

1 Advisor and Branch Information

Advisor #	Branch #	Advisor Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Salutations

Individual

Employer	Job Title
<input type="text"/>	<input type="text"/>

Years of Service	Years until Retirement
<input type="text"/>	<input type="text"/>

Joint/Tenant

Employer	Job Title
<input type="text"/>	<input type="text"/>

Years of Service	Years until Retirement
<input type="text"/>	<input type="text"/>

3 Dependents

Dependent	Date of Birth
<input type="text"/>	<input type="text"/>

Dependent	Date of Birth
<input type="text"/>	<input type="text"/>

Dependent	Date of Birth
<input type="text"/>	<input type="text"/>

Dependent	Date of Birth
<input type="text"/>	<input type="text"/>



4 Other

1. Do you have a will? Yes No If yes, when was your will last updated?

Do you have a Trust? Yes No If yes, what types of Trusts do you have?

Name of Trust Date

2. Are there any special health concerns in your family? Yes No

If yes, please specify:

3. Do you have any favorite charities? Yes No Annual charitable contributions: \$

If yes, please specify:

5 Notes



6 Asset Analysis

Ownership Codes: **I** (Individual), **S** (Spouse), **O** (Other), **JTWROS** (Joint with Rights of Survivorship), **TE** (Tenants by the Entirety), **TC** (Tenants in Common)

Current Investments	Assets	Liabilities	Ownership	Financial Institution
Savings (Money Market, Passbook, Checking)	\$	\$		
	\$	\$		
	\$	\$		
Certificates of Deposits	\$	\$		
	\$	\$		
	\$	\$		
Mutual Funds (non-qualified)	\$	\$		
	\$	\$		
	\$	\$		
Stocks, Bonds, UIT's	\$	\$		
	\$	\$		
Annuities	\$	\$		
	\$	\$		
IRA, SEP/IRA, Roth, SIMPLE	\$	\$		
	\$	\$		
403(b) and 401(k)	\$	\$		
	\$	\$		
Pension/Profit Sharing Plan	\$	\$		
	\$	\$		
Residence	\$	\$		
Vacation Home	\$	\$		
Investment Property	\$	\$		
Automobiles	\$	\$		
	\$	\$		
Collectibles	\$	\$		
	\$	\$		
Loans	\$	\$		
	\$	\$		
Liabilities – Credit Card Bal.	\$	\$		
	\$	\$		
TOTAL	\$	\$		

Insurance	Ownership	Type	Company Name	Benefit Amt/ Cash Val.	Annual Premium
Life	Individual			\$	\$
	Spouse			\$	\$
	Other			\$	\$
Disability	Individual			\$	\$
	Spouse/Other			\$	\$
Long-Term Care	Individual			\$	\$
	Spouse/Other			\$	\$

