Family Information

About You:

Name: ____Date of Birth:______________

Address:____

Home Telephone #:__________________________Work Telephone #:______________________

Employer:_________________________________ Job Title:______________________________

Work Address:____

Salary: $_________________________________Other Income: $_________________________

Your Spouse:

Name:____Date of Birth:______________

Employer:____Job Title:__________________

Work Address:____Telephone #:________________

Salary: $______________________________________Other Income: $____________________

Children:

Name:____Date of Birth:______________

Name:____Date of Birth:______________

Name:____Date of Birth:______________

Miscellaneous Items:

Do you have a will?_______________Living Trust?______________Year Drafted:___________

Name of executor/trustee:_________________________Guardian:__________________________

Do you have an accountant?_________If "yes," Name:___________________________________

Do you have an attorney?___________If "yes," Name:___________________________________

Do you have any hobbies?_______If "yes," What are they?:________________________________

Do you own your home?_____ Value:__________Mortgage Balance:____________% Rate:____

What is the Mortgage Payment/Type of the Loan?________/________Is there a 2nd?___________

Loans and Debts: Car/Personal Loans:___________Credit Cards:___________Other:_________

Financial Goals/Priorities:

Your most important financial goals?____

Please Circle your priorities:	Retirement	Estate Transfer	Wealth Accumulation
	Education	Family Security	Other:_____________

Is there anything about your current finances that you would change?__________________________

How much more could you save on a regular basis?____

Are you expecting a change in your current financial situation?______If "yes," amount:_____________

Financial Data

Auto Insurance: Comprehensive?_____Yes___No Deductible:______________________

Liability Amount:_____________ Uninsured Motorist Amount:_______

Homeowners Insurance: Full Replacement Value?______Yes_____No

Do you carry an umbrella liability policy?_____________If "yes," Amount:____________________

Long Term Care Insurance?________Yes__________No Amount:__________________________

Disability Income Insurance:

Family Members Insured	Company	Annual Premium	Coverage Amount

Life Insurance:

Insured	Type	Company	Annual Premium	Coverage Amount

Pre-Tax Financial Products & Qualified Plans:

	Current Value	Current Interest Rate	Annual Deposit	Comments
401(k) or 403(b):				
Company Retirement Plans:				
Deferred Compensation Plans:				
IRAs (except ROTH):				

After-Tax Financial Products:

	Current Value	Description	Annual Deposit	Comments
ESPP/ESIP:				
Stocks Accounts:				
Stock Options:				
Real Estate (except residence):				
Mutual Funds:				
ROTH IRAs:				
Life Insurance Cash Values:				
Municipal Bonds:				
Bonds:				
Annuities:				
Certificates of Deposit:				
Money Market Funds:				
Savings Accounts:				