

Assets

Passbook Savings \$ _____

Checking Acct \$ _____
\$ _____

Money Market \$ _____

CD's \$ _____ Maturity Date _____
\$ _____ Maturity Date _____

Bonds \$ _____ Maturity Date _____
\$ _____ Maturity Date _____

Stocks \$ _____ Company _____
\$ _____ Company _____
\$ _____ Company _____

Mutual Funds \$ _____ Fund _____
\$ _____ Fund _____
\$ _____ Fund _____

Annuities \$ _____ Company _____
Company Pension Account \$ _____ Company _____

Profit Sharing \$ _____ Company _____

401K Plan \$ _____ Company _____
Other (e.g., options, limited partnerships, etc.) \$ _____ Company _____

Total Assets \$ _____

Do you own a home? Yes No

Mortgage Payment \$ _____

Years left on mortgage _____

Balance \$ _____

Interest Rate _____ %

Financial Goals and Objectives

Areas you are most interested in learning about:

- Tax Savings
- Retirement Planning
- Education Savings
- General Savings/Wealth Accumulation
- Estate Tax Savings
- Updating your Life Insurance
- Updating your Disability Insurance
- Insurance for your Business
- Mortgage Protection

How would you describe yourself?

- My main objective is preserving my initial investment. I am interested primarily in receiving income from my investments and some growth.
- I am interested mainly in growth, with income and capital preservation as secondary. I have an investment time frame of at least five years.
- My main objective is capital growth. I am willing to accept a higher level of risk and volatility in return for a higher rate of return on my investment. I have at least a five year investment time frame, and possibly a significant length of time before I will liquidate my investment.

What is your most important financial goal at this point and what is your time frame?
(Retirement Savings, Education Fund, Home Down Payment, etc.)

Family Information

Your Name _____		Spouse's Name _____	
Date of Birth _____	Social Sec # _____	Date of Birth _____	Social Sec # _____
Address: Number and Street _____			
City _____	State _____	Zip code _____	Telephone _____
Child's Name _____	Date of Birth _____	Years until college _____	
Child's Name _____	Date of Birth _____	Years until college _____	
Child's Name _____	Date of Birth _____	Years until college _____	

Occupational Information

Occupation _____	Spouse's Occupation _____
Company Name _____	Company Name _____
Work Address _____	Work Address _____
Telephone _____	Telephone _____
Your Annual Income \$ _____	Spouse's Annual Income \$ _____
Date/Amt next increase \$ _____	Date/Amt next increase \$ _____
Tax Bracket _____ Do you have a current will? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have custodial or trust accounts for your children or grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Attorney _____	Name of Accountant _____

Insurance Information

Life Insurance Policies On You

Amount _____	<input type="checkbox"/> Term <input type="checkbox"/> Perm	Company _____
Amount _____	<input type="checkbox"/> Term <input type="checkbox"/> Perm	Company _____
Amount _____	<input type="checkbox"/> Term <input type="checkbox"/> Perm	Company _____

Do you currently own:

Health Insurance Yes No
 Disability Insurance Yes No
 Car Insurance Yes No
 Homeowner's/
 Renter's Insurance Yes No

Date of last policy review _____

Life Insurance Policies on your Spouse

Amount _____	<input type="checkbox"/> Term <input type="checkbox"/> Perm	Company _____
Amount _____	<input type="checkbox"/> Term <input type="checkbox"/> Perm	Company _____
Amount _____	<input type="checkbox"/> Term <input type="checkbox"/> Perm	Company _____

Does your spouse currently own:

Health Insurance Yes No
 Disability Insurance Yes No
 Car Insurance Yes No
 Homeowner's/
 Renter's Insurance Yes No

Date of last policy review _____