## PERSONAL AND FINANCIAL DATA

First Client:			Second Client:	
Sex:Birth Date:	Age:	Marital Status:	Sex: Birth Date:	Age:Marital Status:
SS #:	Driver's Licens	se #:	SS #:	Driver's License #:
Home Address:			Home Address:	
City:	State:7	Zip Code:	City:	State: Zip Code:
Business Address:			Business Address:	
City:	State: 7	Zip Code:	City:	State:Zip Code:
Home Phone:			Home Phone:	
(C)	(W)		(C)	(W)
E-mail/Website:			E-mail/Website:	
Will / Trust:	Type:		Will / Trust:	Type:
Last Updated:	Неа	althcare Directive/PO	A Last Updated:	Healthcare Directive/POA
Other Estate Planning Do			Anniversary Date:	
PERSONAL FOCU	S AREAS			
<ul> <li>□ Comprehensive financ</li> <li>□ Provide college funds</li> <li>□ Cash flow/debt manag</li> <li>□ Home loan review</li> </ul>	for children ement	☐ Grow retiren ☐ Life insuranc ☐ Establish /rev ☐ Discuss prog	ce review view estate plan	<ul> <li>☐ Increase retirement income</li> <li>☐ Long-term care insurance</li> <li>☐ Portfolio review</li> <li>☐ Stock option planning</li> </ul>
BUSINESS FOCUS	SAREAS			
☐ Establish continuation☐ Deferred compensatio	-		or start a business estate for heirs	<ul><li>□ Key employee/partner protection</li><li>□ Buy insurance through business</li></ul>
CHILDREN/DEP	ENDENTS/H	EIRS		
Name	Dependent of	Birth Date	Cor	ncerns or Special Needs

HARD ASSETS										
Specific Asset Name (Home, Boat, Business, Vacation Home)	Specific Asset Name Iome, Boat, Business, Owner		Purchase Date		Cost Basis		Current Value		Future Sale Date /Replace?	
INSURANCE										
Description (Whole, Term, UL, VUL) Group or Individual, DI, LTC, Health, Medicare Supplement	Owner/ Insured	Current Company			Cash Value	Premium A &Mode (Annual Monthly, Q Semi)	; l,	Beneficiaries		Death Benefit
INVESTOR PROFIL										
Your expectation for	r investmer	it re	eturns based	yo	our com	fort level f	or fl	uctuations:		
□Aggressive			□Gro	owt	:h	<b>□</b> G <sub>1</sub>	owth	with Income		
☐ Income with Mode	rate Growth	l	□Ca <sub>j</sub>	pita	ıl Preser	vation				

INVESTMENTS					
Description Current Company & Type (Brokerage, Fee- based, Annuity)	Owner	Type (401k, IRA, Ind, Jt)	Current Value	Monthly / Annual Savings/Withdrawal	Intended Heirs (Primary & Contingent)

INCOME				
Description	Person	Annual Amount	Applicable Period (Start Date - End Date)	Rate of Increase (Percentage)
Salary (W2)/1099				
Salary(W2)/1099				
Retirement/Pension				
Retirement/SS				
Retirement/Other				
Alimony				
Child Support				

EXPENSES*					
Description	Monthly Amount	Applicable Period (Start Date - End Date)	Description	Monthly Amount	Applicable Period (Start Date - End Date)
Housing Property taxes included? Insurance included?			Insurance, Medical and Dental Expenses		
Food			Utilities		
Cars /Transportation			Personal		
Entertainment			Charity		
Business			Discretionary		

<sup>\*</sup>Compare to the average from last 3 to 6 bank and/or money market debit/withdrawal amounts

EBTS scription	Owner	Start	Original	Principal Balanc	e Interest	Interest Only	Loan	Pmt	
		Principal	Remaining	Rate	/Principal & Interest	Period (Years)	Frequency		
						Interest	(Tears)	licy	
UTURE PU	JRCHASE	GOA	LS						
	escription on, second hom	e)	Purchase Amount	Purchase Date	Savings Plan Start Date			narked Assets at will fund this goal)	
OTES									