

## Basic Information

Today's Date: \_\_\_\_\_

Client #1 Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Method of Contact:      Phone      E-mail

Any history of divorce, bankruptcy, or lawsuits?      Yes      No

If yes, please explain: \_\_\_\_\_

Client #2 Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Marriage (if applicable): \_\_\_\_\_

Is either of you a non-US citizen?      Yes      No

## Client #1 Employment Information

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_

Base Salary:      \$

Bonus/Additional Income: \$

Do you anticipate a significant change in your situation?      Yes      No

If yes, please explain: \_\_\_\_\_

## Client #2 Employment Information

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_

Base Salary:      \$

Bonus/Additional Income: \$

Do you anticipate a significant change in your situation?      Yes      No

If yes, please explain: \_\_\_\_\_

## Financial Information

### ASSETS

Cash/CDs (non-retirement): \$

Investments (non-retirement): \$

Retirement Accounts (total): \$

Primary Home Value: \$

Other Real Estate: \$

Other: \$

### DEBTS

Primary Home (total): \$

Other Real Estate (total): \$

Auto: \$

Student: \$

Credit Cards (not paid monthly): \$

Other: \$

## Dependents

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Financial Goals or Concerns

What financial goals or concerns would you like to address?

- |                     |                   |                       |                 |
|---------------------|-------------------|-----------------------|-----------------|
| Home Purchase       | Education Savings | Retirement Planning   | Debt Management |
| Cash Flow/Budgeting | Estate Planning   | Investment Management | Other           |

Additional Notes/Concerns: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_