

PERSONAL INFORMATION

| | Client 1 | | Client 2 |
|------------------|----------|------------------|----------|
| Name | | Name | |
| Date of Birth | | Date of Birth | |
| Home Address | | Home Address | |
| City, State, Zip | | City, State, Zip | |
| E-mail Address | | E-mail Address | |
| Home Phone | | Home Phone | |
| Cell Phone | | Cell Phone | |
| Marital Status | | Marital Status | |

CHILDREN AND DEPENDENTS

| Name | Age | Status |
|------|-----|--------|
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EMPLOYMENT

| | Client 1 | | Client 2 |
|--|--|--|--|
| Employer Name | | Employer Name | |
| Work Phone | | Work Phone | |
| Work E-mail Address | | Work E-mail Address | |
| Annual Salary | | Annual Salary | |
| Job Title | | Job Title | |
| Number of Years | | Number of Years | |
| Target Retirement Age | | Target Retirement Age | |
| Do you plan to change jobs in the near future? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Do you plan to change jobs in the near future? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

INCOME AND EXPENSES

| | Client 1 | Client 2 |
|--|----------|----------|
| Other Income (if applicable) | | |
| Estimated Average Monthly Expenses (EX: mortgages, HOA fees, utilities, rent, entertainment, misc.) | | |

REAL ESTATE AND PERSONAL ASSETS

| | Price Paid | Year Purchased | Owner | Approximate Fair Market Value | Mortgage/ Amount Owed |
|----------------------|------------|----------------|-------|-------------------------------|--------------------------|
| Primary Residence | | | | | |
| Secondary Residence | | | | | |
| Rental Property | | | | | |
| Auto 1 | | | | | |
| Auto 2 | | | | | |
| Miscellaneous Assets | | | | | |

SAVINGS AND INVESTMENT ACCOUNTS

| Account Description | Institution/ Type | Owner | Approximate Balance | Monthly Contribution |
|--|-------------------|-------|---------------------|----------------------|
| Primary Checking Account | | | | |
| Money Market | | | | |
| Savings Account | | | | |
| Current Employer Plan (401k, 403b, TSP, etc.) | | | | |
| Current Employer Plan (401k, 403b, TSP, etc.) | | | | |
| Retirement Account/Other | | | | |
| Retirement Account/Other | | | | |
| Retirement Account/Other | | | | |
| Retirement Account/Other | | | | |
| Non-Retirement Investments/Other | | | | |
| Non-Retirement Investments/Other | | | | |
| Education Savings Account/529 | | | | |

LIABILITIES

| Loan Description | Owner | Interest Rate | Current Balance | Monthly Payment |
|---------------------------------|-------|---------------|-----------------|-----------------|
| Mortgage on Primary Residence | | | | |
| Mortgage on Secondary Residence | | | | |
| Mortgage on Rental Property | | | | |
| Student Loan/ Other Loan | | | | |
| Credit Card(s) | | | | |
| Home Equity Line of Credit | | | | |
| Other Liabilities | | | | |

INSURANCE COVERAGE

| Health Insurance | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|
| Dental/Vision | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Life Insurance | Insured 1 Insured 2 |
| Owner | |
| Type of Policy/Term | |
| Death Benefit | |
| Cash Value | |
| Long Term Disability | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Long Term Health Care | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Policy Terms (EX: inflation protection, term, waiting period) | |
| Umbrella Liability Coverage | Yes <input type="checkbox"/> No <input type="checkbox"/> |

ESTATE PLANNING DOCUMENTS

| Will | Yes <input type="checkbox"/> Date Created: No <input type="checkbox"/> |
|--------------------|--|
| POA | Yes <input type="checkbox"/> Date Created: No <input type="checkbox"/> |
| Medical Directives | Yes <input type="checkbox"/> Date Created: No <input type="checkbox"/> |
| Trust | Yes <input type="checkbox"/> Date Created: No <input type="checkbox"/> |

OTHER FAMILY THAT MAY IMPACT YOUR FINANCIAL PLAN

| Name | Relationship |
|------|--------------|
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FINANCIAL GOALS

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| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

FINANCIAL QUESTIONS