



CLIENT:

# COMPLETE CLIENT PROFILE





CLIENT

Full Name \_\_\_\_\_ Client prefers to be called \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Residential Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Client Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Client Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Client Work Phone \_\_\_\_\_ @ \_\_\_\_\_ Client Email Address

How do you prefer we contact you? (Please circle one) HOME PHONE CELL PHONE WORK PHONE EMAIL

Are you married?  YES  NO

SPOUSE

Full Name \_\_\_\_\_ Spouse prefers to be called \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Residential Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Spouse Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Spouse Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Spouse Work Phone \_\_\_\_\_ @ \_\_\_\_\_ Spouse Email Address

How do you prefer we contact you? (Please circle one) HOME PHONE CELL PHONE WORK PHONE EMAIL

IMMEDIATE FAMILY

Name	Address (if different from above)	Gender	D.O.B.
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___

Do you expect to adopt or give birth to any (more) children?  YES  NO



**EXTENDED FAMILY**

Name	Address (if different from above)	Gender	D.O.B.
Grandchildren			
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___
_____	_____	M / F	___/___/___

**CLIENT OCCUPATION DATA**

Name \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Employer or Company name \_\_\_\_\_ How long employed there? \_\_\_\_\_

Business mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Client work Email address \_\_\_\_\_@\_\_\_\_\_

**SPOUSE OCCUPATION DATA**

Name \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Employer or Company name \_\_\_\_\_ How long employed there? \_\_\_\_\_

Business mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse work Email address \_\_\_\_\_@\_\_\_\_\_

**INCOME**

	BASE SALARY	ESTIMATED BONUS	ESTIMATED COMMISSION	ESTIMATED STOCK OPTIONS
Client's primary source of income	_____	_____	_____	_____
Spouse's primary source of income	_____	_____	_____	_____

**MISCELLANEOUS INCOME**

	SOURCE 1 AMOUNT	SOURCE 2 AMOUNT	SOURCE 3 AMOUNT	SOURCE 4 AMOUNT
Pension	_____	_____	_____	_____
Renting Income	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Other	_____	_____	_____	_____

# Investment Assets

Please include statements for investment accounts



## CLIENT

Investment Type	Current Value	Annual Additions	Approximate Allocation		
			Cash	Bond	Stock
Retirement Plans (e.g., 401k, 403b)	\$	\$ or %	%	%	%
Employer Match	\$	\$ or %			
Traditional IRA	\$	\$	%	%	%
Roth IRA	\$	\$	%	%	%
529 Savings Plan	\$	\$	%	%	%
Annuities	\$	\$	%	%	%
Cash Value Life Insurance	\$	\$	%	%	%
Taxable	\$	\$	%	%	%
Checking	\$	\$	%	%	%
Savings	\$	\$	%	%	%

## CO-CLIENT

Investment Type	Current Value	Annual Additions	Approximate Allocation		
			Cash	Bond	Stock
Retirement Plans (e.g., 401k, 403b)	\$	\$ or %	%	%	%
Employer Match	\$	\$ or %			
Traditional IRA	\$	\$	%	%	%
Roth IRA	\$	\$	%	%	%
529 Savings Plan	\$	\$	%	%	%
Annuities	\$	\$	%	%	%
Cash Value Life Insurance	\$	\$	%	%	%
Taxable	\$	\$	%	%	%
Checking	\$	\$	%	%	%
Savings	\$	\$	%	%	%

## JOINT ACCOUNTS

Description	Current Value	Annual Additions	Approximate Allocation		
			Cash	Bond	Stock
	\$	\$	%	%	%
	\$	\$	%	%	%
	\$	\$	%	%	%
Checking	\$	\$	%	%	%
Savings	\$	\$	%	%	%

Could you save more to fund your Goals?	YES	NO	
If yes, enter the maximum extra amount you could save each year in addition to the amounts above:	\$		Use program estimate of 5% of employment income
How willing are you to save more?	NOT AT ALL	SOMEWHAT	SLIGHTLY VERY



**PERSONAL REAL ESTATE**

	FINANCIAL INSTITUTION WHERE LOAN OR DEBT IS LOCATED	YEAR	PURCHASED PRICE	CURRENT MARKET VALUE (ESTIMATED)
Residence	_____	_____	\$ _____	\$ _____
Other Home	_____	_____	\$ _____	\$ _____
Other Home	_____	_____	\$ _____	\$ _____
Land	_____	_____	\$ _____	\$ _____

**PERSONAL MORTGAGES / EQUITY LINES OF CREDIT**

	FINANCIAL INSTITUTION WHERE LOAN OR DEBT IS LOCATED	MONTHLY PAYMENT	INTEREST RATE	UNPAID BALANCE
Residence	_____	\$ _____	_____ %	\$ _____
Other Home	_____	\$ _____	_____ %	\$ _____
Other Home	_____	\$ _____	_____ %	\$ _____
Other	_____	\$ _____	_____ %	\$ _____

**PERSONAL LOANS AND DEBTS**

TYPE OF LOAN OR DEBT	FINANCIAL INSTITUTION WHERE LOAN OR DEBT IS LOCATED	MONTHLY PAYMENT	INTEREST RATE	MONTHS REMAINING	UNPAID BALANCE
_____	_____	\$ _____	_____ %	_____	\$ _____
_____	_____	\$ _____	_____ %	_____	\$ _____
_____	_____	\$ _____	_____ %	_____	\$ _____
_____	_____	\$ _____	_____ %	_____	\$ _____
_____	_____	\$ _____	_____ %	_____	\$ _____

**INCOME PROTECTION**

Are you covered under a disability program? Client:  YES  NO Spouse:  YES  NO

Client: Montly Benefit \_\_\_\_\_ Benefit Period \_\_\_\_\_ Waiting Period \_\_\_\_\_ Social Security Coordinated \_\_\_\_\_

Spouse: Montly Benefit \_\_\_\_\_ Benefit Period \_\_\_\_\_ Waiting Period \_\_\_\_\_ Social Security Coordinated \_\_\_\_\_

**LIFE INSURANCE** PLEASE INCLUDE STATEMENT

WHO IS THE INSURED?	WHO OWNS THE POLICY	BENEFICIARY	FACE AMOUNT	ISSUE DATE	COMPANY	PLAN TYPE	PREMIUM
_____	_____	_____	\$ _____	_____	_____	_____	\$ _____
_____	_____	_____	\$ _____	_____	_____	_____	\$ _____
_____	_____	_____	\$ _____	_____	_____	_____	\$ _____
_____	_____	_____	\$ _____	_____	_____	_____	\$ _____

Have you done any estate planning?  YES  NO



LONG-TERM CARE

WHO IS THE INSURED?	COMPANY	BENEFIT PERIOD	DAILY BENEFIT	ELIMINATION	INFLATION PROTECTION	RETURN OF PREMIUM	TAX QUALIFIED
_____	_____	_____	\$ _____	_____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____	_____

PROPERTY CASUALTY

Name of **property casualty** insurance agent \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Data



BUSINESS INTERESTS LIST PRIVATELY-OWNED / NON-PUBLICLY TRADED STOCK

Company \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Owner \_\_\_\_\_ Number of Shares \_\_\_\_\_ % Ownership \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Is there a buy/sell agreement?  YES  NO Corporation Type \_\_\_\_\_

Company \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Owner \_\_\_\_\_ Number of Shares \_\_\_\_\_ % Ownership \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Is there a buy/sell agreement?  YES  NO Corporation Type \_\_\_\_\_

Company \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Owner \_\_\_\_\_ Number of Shares \_\_\_\_\_ % Ownership \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Is there a buy/sell agreement?  YES  NO Corporation Type \_\_\_\_\_



**COMMERCIAL REAL ESTATE**

	FINANCIAL INSTITUTION WHERE LOAN OR DEBT IS LOCATED	YEAR	PURCHASED PRICE	CURRENT MARKET VALUE (ESTIMATED)
Building	_____	_____	\$ _____	\$ _____
Building	_____	_____	\$ _____	\$ _____
Land	_____	_____	\$ _____	\$ _____
Land	_____	_____	\$ _____	\$ _____

**COMMERCIAL PROPERTY MORTGAGES / EQUITY LINES OF CREDIT**

ATTACH MORE PAPER IF NECESSARY

	FINANCIAL INSTITUTION WHERE LOAN OR DEBT IS LOCATED	MONTHLY PAYMENT	INTEREST RATE	MONTHS REMAINING	UNPAID BALANCE
Building	_____	\$ _____	_____ %	_____	\$ _____
Building	_____	\$ _____	_____ %	_____	\$ _____
Land	_____	\$ _____	_____ %	_____	\$ _____
Land	_____	\$ _____	_____ %	_____	\$ _____

**BUSINESS LOANS AND DEBTS**

INCLUDE ALL CAPITAL LOANS, CREDIT CARDS, CREDIT ACCOUNTS, VEHICLE LOANS, ETC.

TYPE OF LOAN OR DEBT	FINANCIAL INSTITUTION WHERE LOAN OR DEBT IS LOCATED	MONTHLY PAYMENT	INTEREST RATE	MONTHS REMAINING	UNPAID BALANCE
_____	_____	\$ _____	_____ %	_____	\$ _____
_____	_____	\$ _____	_____ %	_____	\$ _____
_____	_____	\$ _____	_____ %	_____	\$ _____
_____	_____	\$ _____	_____ %	_____	\$ _____

**COMMERCIAL NOTES**

PLEASE ADD ANY ADDITIONAL BUSINESS INFORMATION BELOW THAT YOU THINK WE NEED TO KNOW

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## RETIREMENT AGE

When would you like to retire? Enter your **Target Retirement Age**. Then indicate how willing you are to delay retirement beyond that age if it helps you fund **Goals**.

	CLIENT	CO-CLIENT
<b>TARGET RETIREMENT AGE</b>	<b>AGE:</b>	<b>AGE:</b>
How willing are you to retire later (if necessary) to attain your Goals?	NOT AT ALL SLIGHTLY SOMEWHAT VERY	NOT AT ALL SLIGHTLY SOMEWHAT VERY
What order of retirement do you prefer?	<input type="checkbox"/> BOTH RETIRE IN THE SAME YEAR <input type="checkbox"/> EITHER CAN RETIRE FIRST	<input type="checkbox"/> ONLY CLIENT CAN RETIRE FIRST <input type="checkbox"/> ONLY CO-CLIENT CAN RETIRE FIRST



# Retirement Projection Information continued



## BUDGET OPTIONAL TO HELP DETERMINE BASIC LIVING EXPENSE

LIVING EXPENSE AMOUNT \$ \_\_\_\_\_

If you are unsure of this amount use the following to help determine.

PERSONAL & FAMILY EXPENSES	CURRENT MONTHLY	RETIREMENT MONTHLY
Alimony	\$	\$
Bank Charges	\$	\$
Business Expense	\$	\$
Cash - Misc.	\$	\$
Cell Phone	\$	\$
Charitable Donations	\$	\$
Child Allowance/Expense	\$	\$
Child Care	\$	\$
Child Support	\$	\$
Clothing	\$	\$
Club Dues	\$	\$
Credit Card Debt Payment	\$	\$
Dining	\$	\$
Entertainment	\$	\$
Gifts	\$	\$
Groceries	\$	\$
Healthcare	\$	\$
Hobbies	\$	\$
Household Items	\$	\$
Laundry/Dry Cleaning	\$	\$
Personal Care	\$	\$
Pet Care	\$	\$
Recreation	\$	\$
Vacation/Travel	\$	\$
Other	\$	\$
<b>TOTAL</b>	\$	\$

VEHICLE EXPENSES	CURRENT MONTHLY	RETIREMENT MONTHLY
Loan / Lease	\$	\$
Insurance	\$	\$
Personal Property Tax	\$	\$
Fuel	\$	\$
Repairs / Maintenance	\$	\$
Parking / Tolls	\$	\$
Other	\$	\$
<b>TOTAL</b>	\$	\$

HOME EXPENSES	CURRENT MONTHLY	RETIREMENT MONTHLY
Mortgage / Rent	\$	\$
Equity Line	\$	\$
Real Estate Tax	\$	\$
Homeowner's Insurance	\$	\$
Association Fees	\$	\$
Electricity	\$	\$
Gas / Oil	\$	\$
Trash Pickup	\$	\$
Water / Sewer	\$	\$
Cable / Satellite TV	\$	\$
Internet	\$	\$
Telephone (land line)	\$	\$
Lawn Care	\$	\$
Maintenance	\$	\$
Furniture	\$	\$
Other	\$	\$
<b>TOTAL</b>	\$	\$

PERSONAL INSURANCE EXPENSES	CURRENT MONTHLY	RETIREMENT MONTHLY
Disability for Client	\$	\$
Disability for Spouse	\$	\$
Life for Client	\$	\$
Life for Spouse	\$	\$
Long Term Care for Client	\$	\$
Long Term Care for Spouse	\$	\$
Medical for Client	\$	\$
Medical for Spouse	\$	\$
Umbrella Liability	\$	\$
Other	\$	\$
<b>TOTAL</b>	\$	\$

TOTAL ALL EXPENSES	CURRENT MONTHLY	RETIREMENT MONTHLY
Personal & Family Expenses	\$	\$
Vehicle Expenses	\$	\$
Home Expenses	\$	\$
Personal Insurance Expenses	\$	\$
<b>TOTAL</b>	\$	\$



