



FINANCIAL PLANNING INFORMATION

NAME: _____ DATE: _____

Client Information

CLIENT				
First Name	Last Name	Gender	Date of Birth	Retirement Age

CHILDREN			
First Name	Last Name	Gender	Date of Birth

PREFERRED CONTACT METHOD		
Client Name	Email	Client Phone

ESTATE PLAN		ACCOUNTANT		
Document	Year Created/Updated	First Name	Last Name	Firm Name
Will				
Revocable Trust				
Power of Attorney				
Health Care Directive				

Income

WAGES, DEFERRED COMP, SOCIAL SECURITY, PENSION

Employer/Source	Type (Salary, Bonus, etc.)	Owner	Gross Annual Income	Receiving or Age of Start

BUSINESS INTERESTS (INCLUDES INCOME FROM COMMERCIAL PROPERTIES)

Business Name/Property Name	Type	Owner	Value of % Owned	Gross Annual Income	Estimated Market Value

TRUSTS

Name	Grantor	Beneficiary	Gross Annual Income

Financial Information

CASH ACCOUNTS

Bank or Financial Institution	Type (Checking, Savings, etc)	Owner	Balance

TAXABLE INVESTMENT ACCOUNTS

Bank or Financial Institution	Type (Brokerage, Annuity, etc)	Owner	Balance

Financial Information (con't)

RETIREMENT ACCOUNTS

Bank or Financial Institution	Type (IRA, 401k, etc)	Owner	Annual Contribution	Employer Match	Value

PERSONAL REAL ESTATE HOLDINGS

Business Name / Property Name	Type (Residence, Vacation, etc).	Owner	Value

MORTGAGE, LIABILITIES

Bank or Financial Institution	Property or Collateral	Owner	Current Balance	Loan Type & Years	Origin Date	Interest Rate

MONTHLY LIVING EXPENSES

Net of Taxes, Insurance and Liabilities

Insurance Information

TERM LIFE (FILL IN AS APPLICABLE)

Insured	Owner	Carrier	Type	Death Benefit	Annual Premium	Issue Date	Maturity Date	Beneficiary

Insurance Information (con't)

WHOLE, UNIVERSAL OR VARIABLE LIFE (FILL IN AS APPLICABLE)

Insured	Owner	Carrier	Type	Death Benefit	Annual Premium	Cash Value	Issue Date	Beneficiary

DISABILITY

Insured	Owner	Carrier	Monthly Benefit	Annual Premium

LONG-TERM CARE

Insured	Owner	Carrier	Monthly Benefit	Annual Premium	COLA Rider?