

PERSONAL AND FINANCIAL DATA

First Client: _____ Sex: ____ Birth Date: _____ Age: ____ Marital Status: _____ SS #: _____ Driver's License #: _____ Home Address: _____ City: _____ State: ____ Zip Code: _____ Business Address: _____ City: _____ State: ____ Zip Code: _____ Home Phone: _____ (C) _____ (W) _____ E-mail/Website: _____ Will / Trust: _____ Type: _____ Last Updated: _____ Healthcare Directive/POA _____ Other Estate Planning Documents _____	Second Client: _____ Sex: ____ Birth Date: _____ Age: ____ Marital Status: _____ SS #: _____ Driver's License #: _____ Home Address: _____ City: _____ State: ____ Zip Code: _____ Business Address: _____ City: _____ State: ____ Zip Code: _____ Home Phone: _____ (C) _____ (W) _____ E-mail/Website: _____ Will / Trust: _____ Type: _____ Last Updated: _____ Healthcare Directive/POA _____ Anniversary Date: _____
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PERSONAL FOCUS AREAS

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|---|--|---|
| <input type="checkbox"/> Comprehensive financial plan | <input type="checkbox"/> Grow retirement savings | <input type="checkbox"/> Increase retirement income |
| <input type="checkbox"/> Provide college funds for children | <input type="checkbox"/> Life insurance review | <input type="checkbox"/> Long-term care insurance |
| <input type="checkbox"/> Cash flow/debt management | <input type="checkbox"/> Establish /review estate plan | <input type="checkbox"/> Portfolio review |
| <input type="checkbox"/> Home loan review | <input type="checkbox"/> Discuss program of gifting | <input type="checkbox"/> Stock option planning |

BUSINESS FOCUS AREAS

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|---|--|--|
| <input type="checkbox"/> Establish continuation succession plan | <input type="checkbox"/> Sell, buy or start a business | <input type="checkbox"/> Key employee/partner protection |
| <input type="checkbox"/> Deferred compensation | <input type="checkbox"/> Equalize estate for heirs | <input type="checkbox"/> Buy insurance through business |

CHILDREN/DEPENDENTS/HEIRS

Name	Dependent of	Birth Date	Concerns or Special Needs

HARD ASSETS

Specific Asset Name (Home, Boat, Business, Vacation Home)	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 Amt &Mode (Annual, Monthly, Qrtly, Semi)	Beneficiaries	Death Benefit

INVESTOR PROFILE

Your expectation for investment returns based your comfort level for fluctuations:

- Aggressive
- Growth
- Growth with Income
- Income with Moderate Growth
- Capital Preservation

