

Client Information Sheet

| | Client | Co-Client |
|---------------------------------|---------------|------------------|
| Full Legal Name | | |
| Preferred Name | | |
| Street Address | | |
| City, State, Zip | | |
| Home Telephone | | |
| Work Telephone | | |
| Mobile Telephone | | |
| Fax Number | | |
| Primary E-Mail Address | | |
| Date of Birth | | |
| US Citizen? (circle one) | Yes/No | Yes/No |
| Date of Marriage | | |
| Previous Marriage? (circle one) | Yes/No | Yes/No |
| Employer | | |
| Occupation | | |
| Hobbies/special interests | | |

Children/Other Dependents

| Name | Date of Birth | Sex | State of Residency | Current Grade (if applicable) |
|------|---------------|-----|--------------------|-------------------------------|
| | | | | |
| | | | | |
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Additional Questions

Please describe your main reason for contacting a financial planner:

What are your expectations of a financial planner?

Financial Information

Please provide your **best estimates** for the information requested. If married, **include** your spouses' accounts as well. More detailed information on your accounts will be requested after we begin working together.

| <u>Assets</u> | <u>Estimated Value</u> | <u>As of this date:</u> |
|--|-------------------------------|--------------------------------|
| All 401k accounts | | |
| All other qualified retirement plan accounts | | |
| All IRA accounts (including Roth IRAs, SEPs, etc...) | | |
| All taxable accounts (include brokerage and mutual funds accounts, along with CDs and savings bonds) | | |
| All children's accounts (minors only) | | |
| All cash accounts (checking, savings, money markets, etc...) | | |
| Value of your personal residence | | |
| Value of all other real estate holdings (if applicable) | | |
| Value of any other investments not listed here | | |
| Total: | | N/A |

Please list all of your liabilities below:

| <u>Liabilities</u> | <u>Estimated Value</u> | <u>As of this date:</u> |
|---|-------------------------------|--------------------------------|
| Primary Mortgage | | |
| Secondary Mortgage (Home Equity Loan or Line of Credit) | | |
| Auto Loans | | |
| Educational Loans | | |
| Credit Card Debt | | |
| Other Debts | | |
| Totals: | | N/A |

In the next section, please provide information regarding your estimated total household income:

| | <u>Total Household Income</u> |
|------------------------|--------------------------------------|
| Previous Calendar Year | |
| Current Calendar Year | |
| Next Calendar Year | |

If there is anything else you would like to share before our initial meeting, please use the space below:

Thank you for completing this short organizer. **Please return this document to us no later than one week prior to our appointment.** In accordance with our privacy notice, all information will be kept strictly confidential. We look forward to meeting you.