially dependent on your or your spouse _____

Are you or your spouse listed as executor on anyone else's will? Yes No

Do you or your spouse serve as trustee on any existing trust? Yes No

Occupational Information

Employer: _____ Job Title: _____ Tel. # _____

Fax #: _____ Email: _____

Web Site: _____

Business Address: Street _____
City _____ State _____ Zip Code _____

Annual Income: _____ Date of next salary review: _____
Anticipated increase: _____ (\$ or %)

Spouse's Occupational Information

Employer: _____ Job Title: _____ Tel. # _____

Fax #: _____ Email: _____

Web Site: _____

Business Address: Street _____
City _____ State _____ Zip Code _____

Annual Income: _____ Date of next salary review: _____
Anticipated increase: _____ (\$ or %)

I am Interested in Discussing

- | | | | |
|---|--------------------------|--------------------------|---|
| Tax-deferred financial products | <input type="checkbox"/> | <input type="checkbox"/> | A review of all of my existing insurance |
| Ways to help fund estate tax liability & expenses | <input type="checkbox"/> | <input type="checkbox"/> | Ways to provide for my family in the event of death |
| Ways to provide supplemental income for ret. | <input type="checkbox"/> | <input type="checkbox"/> | Life insurance to help pay off mortgage |
| Ways to provide supplemental education funds | <input type="checkbox"/> | <input type="checkbox"/> | Life insurance on spouse |
| Ways to accumulate more money | <input type="checkbox"/> | <input type="checkbox"/> | Life insurance on children/grandchildren |

Other (Specify) _____

I would like information about attending the Complete Financial Management Workshop

Future Planning

Please check all items applicable to you

Occupational

- Graduate
- Change Job
- Start Business
- Sell Business
- Receive Promotion
- Retire

Personal

- Have a child
- Adopt a child
- Improve home
- Buy a home
- Care for a parent
- Change marital status

Financial

- Get a raise
- Get a bonus
- Inherit assets
- Borrow money
- Pay off a loan
- Purchase property

Financial Information

Life Insurance

Life Insured, Company, Policy #, Date, Amount, Type, Premium, Beneficiary, Owner, Cash Value

Disability Insurance

Life Insured, Company, Policy #, Date, Monthly Benefit, Type, Premium, Waiting Period, Benefit Duration

Long Term Care Insurance

Life Insured, Company, Policy #, Date, Nursing Home Daily Benefit, Home Care Daily Benefit, Benefit Duration, Waiting Period, Inflation Protection?, Premium

Auto Insurance Provider

Health Insurance Provider

Homeowner's Provider

Financial Statement

Assets	Client	Spouse	Joint
Cash			
Checking			
Bank Savings			
Money Markets			
CDs			
Personal Property (Non-liquid)			
Stocks			
Bonds			
Mutual Funds			
Real Estate (Primary Residence)			
Other Real Estate			
Business Interest			
Insurance Cash Values			
Annuities			
Traditional IRAs			
Roth IRAs			
401k			
Other Assets			

Liabilities			
Mortgage (Primary Residence)			
Mortgage Other			
Auto Loans			
Credit Cards			
Other Debts/Notes			

Total Assets: _____ **Total Liabilities:** _____ **Difference (+ -):** _____

Notes