



CONFIDENTIAL CLIENT INFORMATION

CLIENT NAME(S) _____

DOCUMENTS TO BRING TO MEETING

401(k) and IRA Statements

Brokerage Statements

Mutual Fund Statements

Annuity Statements

Life Insurance Statements

Social Security Statements

Pension Statements

Please complete this form in it's entirety prior to your intial consultation so we may make the best use of our time together.

CONFIDENTIAL CLIENT DATA

CLIENT 1

Name: _____
Date of Birth: _____
Cell Phone: _____
Email Address: _____
Employer: _____
Occupation: _____
Years at Employer: _____
Social Security Number: _____
Driver's License Number: _____
Issue Date: _____ Expiration Date: _____

CLIENT 2

Name: _____
Date of Birth: _____
Cell Phone: _____
Email Address: _____
Employer: _____
Occupation: _____
Years at Employer: _____
Social Security Number: _____
Driver's License Number: _____
Issue Date: _____ Expiration Date: _____

Address: _____ Home Phone: _____
City/State: _____ Zip: _____ Wedding Anniversary Date: _____
Preferred Phone Contact Method: Client 1 Cell Client 2 Cell Home Phone

What are some of your concerns about retiring?

LEGACY PLANNING

CHILDREN/BENEFICIARIES

Name	Address	Gender	Date of Birth	File as a Dependent?	College Funds Needed?	Phone Number

Do you have any children with special needs?

Yes

No

Are they in good health?

Yes

No

Do you have any health issues that may impact your life expectancy?

Has any family member ever needed long term care?

Yes

No

If yes, for how long?

INCOME

CLIENT 1

Social Security - Collecting? Yes No If yes, gross benefit amount: _____
If no, full retirement age amount: _____

Pension Benefits

Company Name	Start Age	Collecting (Yes/No)	Life OR End Age	Gross Monthly Benefit	Projected COLA Increase %	% to Survivor

Retirement Status - Retired? Yes No If yes, retire date: _____
If no, annual salary: _____ Monthly take home pay: _____
When would you like to retire? _____

CLIENT 2

Social Security - Collecting? Yes No If yes, gross benefit amount: _____
If no, full retirement age amount: _____

Pension Benefits

Company Name	Start Age	Collecting (Yes/No)	Life OR End Age	Gross Monthly Benefit	Projected COLA Increase %	% to Survivor

Retirement Status - Retired? Yes No If yes, retire date: _____
If no, annual salary: _____ Monthly take home pay: _____
When would you like to retire? _____

Do you expect your monthly income OR your needed monthly income amount to change in the future?

Do you or your spouse plan to work in retirement? Yes No If yes, what kind of work?

EXPENSES

Do you typically spend all of your net monthly income? Yes No

What are your total monthly expenses? _____

Are you concerned about outliving your income? Yes No If yes, what have you done to address this concern?

What is your desired annual spendable income in retirement?

BANK AND CREDIT UNION ACCOUNTS

Name of Bank	Acct Type	Maturity Date	Interest Rate	Balance

ASSETS & INVESTMENTS

RETIREMENT INVESTMENT ACCOUNTS (PLEASE BRING STATEMENTS)

Current Custodian	Acct Type (IRA, 401(k), etc)	Most Recent Value	Monthly/Annual Contribution Amt	Employer Match %	Account Owner

REAL ESTATE AGENTS

Property Address	Purchase Price	Market Value	Debt Owed	Mortgage Payment	Intend or Sell?

DEBTS & LIABILITIES

Debtor	Type of Debt	Amount Owed	Interest Rate	Payment Amount	Payoff Date

ANNUITIES

Owner	Company	Account Type	Payout Mode (Monthly/Annual)	Account Value	Benefit Amount	Start Date	Life or End Date

LIFE INSURANCE POLICIES

Company Name	Covered Person	Type of Insurance	Cash Value	Death Benefit	Annual Premium

LONG TERM CARE INSURANCE POLICIES

Company Name	Covered Person	Monthly/Daily Benefit	% Inflation Adjustment	Elimination Period	Coverage Term (Years)	Annual Premium

CURRENT ADVISORS

Estate Planning Attorney _____

Accountant/CPA _____

Financial Professional _____

Stock Broker _____

Insurance Agent _____

LEGAL DOCUMENTS

Survivorship Deed or Transfer On Death Deed	Yes	No
Last Will and Testament	Yes	No
Living Trust	Yes	No
Living Will	Yes	No
HIPPA Release	Yes	No
Durable Power of Attorney - Financial	Yes	No
Durable Power of Attorney - Healthcare	Yes	No
Pre-arranged Funeral	Yes	No
Funeral Trust	Yes	No
Children's Names on Your Accounts	Yes	No
Would you like information on setting up Estate Planning documents?	Yes	No

WHO ELSE COULD BENEFIT FROM OUR SERVICES
