CONFIDENTIAL INFORMATION

1. Client Information *(Head of Household)*

First		*Middle*	*Last*
Gender	*Age*	*Date of Birth (M/D/Y)*	*Assumed Age at Death*
Address			
City		*State*	*Zip Code*
Phone		*Email*	

Employed?

Yes *No*

Client Employer

Organization	*Department*		*Title*
Annual Salary ($)	*Increase (%)*	*Date of Hire (M/D/Y)*	*Date of Retirement (M/D/Y)*

2. Spouse Information

First		*Middle*	*Last*
Gender	*Age*	*Date of Birth (M/D/Y)*	*Assumed Age at Death*
Phone		*Email*	

Employed?

Yes *No*

Spouse Employer

Organization	*Department*		*Title*
Annual Salary ($)	*Increase (%)*	*Date of Hire (M/D/Y)*	*Date of Retirement (M/D/Y)*

3. Ultimate Beneficiaries

Name	*Gender*	*Date of Birth (M/D/Y)*	*Relation to Client*	*Disbursal (%)*
Name	*Gender*	*Date of Birth (M/D/Y)*	*Relation to Client*	*Disbursal (%)*
Name	*Gender*	*Date of Birth (M/D/Y)*	*Relation to Client*	*Disbursal (%)*
Name	*Gender*	*Date of Birth (M/D/Y)*	*Relation to Client*	*Disbursal (%)*
Name	*Gender*	*Date of Birth (M/D/Y)*	*Relation to Client*	*Disbursal (%)*
Name	*Gender*	*Date of Birth (M/D/Y)*	*Relation to Client*	*Disbursal (%)*
Name	*Gender*	*Date of Birth (M/D/Y)*	*Relation to Client*	*Disbursal (%)*
Name	*Gender*	*Date of Birth (M/D/Y)*	*Relation to Client*	*Disbursal (%)*
Name	*Gender*	*Date of Birth (M/D/Y)*	*Relation to Client*	*Disbursal (%)*
Name	*Gender*	*Date of Birth (M/D/Y)*	*Relation to Client*	*Disbursal (%)*

4a. Client Defined Benefit Plans

Description	Amount ($)	Increase (%)	From (age)	To (age)
Social Security				

4b. Spouse Defined Benefit Plans

Description	Amount ($)	Increase (%)	From (age)	To (age)
Social Security				

5a. Client Assets / Liabilities *(Retirement, Savings, CDs, Annuities, IRAs, Stocks, Auto Loans, Credit Cards, etc.)*

Description	Rate (%)	Balance ($)	Risk *	Deposit Amount ($)	Per Year (#)	From (age)	To (age)	Withdrawal Amount ($)	Per Year (#)	From (age)	To (age)	Purpose (Income, Emergency Fund, Growth, Legacy, Other)

* 1 - Conservative, 2 - Cautious, 3 - Balanced, 4 - Growth, 5 - Aggressive

5b. Spouse Assets / Liabilities *(Retirement, Savings, CDs, Annuities, IRAs, Stocks, Auto Loans, Credit Cards, etc.)*

Description	Rate (%)	Balance ($)	Risk *	Deposit Amount ($)	Per Year (#)	From (age)	To (age)	Withdrawal Amount ($)	Per Year (#)	From (age)	To (age)	Purpose (Income, Emergency Fund, Growth, Legacy, Other)

6. Residence Information

Residence	*Mortgage*	*Equity Line of Credit*
Current Value ($)	*Balance ($)*	*Current Value ($)*
Appreciation Rate (%)	*Interest Rate (%)*	*Appreciation Rate (%)*
Purchase Price	*Monthly Payment*	*Purchase Price*

* 1 - Conservative,   2 - Cautious,   3 - Balanced,   4 - Growth,   5 - Aggressive

7. Objectives / Concerns
How worried are you about inflation?
How worried are you about outliving your assets?
Do your assets match your risk tolerance?
Will your surviving spouse be able to maintain their living standard after you die?
Would you like to leave something to your children or grandchildren after you die?
Do you feel that you are paying too much in income taxes?
Would you like to build a foundation of safe, guaranteed income?
Are you concerned about the costs of long term care?
What plans have you made to cover the costs if you or your spouse is confined to a long term care facility?

8. Notes