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CLIENT INFORMATION SHEET

Name _____ Birth Date _____

Spouse _____ Birth Date _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Cell Phone _____ Email Address _____

Number of Children _____ Names and Ages _____

Any Grandchildren? _____

Do you have the following:

Will ☐ No ☐ Yes Date _____

Power of Attorney (financial) ☐ No ☐ Yes Dated _____

Power of Attorney (health) ☐ No ☐ Yes Dated _____

Living Trust ☐ No ☐ Yes Dated _____

Long Term Care Insurance ☐ No ☐ Yes

Daily Benefit _____

Elimination Period _____

Assets

Either bring your latest account statements for review **or** record individual assets by name below:

<u>Type of Asset/Account</u>	<u>Name of Financial Institution</u>	<u>Owner</u>	<u>Approximate Value</u>
Home _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Consultants

(Check all that apply.)

☐ Accountant _____ ☐ Attorney _____

☐ Financial Advisor _____ ☐ Insurance Agent _____

☐ Stock Broker _____

Taxes

Please bring last year's tax return.

CLIENT INFORMATION SHEET

Debt

1. _____ Amount Owed _____ Payoff Date _____
 2. _____ Amount Owed _____ Payoff Date _____

Approximate household cash flow

Husband Social Security _____ Wife Social Security _____
 Husband Wages _____ Wife Wages _____
 Husband Pension _____ Wife Pension _____
 Interest _____ Dividends _____ Other Income _____
 Total Approximate Income _____
 What are your approximate annual expenses? _____

Are you comfortable with your current cash flow? ☐ No ☐ Yes ☐ Don't know
 Do you expect any significant changes in cash flow? ☐ No ☐ Yes ☐ Don't know
 Are you anticipating any major lifestyle changes?
 i.e. marriage, moving or buying another home? ☐ No ☐ Yes ☐ Don't know
 Do you expect to make any large purchases within
 the next three years? ☐ No ☐ Yes ☐ Don't know

Please select 1 through 5 on each below, "1" being most concerned and "5" being no concern:

	Most Concerned	Very Concerned	Somewhat Concerned.	Not Very	Not at All
I want to make sure my money lasts throughout my lifetime:	1	2	3	4	5
I would like to pay less in taxes:	1	2	3	4	5
I am concerned about capital gains tax:	1	2	3	4	5
I would like to ensure that my primary residence is protected:	1	2	3	4	5
I would like to ensure that my assets are protected from losses:	1	2	3	4	5
I would like to protect myself and my family from catastrophic long term care costs:	1	2	3	4	5
I would like more income:	1	2	3	4	5
I want to pass on as much as possible to my children/heirs:	1	2	3	4	5

What is currently your biggest concern? _____

What do you hope to accomplish? _____

Investing involves risk, including the potential loss of principal. Any references to protection benefits and lifetime income generally refer to fixed insurance products, never securities or investment products. Insurance and annuity product guarantees are backed by the financial strength and claims-paying ability of the issuing insurance company. Neither the firm nor its agents or representatives may give tax or legal advice. Individuals should consult with a qualified professional for guidance before making any purchasing decisions. Millennium Financial Services Inc, is an independent financial services firm that utilizes a variety of investment and insurance products. Investment advisory services offered only by duly registered individuals through AE Wealth Management, LLC (AEWM). AEWM and Millennium Financial Services Inc. are not affiliated companies. 01241135 03/22.