

Family Information

About You:

Name: _____ Date of Birth: _____

Address: _____

Home Telephone #: _____ Work Phone #: _____

Employer: _____ Job Title: _____

Work Address: _____

Salary \$: _____ Other Income: _____

Your Spouse:

Name: _____ Date Of Birth: _____

Address: _____

Home Telephone #: _____ Work Phone #: _____

Employer: _____ Job Title: _____

Work Address: _____

Salary \$: _____ Other Income: _____

Children:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Miscellaneous Items:

Do you have a Will? _____ Trust? _____ Year Drafted: _____

Name of Executor/Trustee: _____ Guardian: _____

Do you have an accountant? _____ If Yes, Name: _____

Do you have an attorney? _____ if Yes, Name: _____

Do you own home? _____ Market Value: _____ Mortgage balance: _____ Interest %: _____

Loans & Debts: Car: _____ Personal Loans: _____ Credit Cards: _____ Other: _____

Financial Goals/Priorities:

Your most important financial goals? _____

Please circle your priorities: Retirement Estate Transfer Wealth Accumulation
Education Family Security Other: _____

Is there anything in your finances you would like to change? _____

How much more could you save on a regular basis? _____

Are you expecting a change in your current financial situation: _____ if yes, amount: _____

Financial Data About You

Auto Insurance: Liability Limits: _____ Full Coverage: _____ Deductible: _____
 Uninsured/Underinsured Motorist protection amount: _____

Home Insurance: Replacement cost amount: _____ sq ft: _____ Cost per sq ft: _____

Do you have Umbrella Policy: _____ if yes, Amount: _____

Long Term Care Insurance: _____ if yes, Amount: _____

Disability Insurance: _____ Short Term, 90 days or less _____ Long Term, 90 days or more _____

Family Members Covered	Company	Annual \$	Coverage amount
_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance

Insured	Type	Company	Annual \$	Face \$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pre-Tax Financial Products & Qualified Plans

	Current Value	Interest earned	Annual Deposit	Comments
401k or 403b				
Company Retirement Plans				
Deferred Comp				
IRA's except Roth				

After Tax Financial Products

	Current Value	Description	Annual \$	Comments
Stocks				
Stock Options				
Real Estate				
Mutual Funds				
Roth IRA's				
Life Insurance Cash Value				
Muni Bonds				
Bonds				
Annuities				
CD's				
Money Market				
Savings Account				