

I. Personal Information

Date: _____

Client Name _____ Date of Birth _____ E-Mail _____

Permanent Address:

Street Address _____

City _____ State _____ Zip _____

Day phone _____ Evening phone _____ Work Phone _____

Client Information (please check one)

Are you a US citizen? Y N

Do you smoke? Y N

Do you have any health issues? Y N

Use tobacco in other form? _____

If yes, please specify? _____

Employer _____ Job Title: _____

II. Objectives/Goals

What are your short-term financial goals (0 to five years)? Please list and prioritize (e.g., reduce debt, buy car, college funding).

What are your long-term financial goals (five years through retirement)? Please list and prioritize (e.g., buy second home, special gifts for children/grandchildren, retire early — please note planned retirement age).

What monthly income do you need to meet your lifestyle expectations? Do you foresee any changes in current income?

III. Financials

Assets		Liabilities	
Cash on hand & unrestricted in banks	\$	Notes payable to banks	\$
Notes Receivable	\$	Credit Cards	\$
Cash surrender value life insurance (Do not deduct loans) ---Schedule 1	\$	Loan(s) against life insurance---Schedule 1	\$
Listed (AMEX,NYSE) stocks, bonds, US Govt Securities---Schedule 2	\$	Margins Accounts	\$
Real Estate at cost or market value---Schedule 3	\$	Taxes accrued but unpaid	\$
Qualified Retirement Plans (defined benefit, 401(k), etc.)	\$	Mortgage payable on real estate ---Schedule 2	\$
Other Assets	\$	Other Liabilities	\$
Total Assets =	\$	Total Liabilities =	\$
Income Information <input type="radio"/> Monthly <input type="radio"/> Annual Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation		Total Net Worth (total assets-total liabilities) =	
Estimated Income (Salary Gross)	\$	What is your investing philosophy? 1 2 3 4 Conservative Aggressive	
Earned Income (bonus & commission)	\$		
Portfolio Income (dividends, interest, etc.)	\$	How Concerned are you with the funding of your retirement? 1 2 3 4 not Concerned Concerned	
Passive Income (real estate etc.)	\$		
Other Income-itemize	\$	How are your assets being protected? 1 2 3 4 Not Concerned Concerned	
Total Income =	\$		

Agent Name: _____

Contact Information: _____

IV. Supplementary Schedules (Attach additional pages if necessary)

Schedule 1 – Life Insurance								
Name of Insured	Beneficiary	Insurance Co.	Face amount of policy	Surrender value	Loans against policy	Yearly premium	Type of policy	Is Policy assigned?
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
Total			\$	\$	\$	\$		

Schedule 2 – Stocks, Bonds and US Government Securities						
Description of Security	Registered in name of	Face value (bonds) No. of shares (stocks)	Market value/share	Total market value	Pledged Yes/No	Listed (L) on NYSE, NASDAQ, AMEX Unlisted (U) Government Security (G)
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
Total Listed				\$		
Total Unlisted				\$		

Schedule 3 – Real Estate							
Description or address include city and state	Title in name of	Date acquired	Market value	Original amount	Unpaid balance	Monthly payment	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	

Additional Comments:

Agent Name: _____ Contact Information: _____