

# Client Information



## Client 1

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ Social Security # \_\_\_\_\_  
Phone (Office) \_\_\_\_\_ Email \_\_\_\_\_  
Phone (Other) \_\_\_\_\_ Fax \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Length of Service \_\_\_\_\_  
Hobbies / Interests \_\_\_\_\_

## Client 2

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ Social Security # \_\_\_\_\_  
Phone (Office) \_\_\_\_\_ Email \_\_\_\_\_  
Phone (Other) \_\_\_\_\_ Fax \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Length of Service \_\_\_\_\_  
Hobbies / Interests \_\_\_\_\_

## Children

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Spouse \_\_\_\_\_  
Grandchildren \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Spouse \_\_\_\_\_  
Grandchildren \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Spouse \_\_\_\_\_  
Grandchildren \_\_\_\_\_

Are all of the children listed from your current marriage? \_\_\_\_\_ If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Other Family Considerations

Would you like to provide for anyone else? (i.e. elderly parents/family members) \_\_\_\_\_  
\_\_\_\_\_

Any special considerations? Family members with special needs? \_\_\_\_\_  
\_\_\_\_\_

## Expected Life Style and Family Changes

Are you recently married, divorced, or widowed? \_\_\_\_\_

Any changes in income, including salary or inheritance? \_\_\_\_\_

Do you need to fund retirement or college education? \_\_\_\_\_

Did you purchase or sell a home? \_\_\_\_\_

Did you start or sell a business? \_\_\_\_\_

Have any children been added or left from the household? \_\_\_\_\_

## Current Planning Resources

Do you have any of the following:

Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dated: _____
Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dated: _____
Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dated: _____
Healthcare Proxy / Living Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dated: _____
Safe Deposit Box	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where: _____

## Trusted Advisors

CPA _____	Phone _____
Attorney _____	Phone _____
Financial Planner _____	Phone _____
Insurance Agent _____	Phone _____
Trust Officer _____	Phone _____

## Financial Planning Objectives

	Not Concerned					Very Concerned				
	1	2	3	4	5	6	7	8	9	10
Protect assets from LTC	1	2	3	4	5	6	7	8	9	10
Reducing Taxes	1	2	3	4	5	6	7	8	9	10
Increasing income	1	2	3	4	5	6	7	8	9	10
Outliving income/assets	1	2	3	4	5	6	7	8	9	10
Avoiding probate	1	2	3	4	5	6	7	8	9	10
Reduce, offset or eliminate capital gains or estate tax	1	2	3	4	5	6	7	8	9	10
Protect my assets from market volatility	1	2	3	4	5	6	7	8	9	10
Increase returns on savings & retirement funds	1	2	3	4	5	6	7	8	9	10

# Income Protection

## Current Income & Expenses

Indicate where monthly income is currently coming from with approximate amount after tax.

### Income & Expenses

Salary	\$ _____	Annuity Payments	\$ _____
Social Security	\$ _____	Interest & Dividends	\$ _____
Pension	\$ _____	Other	\$ _____
Total income:	\$ _____	Total monthly expenses:	\$ _____

### Monthly contributions to Retirement Accounts

401k	\$ _____	Annuities	\$ _____
IRAs	\$ _____	Other	\$ _____
Savings Account	\$ _____		

### Current Income Insurance

Disability Insurance  Yes  No Number of Policies \_\_\_\_\_ Total Coverage \$ \_\_\_\_\_

Are you concerned about outliving your income?  Yes  No Explain: \_\_\_\_\_

Is generating more income and/or better returns more important?  Income  Returns

Explain: \_\_\_\_\_

## Income Protection Considerations

What concerns you most about your current retirement situation?

\_\_\_\_\_

Do you have close friends or family members who have had to deal with financial challenges during retirement? \_\_\_\_\_ How are they managing? \_\_\_\_\_

What impact has it had on their lives? \_\_\_\_\_

What motivated you to take action when you did? Have you been satisfied with the results?

\_\_\_\_\_

What would you like to accomplish as a result of our work together in this area?

\_\_\_\_\_

What can I do to make certain that we achieve the results you want?

\_\_\_\_\_

Are you satisfied that your current assets are structured to most effectively provide you with the retirement income you need and want? If no, why not?

\_\_\_\_\_

# Asset Protection

## Current Assets & Holdings

### Investments

401k \$ \_\_\_\_\_ IRAs \$ \_\_\_\_\_ Investments \$ \_\_\_\_\_  
 Savings \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
 CDs \$ \_\_\_\_\_ Maturity Date & Rate \_\_\_\_\_  
 Annuities \$ \_\_\_\_\_ Company/Type of Annuity \_\_\_\_\_  
 Balance of available funds to cover an emergency \$ \_\_\_\_\_

### Personal Property

Mortgages/Payments: \_\_\_\_\_ Vacation/Second Property: \_\_\_\_\_  
 Primary Vehicles: \_\_\_\_\_ Recreational Vehicles: \_\_\_\_\_  
 Other: \_\_\_\_\_

### Long-Term Care

Long Term Care Coverage  Yes  No Company \_\_\_\_\_  
 Monthly Premium \$ \_\_\_\_\_ Monthly Benefits \$ \_\_\_\_\_ Benefit Period \_\_\_\_\_  
 Any plan for long-term care if needed?  Yes  No Explain: \_\_\_\_\_  
 Will children play a role when it comes to long-term care?  Yes  No Explain: \_\_\_\_\_  
 Any other concerns about LTC coverage?  Yes  No Explain: \_\_\_\_\_

## Asset Protection Considerations

What concerns you most about your retirement plans and goals?  
 \_\_\_\_\_

Do you have close friends or family members who have had to deal with financial challenges during retirement? \_\_\_\_\_ How are they managing? \_\_\_\_\_

What impact has it had on their lives? \_\_\_\_\_

How do you feel about the performance of your assets? \_\_\_\_\_

What would you like to accomplish as a result of our work together in this area?  
 \_\_\_\_\_

What can I do to make certain we achieve the results you want?  
 \_\_\_\_\_

Are you satisfied that your current assets are structured to most effectively meet your retirement goals and objectives? If no, why not? \_\_\_\_\_

How worried are you about unforeseen health issues derailing your retirement plans?  
 \_\_\_\_\_

# Legacy Planning



## Current Life Insurance

Current Life Insurance:  Yes  No      How many policies? \_\_\_\_\_  
Type:  Employer  Individual       Term  Permanent \_\_\_\_\_  
Total Death Benefit Amount \$ \_\_\_\_\_      Cash Value \$ \_\_\_\_\_  
Company(s) \_\_\_\_\_      Monthly Premium \$ \_\_\_\_\_  
Purpose for current life insurance? \_\_\_\_\_  
Is there a will or a trust?  Yes  No      When was it last reviewed? \_\_\_\_\_  
Have beneficiary designations on investments and insurance policies been reviewed?  Yes  No

## Source of Income to Heirs

From where will heirs be receiving income? (Monthly)  
 Life Insurance Death Benefit \$ \_\_\_\_\_  
 Pension(s) \$ \_\_\_\_\_       Social Security \$ \_\_\_\_\_       Annuity Payments \$ \_\_\_\_\_  
 Investments \$ \_\_\_\_\_       Other(s) \$ \_\_\_\_\_      Provided by \_\_\_\_\_

## Family Life Insurance

Is there any life insurance on children, grandchildren, spouse/partner?  Yes  No

If yes, please list:

Name(s)	Amount of Coverage	Relationship
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

## Legacy Planning Considerations

What do you want to see your money do for your family in the future? Life Insurance?  
\_\_\_\_\_

What are your thoughts on life insurance?  
\_\_\_\_\_

Tell me about any existing coverage?  
\_\_\_\_\_

How did you come up with the amount of life insurance that you own?  
\_\_\_\_\_

# Healthcare Planning

## Healthcare Coverage

**Health Insurance Coverage?**       Yes     No    Company \_\_\_\_\_  
 Plan \_\_\_\_\_      Monthly Premium \$ \_\_\_\_\_

**Medicare gap coverage?**       Yes     No      Company \_\_\_\_\_  
 If yes, is it provided by a former       Yes     No      Monthly Premium \$ \_\_\_\_\_  
 Employer under a group plan?      Plan \_\_\_\_\_

**Prescription drug coverage?**       Yes     No      Company \_\_\_\_\_  
 Provider & Plan \_\_\_\_\_      Monthly Premium \$ \_\_\_\_\_  
 Is your employer paying for any part of the premium?       Yes     No  
 Are you concerned about the high cost of healthcare? \_\_\_\_\_

## Medical Questions

Any health issues in the last three years?  Yes     No    Explain: \_\_\_\_\_  
 Current Medications: \_\_\_\_\_  
 Concerns about what Medicare doesn't cover: \_\_\_\_\_  
 Concerns about their future health? \_\_\_\_\_

## Healthcare Planning Considerations

What concerns you most about your ability to pay for and access the quality and level of healthcare you want for you and your family? \_\_\_\_\_

Do you have close friends or family members who have had difficulty paying for or accessing the healthcare they need? \_\_\_\_\_ How have they managed? \_\_\_\_\_

Have you taken any actions in the past to address your concerns about your health insurance and that of your family? \_\_\_\_\_ If yes, describe actions taken. \_\_\_\_\_

What motivated you to take action when you did and are you satisfied with your actions? \_\_\_\_\_

What would you like to accomplish as a result of our work together in this area?  
 \_\_\_\_\_

What can I do to make certain that we achieve the results you want? \_\_\_\_\_

How do you feel about the cost and coverage of your health insurance and that of family members?  
 \_\_\_\_\_

Describe the financial impact uncovered hospital and medical expenses has or would have on you and your family?  
 \_\_\_\_\_

What concerns you most about the possibility that you or family members will require long-term care in the future?  
 \_\_\_\_\_

Do you have close friends or family members who have had to deal with financial challenges during retirement? \_\_\_\_\_ How are they managing? \_\_\_\_\_

What impact has it had on their lives? \_\_\_\_\_

# Complete Financial Picture

## Budget Worksheet

Household	Monthly Amount
Mortgage – Principal &	\$
Real Estate Taxes	\$
Rent	\$
Insurance – Home/Rental	\$
Maintenance – Supplies	\$
Utilities – Electric/Gas	\$
Water – Sewer	\$
Cable – Phone – Internet	\$
House Cleaning	\$
Other	\$
Other	\$
<b>Total</b>	\$

Daily Living	Monthly Amount
Groceries	\$
Dining – Eating Out	\$
Clothing	\$
Salon – Massage –	\$
Other	\$
Other	\$
<b>Total</b>	\$

Entertainment	Monthly Amount
Home – Shows – Events	\$
Sports – Hobbies – Lessons	\$
Dues – Memberships	\$
Vacation – Travel	\$
Other	\$
Other	\$
<b>Total</b>	\$

Transportation	Monthly Amount
Auto Loans	\$
Auto Insurance	\$
Fuel	\$
Repairs	\$
Other	\$
Other	\$
<b>Total</b>	\$

Health	Monthly Amount
Health Insurance	\$
Life Insurance	\$
LTC Insurance	\$
Disability Insurance	\$
Medicine – Drugs	\$
Veterinarian – Pet Care	\$
Other	\$
Other	\$
<b>Total</b>	\$

Debt, Loans	Monthly Amount
Credit Cards	\$
Student Loans	\$
Alimony – Child Support	\$
Other	\$
Other	\$
<b>Total</b>	\$

Charity, Gifts	Monthly Amount
Charitable Donations	\$
Gifts	\$
Other	\$
Other	\$
<b>Total</b>	\$

## Additional Notes

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## Current Financial Picture Worksheet

### Current Income

(Include Salary, Business Income, Social Security, Pension, Interest Income)

Source	Monthly Amount	Annual Amount	Source	Monthly Amount	Annual Amount

### Household Expenses

Type	Monthly Amount	Annual Amount	Type	Monthly Amount	Annual Amount

### Retirement/Savings Account Contributions

Type	Monthly Amount	Annual Amount	Type	Monthly Amount	Annual Amount
401k			Savings Account		
Traditional IRA					
Roth IRA					

### Current Assets & Holdings

(Include Bank Checking, Savings, and Money Market Accounts)

Type Of Asset	Held By	Estimated Current Value	Retirement Account?	Liquid Asset?

### Liabilities

Type Of Liability	Held By	Estimated Balance	Elimination Date

### Insurance Coverage

(Include Life, Disability Income, & Long Term Care)

Insured	Company	Type	Face or Coverage Amount	Cash Value	Annual Premium





