

Your Information

ABOUT YOU

Last Name: _____
First Name: _____
Date of Birth: _____ Gender: _____
Phone: _____
Email: _____
Occupation: _____
Employer: _____
Address: _____

ABOUT YOUR SPOUSE

Last Name: _____
First Name: _____
Date of Birth: _____ Gender: _____
Phone: _____
Email: _____
Occupation: _____
Employer: _____

What are your primary concerns? _____

Describe your investing experience: _____

What do you think of your current financial plan? _____

If you have a Trust: State: _____ Year Created: _____ Year Updated: _____

Life Insurance Coverage: _____

Long Term Care Insurance: _____

Your Personal Finances

MONTHLY INCOME	You	Your Spouse
From employment	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
IRA/401K	\$ _____	\$ _____
Rental Properties, Net	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Average Monthly Household Expenses:	\$ _____	

Describe your short term and long term budget expectations and concerns: _____

Your Assets & Investments

	You	Your Spouse	Location (Financial Company)
Current 401K	\$ _____	\$ _____	_____
Current 401K	\$ _____	\$ _____	_____
Old 401K	\$ _____	\$ _____	_____
Old 401K	\$ _____	\$ _____	_____
Traditional IRA	\$ _____	\$ _____	_____
Traditional IRA	\$ _____	\$ _____	_____
Roth IRA	\$ _____	\$ _____	_____
Roth IRA	\$ _____	\$ _____	_____
Taxable Account	\$ _____	\$ _____	_____
Taxable Account	\$ _____	\$ _____	_____
All Annuities	\$ _____	\$ _____	_____
All Annuities	\$ _____	\$ _____	_____
All CD's	\$ _____	\$ _____	_____
All CD's	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____