

**Personal Information**

	<b>Client</b>	<b>Spouse</b>
Name:	_____	_____
Date of Birth:	____/____/____	____/____/____
E-Mail Address:	_____	_____
Height/Weight:	____ft____inches/____lbs.	____ft____inches/____lbs.
Tobacco Use?:	<input type="radio"/> Yes <input type="radio"/> No _____	<input type="radio"/> Yes <input type="radio"/> No _____
Hazardous Occupation?:	<input type="radio"/> Yes <input type="radio"/> No _____	<input type="radio"/> Yes <input type="radio"/> No _____

**Children**

	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>	<b>Child 4</b>
Name:	_____	_____	_____	_____
Date of Birth:	____/____/____	____/____/____	____/____/____	____/____/____

**Residence Information**

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Own?    Mortgage Payment: \_\_\_\_\_    Mortgage Balance: \_\_\_\_\_

Rent?    Monthly Rent: \_\_\_\_\_

**Professional Advisor Information**

Client's Will:    Date \_\_\_\_\_    Type \_\_\_\_\_

Spouse's Will:    Date \_\_\_\_\_    Type \_\_\_\_\_

Attorney's Name: \_\_\_\_\_    Phone No.: \_\_\_\_\_

Accountant's Name: \_\_\_\_\_    Phone No.: \_\_\_\_\_

**Employment/Income Information**

	<b>Client</b>	<b>Spouse</b>
Occupation:	_____	_____
Employer:	_____	_____
Business Street Address:	_____	_____
City, State, Zip:	_____	_____
Phone Number:	_____	_____
Fax Number:	_____	_____
E-Mail Address:	_____	_____
Annual Income:	_____	_____
Other Income:	_____	_____

Financial Information			
<p style="text-align: center; margin: 0;"><b>Assets</b></p> <p>Savings _____</p> <p>Investments _____</p> <p>IRA(s) _____</p> <p>Real Estate _____</p> <p>Business Interests _____</p> <p>Personal Property _____</p> <p>Other _____</p> <p>Total Assets      \$0 _____</p>	<p style="text-align: center; margin: 0;"><b>Liabilities</b></p> <p>Installment Loans _____</p> <p>Mortgage(s) _____</p> <p>Charge Accounts _____</p> <p>Credit Cards _____</p> <p>Personal Notes _____</p> <p>Business Debt _____</p> <p>Other _____</p> <p>Total Liabilities      \$0 _____</p>		
<p style="text-align: center;">Current Monthly Systematic Savings: _____</p>			

Insurance Information						
<b>Life Insurance</b>						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary
<b>Long-Term Care Insurance</b>						
Insured	Company	Policy Number	Policy Date	Daily Benefit	Benefit Period	Annual Premium
<b>Other Insurance</b>						
Monthly Disability Benefit:		Client _____	Spouse _____			
Health Insurance:		Client _____	Spouse _____			
P&C Expiration Dates:		Auto _____	Homeowners _____	Other _____		

Planning Priorities				
	High	Medium	Low	None
Protecting Family's Lifestyle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protecting Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing Education Funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing Savings Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning for Retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimizing Estate Shrinkage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning for Business Continuation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>How much do you feel comfortable setting aside on a monthly basis?: _____</p>				