

Client Data Personal Information

Name	First	M Init	Last				
Marital Status	M	D	S	W	Sex	M	F
Birthdate	Social Security #						
Legal Street Address		PO Box Mailing					
City	State	Zip					
Home Phone							
Employer		Occupation					
Annual Income		Employer Address					
Office phone		DL#					
Email							

Co-Client / Spouse

Name	First	M Init	Last				
Marital Status	M	D	S	W	Sex	M	F
Birthdate	Social Security #						
Legal Street Address		PO Box Mailing					
City	State	Zip					
Home Phone		Cell Phone					
Employer		Occupation					
Annual Income		Employer Address					
Office phone							
Email							

Date: _____

Children attach separate sheet if necessary

Name	First	M Init	Last		
Birthdate	Sex	M	F	Marital Status	# of Children
Name	First	M Init	Last		
Birthdate	Sex	M	F	Marital Status	# of Children
Name	First	M Init	Last		
Birthdate	Sex	M	F	Marital Status	# of Children

Estimated Net Worth (excluding home & farm)

- Less than \$25,000
- \$25,001-\$50,000
- \$50,001-100,000
- \$100,001-500,000
- Over \$500,000

Investable Assets (liquid net worth)

- Less than \$25,000
- \$25,001-\$50,000
- \$50,001-100,000
- \$100,001-500,000
- Over \$500,000

Investment Experience in Years

circle 0 1 3 5 10 15 20 other _____

Annual Gross Income all sources:

(spouse, investments, earned, alimony etc.) \$

Federal Tax Bracket

- | | |
|-------------------------------|------------------------------|
| <input type="checkbox"/> >10% | <input type="checkbox"/> 32% |
| <input type="checkbox"/> 12% | <input type="checkbox"/> 35% |
| <input type="checkbox"/> 24% | <input type="checkbox"/> 37% |

Risk Tolerance

- Ultra
- Conservative
- Conservative
- Moderate
- High

Objective

- Income
- Growth
- Growth & Income
- Retirement Income

Investment Time Horizon

(number of months, years, decades you plan to invest to reach your financial goals)

Time Horizon

- Short-term < 3 yrs
- Intermediate >3-5 yrs
- Long-term >5-10 yrs

Beneficiary Information

PRIMARY BENEFICIARY

Name First MI Last	Date of Birth	Social Security #	Relationship	Share %	Per Stirpes*
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Total of beneficiary/s(ies) share percentages must equal 100%. Do not use fractional percentages or dollar amounts.				100%	

CONTINGENT BENEFICIARY

Name First MI Last	Date of Birth	Social Security #	Relationship	Share %	Per Stirpes*
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Total of beneficiary/s(ies) share percentages must equal 100%. Do not use fractional percentages or dollar amounts.				100%	

*PER STIRPES –system of inheritance under which children take the share their parent would have taken had he survived the decedent. For example, if A and B are the children of the deceased, but B is deceased leaving children C and D(the grandchildren of the original person), then A would receive one half of the estate and each of B's 2 children would receive one-fourth of the estate (essentially, they are dividing B's half).

Insurance

Do you have?

- Health
- Life
- Disability
- Long-term Care
- P&C/Liability

Estate Planning Documents

Check if you have

- Will
- Springing or Durable Power of Attorney for Finances
- Living Will/Healthcare Directive – Do not resuscitate or right to die document
- Medical Power of Attorney
- Side or Personal Instruction Letter, Final arrangements – not to be included in Will
- Trust

Your Professional Advisors:

CPA _____

Attorney _____

Bankers _____

Brokers/Investment Advisor _____

Other Professionals _____

How would you like to be contacted?

email work other
 cellular ph home ph time of day