



<b>Client (Name)</b>				<b>Spouse (Name)</b>			
Physical Address				Physical Address			
City		State	Zip	City		State	Zip
Phone		Email		Phone		Email	
SSN		DOB		SSN		DOB	
Drivers License		Expiration Date		Drivers License		Expiration Date	
Dependants		Tax Bracket		Dependants		Tax Bracket	
Employer				Employer			
Address of Employer				Address of Employer			
Occupation		Years with		Occupation		Years with	
Accountant (Name & Ph#)				Accountant (Name & Ph#)			
Attorney (Name & Ph#)				Attorney (Name & Ph#)			
What are your goals for your meeting today? What do you hope to take away for this meeting?							
Have you recently had any major life changes? Marriage, Divorce, Birth, Death, Health, Parents?							
What is your most important financial goal or concern at this time? Debt, provide education, insurance, wealth, retirement planning, estate planning, tax planning?							
How is your health at this time?							
<b>Investment Time Horizon</b>				<b>Liquidity Needs</b>			
5-10 Yrs	10-20 Yrs	20+ Yrs	Retirement	Low	Moderate	High	
<b>Risk Exposure</b>				<b>Investment Objectives</b>			
Low	Moderate	High Risk	Speculation	Income	Long Term Growth	Short Term Growth	

<b>Assets</b>	<b>Amount \$</b>	<b>Liabilities</b>	<b>Amount \$</b>
Annual Income	\$	Monthly Expenses	\$
Spouse Annual Income	\$	Accounts Payable	\$
Cash & Bank Accounts	\$	Notes Payable to Bank	\$
Savings	\$		\$
IRA or Other Retirement	\$		\$
Life Insurance (Cash Value	\$	Instalment Accounts	\$
Stocks/Bonds	\$	Loan on Life Insurance	\$
Real Estate	\$	Mortgages	\$
Accounts for Others (Kids/Trusts)	\$	Education	\$
Other Assets	\$	Other Liabilities	\$
Total	\$	Total	\$

Notes

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Client Signature:

Date:

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