

Date: _____

Confidential Financial Data Form

Please Use Black Ink

	Client	Co-Client
Full name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	____/____/____	____/____/____
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Address:	Primary: _____	Additional: _____
State of Residence: _____	_____	_____
Contact Information	Home: _____	Home: _____
	Cell: _____	Cell: _____
	Work: _____	Work: _____
	Email: _____	Email: _____
Employment Income	\$ _____	\$ _____
Employer	_____	_____
Occupation	_____	_____
Projected Retirement Date	_____	_____
Other Income <i>(non-investment)</i>	\$ _____	\$ _____
Citizenship	_____	_____

FAMILY MEMBERS: Please complete the following for any children and/or dependents

Name	Relationship	Date of Birth	Dependent (Y/N)	Resides (City & State)

*Attach original Statements for asterisked items

LIABILITIES*

Real Estate Mortgage	Original Loan Amount	Current Balance	Interest Rate	Length of Mortgage (years)	Monthly Payment (Principal & interest only)	Escrow (Taxes & Insurance)	Extra Monthly Payments
Rent:							

Home Equity Loan	Original Loan Amount/ Current Loan Amount	Interest Rate	Length of Term	Monthly Payment (Principal & interest only)	Extra Monthly Payments

Other Loans (Credit Cards, Auto Loans, Student Loans, etc.)	Interest Rate	Average Monthly Payment	Current Balance	Balance Paid Off Every Month?

Use back of form to list any additional debts.

ASSETS*

Owner (Client, Co-Client, Joint, Trust, etc.)	Type (Checking, Savings, Non-retirement accounts, 401(k), 403(b), Profit Sharing, IRA, Roth, etc.)	Current Value	Annual Savings (Separate any employer match)
Bank Accounts/Cash:			
Non-retirement Accounts:			
Retirement Accounts:			

Real Estate:			
Home Value:			
Other Real Estate Value			

SOCIAL SECURITY*Online estimates can be obtained from www.SSA.gov

Owner (Client, Co-Client)	Age 62	Age 66	Age 70

PENSIONS*

Owner (Client, Co-Client)	Age to Receive	Monthly Annuity Benefit, or	Lump Sum Payout	Cost of Living Adjustment	Survivor Benefit Percentage

LIFE INSURANCE*

Owner (Client, Co-Client)	Type (Term, Whole Life, Universal Life, Group, etc.)	Death Benefit	Beneficiary	Annual Premium

DISABILITY INSURANCE*

Owner (Client, Co-Client)	Type (Individual or Group)	Monthly Benefit	Inflation Factor	Annual Premium

LONG TERM CARE INSURANCE*

Owner (Client, Co-Client)	Daily/Monthly Benefit	Benefit Period (3, 5, 6-year, lifetime, etc.)	Inflation Factor	Annual Premium

ESTATE PLAN DOCUMENTS*

Owner (Client/Co-Client)	Document	Date Executed	Owner (Client/Co-Client)	Document	Date Executed
	Will			Healthcare Power of Attorney	
	Living Will			HIPAA Release Form	
	Durable Power of Attorney			Trust	

1. *What financial goals would you like to achieve (i.e. saving for retirement, saving for a major purchase (house, car, education, etc.)?*

2. *When we meet, what financial questions or concerns would you like assistance with?*

3. *When you think about money, what keeps you up at night?*