

Client Profile

Date: _____

CLIENT A	Full Name			Date of Birth	
	Driver's License #		Exp Date	SSN	
	Address		City	State	Zip
	Phone (H)	(C)	(W)	Email	
	Employer	Occupation	Income	Hire Date	
	Employer Address		City	State	Zip

CLIENT B	Full Name			Date of Birth	
	Driver's License #		Exp Date	SSN	
	Address		City	State	Zip
	Phone (H)	(C)	(W)	Email	
	Employer	Occupation	Income	Hire Date	
	Employer Address		City	State	Zip

CHILDREN/DEPENDENTS	Full Name	Date of Birth	SSN

NOTES	
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Investment Assets

Asset Type	Asset Name	Owner	Value	Contributions
<i>Cash/Savings/Checking</i>				
<i>CDs/Money Market</i>				
<i>Employer Plans (Client A)</i>				
<i>Employer Plans (Client B)</i>				
<i>IRA</i>				
<i>Roth IRA</i>				
<i>Investment Accounts</i>				
<i>Custodial Accounts</i>				
<i>Other</i>				
<i>Other</i>				
<i>Other</i>				

Personal Property

Asset Type	Owner	Market Value	Notes
<i>Home</i>			
<i>Other Real Estate</i>			
<i>Personal Property</i>			
<i>Autos/Boats</i>			
<i>Business Interest</i>			
<i>Other</i>			

Liabilities

Type	Owner	Institution	Original Amount	Current Balance	Interest Rate	Payment
<i>Mortgage</i>			\$	\$	%	\$
<i>Home Equity</i>			\$	\$	%	\$
<i>Student Loans</i>			\$	\$	%	\$
<i>Auto Loans</i>			\$	\$	%	\$
<i>Credit Card 1</i>			\$	\$	%	\$
<i>Credit Card 2</i>			\$	\$	%	\$
<i>Credit Card 3</i>			\$	\$	%	\$
<i>Business Interest</i>			\$	\$	%	\$
<i>Other</i>			\$	\$	%	\$
<i>Other</i>			\$	\$	%	\$
<i>Other</i>			\$	\$	%	\$

Insurance (Life, Disability & LTC)

Name/Type	Insured	Owner	Beneficiary	Issue Date	Premium	Death Benefit	Cash Value

Goal Planning

	Client A	Client B
<i>Retirement Age</i>	<i>Ideal</i> _____ <i>Acceptable</i> _____	<i>Ideal</i> _____ <i>Acceptable</i> _____
<i>Living Expenses</i>		

Other Goals	Start Year	Expense Amount	Frequency	# of Times	Notes

Retirement Income

CLIENT A	Type	Name	Amount	Start Date	End Date	Inflate?
	<i>Social Security</i>					
	<i>Pension</i>					
	<i>Other</i>					
	<i>Other</i>					
	<i>Other</i>					

CLIENT B	Type	Name	Amount	Start Date	End Date	Inflate?
	<i>Social Security</i>					
	<i>Pension</i>					
	<i>Other</i>					
	<i>Other</i>					
	<i>Other</i>					

Additional Questions

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