

Initial Meeting Information

Personal Information			
Name:		Name:	
Date of Birth:		Date of Birth:	
SS #		SS #	
Home Address:			
Primary Phone: Cell <input type="checkbox"/>		Primary Phone: Cell <input type="checkbox"/>	
Primary Email:		Primary Email:	
Citizenship:		Citizenship:	
Employer:		Employer:	
Occupation:		Occupation:	
Children and/or Dependents			
Name/DOB: M / F		Name/DOB: M / F	
Name/DOB: M / F		Name/DOB: M / F	
Professional Advisors			
Accountant:		Last Seen:	
Attorney:		Last Seen:	
Sources of Income			
Wage/Salary:		Wage/Salary:	
Social Security:		Social Security:	
Pension:		Pension:	
Other:		Other:	
Personal Assets			
Asset	Estimated Value	Asset	Estimated Value
Primary Home:		Checking:	
Secondary:		Savings:	
Auto:		CDs:	
Auto:		Other:	
Other:		Other:	
Investment Assets			
Asset	Estimated Value	Asset	Estimated Value
401K/403B:		401K/403B:	
401K/403B:		401K/403B:	
IRA:		IRA:	
Roth IRA:		Roth IRA:	
Non-Retirement:		Non-Retirement:	
Loans/Debts			
Loan/Debt Type	Amount Owed (\$)	Mo Payment (\$)	Interest (%) & Term (Years)
Mortgage			
Credit Cards			

Initial Meeting Information

Insurance				
Loan Type	Benefit Amount	Annual Premium	Insured Name	Year Purchased
Life Insurance 1:				
Life Insurance 2:				
LTC 1:				
LTC 2:				
Disability 1:				
Disability 2:				

Goals:	
Primary Goals	Secondary Goals
Goal 1:	Goal 1:
Goal 2:	Goal 2:

Risk Tolerance & General Questions

What do you feel is a reasonable rate of return on your long term investments?

How familiar are you with the different types of investment assets? Very Moderately Minimal

At what age would you like to retire?

At retirement what is your desired monthly income?

Please circle your following responses: 5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

5	4	3	2	1	Are you willing to bear an above-average level of risk?
5	4	3	2	1	Can you accept occasional years with negative returns?
5	4	3	2	1	Are you willing to maintain investment positions over a relatively long time (5 years)?
5	4	3	2	1	Do you have a need to be able to readily convert investments to cash for current income?

Immediate Financial Concerns you would like addressed:	Special Situations (family, marital, health, etc.)
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Are your parents still living? if so, what are their ages: If not, age at death:	Trusted Contact/POA & Phone #:
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In order to create a financial plan, we will need the following information:

Last two years of tax returns	<input type="checkbox"/>	Insurance Statements	<input type="checkbox"/>
Investment Statements	<input type="checkbox"/>	401K Investment Options	<input type="checkbox"/>
Bank Statements	<input type="checkbox"/>	Copy of Drivers License	<input type="checkbox"/>
Last two pay stubs	<input type="checkbox"/>	Latest Will & Trust	<input type="checkbox"/>
Social Security #, Address, & DOB of Beneficiaries	<input type="checkbox"/>		

Monthly Cash Flow

Monthly Cash Flow			
Income		Expenses	
Income Sources		Housing	
Gross Salary 1*		Mortgage Payment (Principle & Int)	
Gross Salary 2*		Mortgage Payment (Principle & Int)	
Social Security 1		Property Taxes 1	
Social Security 2		Property Taxes 2	
Child Support/Alimony		Homeowner's insurance premium	
Other Income Sources		Utilities (electricity, water, refuse)	
Total Gross Income	\$ -	Household expenses (Hulu, Netflix, Internet)	
Savings & Investments		Food/Clothing/Transportation	
Employee 401K & 403B Contributions*		Food (groceries)	
Employee 401K & 403B Contributions*		Clothing/Laundry/Dry Cleaning	
IRA Contributions		Auto Loan/Lease	
IRA Contributions		Auto Loan/Lease	
Non-Retirement Savings		Gasoline	
HSA/FSA Contributions*		Auto Maintenance	
Total Savings & Investment	\$ -	Auto Insurance Payments	
		Other Transportation (license, parking)	
Tax Payments		Other Committed Expenses	
Federal Income Withholding*		Mobile Phone Plan	
State/Local Income Withholding*		Medical, Dental, Optical, Perscriptions	
Other Taxes (SS & Medicare)*		Education	
Total Tax Withholding	\$ -	Student Loan Payment	
		Dependent Care (day care)	
Total Net Income 1*		Child Support/Alimony Payment	
Total Net Income 2*		Charge Account Payments	
		Other Loan Payments	
		Life Insurance Premium*	
		Disability Insurance Premium	
		Medical Insurance Premium*	
		Other Committed Expenses	
		Total Committed Expenses	\$ -
		Discretionary Expenses	
		Entertainment, dining, etc.	
		Recreation (vacations, hobbies)	
		Cash Charitable Contributions	
		Gifts (birthdays, holidays, anniversaries)	
		Personal Care (hair care, massage, etc.)	
		Miscellaneous (lessons, subscriptions, cigarettes, etc.)	
		Total Discretionary Expenses	\$ -

Gross Income	\$	-
- Expenses	\$	-
- Savings & Investment	\$	-
- Tax Withholding	\$	-
Net Cash Flow	\$	-

*This information can be found on your paycheck