

CLIENT PERSONAL AND FINANCIAL INFORMATION FORM

Client Name: _____

Date of Interview: _____

PERSONAL INFORMATION

CLIENT (full legal name) _____ Social Security # _____

SPOUSE (full legal name) _____ Social Security # _____

HOME ADDRESS _____ City, State, Zip _____

TELEPHONE # (home) _____ TELEPHONE # (business) _____

OCCUPATION (client) _____ OCCUPATION (spouse) _____

DATE OF BIRTH (client) _____ DATE OF BIRTH (spouse) _____

PLACE OF BIRTH (client) _____ PLACE OF BIRTH (spouse) _____

DATE MARRIED _____ PLACE OF MARRIAGE _____

DATE WIDOWED _____

CITIZENSHIP (client) _____ CITIZENSHIP (spouse) _____

EMAIL (client) _____ EMAIL (spouse) _____

HEALTH STATUS (client) _____ HEALTH STATUS (spouse) _____

INSURABLE? (client) _____ INSURABLE? (spouse) _____

CONSULTANTS FOR FINANCIAL AND BUSINESS PLANNING

ACCOUNTANT

BROKER

LIFE INSURANCE AGENT

BANK PREFERENCE

LOCATION OF SAFE DEPOSIT BOX

(In whose name ?)

IMMEDIATE FAMILY

CHILDREN *(all lawful living children; give full legal names)*

NAME:

DATE OF
BIRTH:

SPOUSE:

ADDRESS:

OCCUPATION:

<u>NAME:</u>	<u>DATE OF BIRTH:</u>	<u>SPOUSE:</u>	<u>ADDRESS:</u>	<u>OCCUPATION:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any deceased children ?? If so, name(s)

Do any of the above have any special health problems/needs ??

Do you intend to include all of your children as beneficiaries ??

Any special considerations for any of your children ??

Any adopted children ??

Any stepchildren ??

GRANDCHILDREN *(give full legal names)*

<u>NAME:</u>	<u>DATE OF BIRTH:</u>	<u>ADDRESS:</u>	<u>CHILD OF:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any deceased grandchildren ?? If so, name(s) _____

Do any of the above have any special health problems/needs ?? _____

Do you intend to include all of your grandchildren as beneficiaries ?? _____

Any special considerations for any of your grandchildren ?? _____

CLIENT'S FAMILY

PARENTS / SIBLINGS *(give full legal names)*

<u>NAME:</u>	<u>DATE OF BIRTH:</u>	<u>ADDRESS:</u>	<u>RELATIONSHIP:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPOUSE'S FAMILY

PARENTS / SIBLINGS *give full legal names*)

<u>NAME:</u>	<u>DATE OF BIRTH:</u>	<u>ADDRESS:</u>	<u>RELATIONSHIP:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WILLS, TRUSTS, OTHER

Does client have a will ??	_____	Does spouse have a will ??	_____
Does client have a health care proxy ??	_____	Does spouse have a health care proxy ??	_____
Does client have a durable power of attorney ??	_____	Does spouse have a durable power of attorney ??	_____

Have guardians been named for any minor children ?? If so, who ?? _____

Have you created a living trust ?? _____

If so, provide trustee and beneficiary information _____

Are you or any family member a beneficiary of a trust ?? If so, who ?? _____

Do you or spouse expect to receive gifts or inheritances ?? _____

If so, provide details _____

FINANCIAL INFORMATION

REAL ESTATE

[Fair market value, titled owner(s), indebtedness, cost basis]

<u>DESCRIPTION</u>	<u>ADDRESS</u>	<u>APPROX. VALUE</u>	<u>APPROX. COST</u>
1) PRIMARY RESIDENCE	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

<u>DESCRIPTION</u>		<u>APPROX. MORTGAGE BALANCE</u>	<u>MORTGAGE INSTITUTION</u>	<u>OWNERSHIP (joint, etc. and with whom)</u>
1) PRIMARY RESIDENCE	(continued)	_____	_____	_____
2)	(continued)	_____	_____	_____
3)	(continued)	_____	_____	_____
4)	(continued)	_____	_____	_____

FINANCIAL INFORMATION

PERSONAL PROPERTY

[Fair market value, titled owner(s), indebtedness, cost basis]

	<u>APPROX.</u> <u>VALUE</u>
HOUSEHOLD	_____
AUTO (S)	_____
BOAT	_____
MOTORCYCLE (S)	_____
MOTOR HOME	_____
JEWELRY, FURS	_____
ANTIQUES, ART WORKS	_____
INTERESTS IN TRUSTS	_____
OTHER	_____

FINANCIAL INFORMATION

CASH OR EQUIVALENT

[Savings accounts, money market accounts, certificates of deposit, checking accounts, etc.]

<u>ACCT TYPE</u>	<u>INSTITUTION</u>	<u>ACCT #</u>	<u>APPROX.</u> <u>VALUE</u>	<u>OWNERSHIP</u> (joint, etc. and with whom)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FINANCIAL INFORMATION

LIFE INSURANCE

<u>INSURANCE</u> <u>CO.</u>	<u>POLICY #</u>	<u>INSURED</u>	<u>OWNER</u>	<u>FACE</u> <u>VALUE</u>	<u>TYPE (term /</u> <u>whole life)</u>	<u>BENEFICIARIES</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

DISABILITY INSURANCE

<u>INSURANCE</u> <u>CO.</u>	<u>POLICY #</u>	<u>INSURED</u>	<u>OWNER</u>	<u>DISABILITY</u> <u>AMOUNT</u>	<u>PAYMENT</u> <u>TERM</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LONG TERM CARE INSURANCE

<u>INSURANCE</u> <u>CO.</u>	<u>POLICY #</u>	<u>INSURED</u>	<u>OWNER</u>	<u>MONTHLY</u> <u>BENEFIT</u>	<u>LENGTH OF</u> <u>BENEFITS</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

FINANCIAL INFORMATION

RETIREMENT ACCOUNTS / BENEFITS

MARKETABLE SECURITIES

<u>COMPANY</u>	<u># OF SHARES</u>	<u>APPROX. VALUE</u>	<u>BENEFICIARIES</u> (primary and contingent)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASH OR EQUIVALENT

<u>ACCT TYPE</u>	<u>INSTITUTION</u>	<u>ACCT #</u>	<u>APPROX. VALUE</u>	<u>BENEFICIARIES</u> (primary and contingent)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYER PLANS: 401(k), 403(b), Profit-Sharing, Defined Benefit, Defined Contribution, etc.

<u>EMPLOYER</u>	<u>DESCRIPTION</u>	<u>APPROX. VALUE</u>
_____	_____	_____
_____	_____	_____

FINANCIAL INFORMATION

MISCELLANEOUS PROPERTY

[Fair market value, titled owner(s), indebtedness, cost basis]

	<u>APPROX.</u> <u>VALUE</u>
MORTGAGES <u>OWNED TO YOU</u>	_____
MORTGAGES <u>OWED BY YOU</u>	_____
ACCOUNTS RECEIVABLE	_____
NOTES RECEIVABLE	_____
LOANS PAYABLE	_____
CREDIT CARD DEBT	_____
BUSINESS INTERESTS	_____
OTHER/SPECIAL ITEMS OF VALUE	_____

OTHER BENEFICIARIES

ANTICIPATED CHARITABLE GIFTS	_____
OTHER NON-FAMILY GIFTS	_____
GIFTS OF SPECIFIC PROPERTY	_____

FINANCIAL INFORMATION

FAMILY INCOME

<u>CATEGORY</u>	<u>CLIENT</u>	<u>SPOUSE</u>
SALARY/WAGES	_____	_____
SELF-EMPLOYMENT	_____	_____
INTEREST	_____	_____
DIVIDENDS	_____	_____
TRUST INCOME	_____	_____
SOCIAL SECURITY	_____	_____
PENSION / IRA	_____	_____
OTHER SOURCES:	_____	_____
	_____	_____
	_____	_____