

**Date:**

**Advisor:**

<b>Name</b>	<b>Spouse Name</b>
<b>Work Phone</b>	<b>Spouse Work Phone</b>
<b>Cell Phone</b>	<b>Spouse Cell Phone</b>
<b>Email</b>	<b>Home Phone</b>
<b>Street, City, State, Zip</b>	

<b>Birthdate</b>	<b>Birthdate</b>
<b>Retired (Y/N)</b>	<b>Retired (Y/N)</b>
<b>Occupation</b>	<b>Occupation</b>

<b>Assets</b>	<b>Approx. Value</b>	<b>Liabilities</b>	<b>Approx. Value</b>
Cash and checking		Primary residence mortgage	
Savings IRA or other qualified retirement		Other real estate mortgages	
Life Insurance cash values (complete below)		Notes payable	
Stocks, Bonds & investments		Life insurance loans	
Closely-held business interests		Unpaid taxes	
Primary residence		Other liabilities	
Other real estate (complete below)		<b>TOTAL LIABILITIES</b>	
Automobiles – present value			
Other personal property		<b>TOTAL ASSETS</b>	
Misc. assets		<b>NET WORTH (Assets minus Liabilities)</b>	
<b>TOTAL ASSETS</b>		Contingent liabilities	

<b>Income</b>	<b>Spouse Income</b>
Present Earned	Present Earned
Retirement	Retirement
Social Security	Social Security
Unearned	Unearned
Other	Other

<b>Children</b>			<b>Grandchildren</b>		
Name	Age	Married (Y/N)	Name	Age	Married (Y/N)

Life Insurance Information				
Carrier & Policy No.	Death Benefit	Cash Value (if any)	Insured	Owner

Real Estate Information (including primary residence)				
Identification	Type of Property	Purchase Price	FMV	Mortgage (if any)

Advisors		
	Name	Phone
Accountant		
Attorney		
Insurance Agent		
Investment Specialist		
Other		

Planning Documentation	
Type	Description, Dates, Parties Involved
Last Wills & Testaments	
Trusts	
Health Proxies	
Powers Of Attorney	

Planning Priorities		
Rank		Concerns/Goals
	Estate and Disposition at Death	
	Disability and Extended Care	
	Retirement Planning	
	Education Funding	
	Investment Strategies	
	Other (specify)	