

Client Information

Name: _____ Date: _____

CLIENT

	NAME	DATE OF BIRTH	RETIREMENT AGE
Client			
Spouse / Partner			

PREFERRED CONTACT INFORMATION

Best email: _____ Best phone number: _____

Preferred method of communication: ☐ Email ☐ Phone ☐ Text

CHILDREN & DEPENDENTS

NAME	DATE OF BIRTH

ACCOUNTANT CONTACT INFORMATION

Accountant: _____ Firm / contact: _____

ESTATE PLAN

DOCUMENT	YES	NO	CLIENT – YEAR CREATED/UPDATED	SPOUSE – YEAR CREATED/UPDATED
Will	☐	☐		
Trust(s)	☐	☐		
Power of Attorney	☐	☐		
Health Care Directive	☐	☐		

TRUST DETAILS

TRUST NAME	GRANTOR	TRUSTEE	DATE CREATED OR LAST UPDATED

Income & Assets

GROSS ANNUAL HOUSEHOLD INCOME

	CLIENT	SPOUSE / PARTNER	OTHER INCOME (RENTAL, K-1, ETC.)
Current Year (est.)			
Prior Year			

WAGES, DEFERRED COMP, SOCIAL SECURITY, PENSION

TYPE (SALARY, BONUS, ETC.)	OWNER	RECEIVING OR AGE OF START	ANNUAL AMOUNT

CASH ACCOUNTS

BANK OR INSTITUTION	TYPE (CHECKING, SAVINGS, CD, MONEY MARKET)	OWNER	INTEREST RATE	CURRENT VALUE

TAXABLE INVESTMENT ACCOUNTS

INSTITUTION	TYPE (BROKERAGE, TRUST, UTMA)	OWNER	ANNUAL CONTRIBUTION	CURRENT VALUE

Income & Assets (con't)

RETIREMENT ACCOUNTS

BANK OR FINANCIAL INSTITUTION	TYPE (IRA, 401K, ETC)	OWNER	ANNUAL CONTRIBUTION	EMPLOYER MATCH	VALUE

EDUCATION SAVINGS (529, UTMA, COVERDELL)

INSTITUTION	ACCOUNT TYPE	BENEFICIARY	ANNUAL CONTRIBUTION	CURRENT VALUE

BUSINESS INTERESTS

BUSINESS NAME	ENTITY TYPE (S-CORP, LLC, ETC.)	OWNER	% OWNED	VALUE OF % OWNED

OTHER ASSETS (COLLECTIBLES, CRYPTO, NOTES RECEIVABLE)

DESCRIPTION	OWNER	CURRENT VALUE

Real Estate & Liabilities

REAL ESTATE

TYPE (RESIDENCE, VACATION, ETC.)	OWNER	CURRENT VALUE	INTEREST RATE

MORTGAGES / LOANS

PROPERTY / COLLATERAL	OWNER	ORIGIN DATE	ORIGINAL BALANCE

OTHER LIABILITIES

TYPE (AUTO, STUDENT, CREDIT CARD, LINE OF CREDIT)	LENDER	BALANCE	INTEREST RATE	MONTHLY PAYMENT

ANNUAL EXPENSES & SAVINGS

	AMOUNT	NOTES
Living Expenses		
Annual Savings		
Charitable Giving		

Insurance Information

TERM LIFE (FILL IN AS APPLICABLE)

INSURED	OWNER	TYPE	DEATH BENEFIT	ANNUAL PREMIUM	ISSUE DATE	MATURITY DATE	BENEFICIARY

PERMANENT / WHOLE LIFE

INSURED	OWNER	TYPE	DEATH BENEFIT	CASH VALUE	ANNUAL PREMIUM	ISSUE DATE	BENEFICIARY

DISABILITY INSURANCE

INSURED	OWNER	MONTHLY BENEFIT	BENEFIT PERIOD	ANNUAL PREMIUM

LONG-TERM CARE

INSURED	OWNER	MONTHLY BENEFIT	ANNUAL PREMIUM	COLA RIDER?

Financial Planning Information

GOALS & PRIORITIES

What would you like your plan to accomplish? (retirement timing, education funding, legacy, business transition, tax planning)

ADDITIONAL NOTES