



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  Yes  No Dated \_\_\_\_\_ Living Trust  Yes  No Dated \_\_\_\_\_  
 Power of Attourney (financial)  Yes  No Dated \_\_\_\_\_ Long Term Care Insurance  Yes  No  
 Power of Attourney (health)  Yes  No Dated \_\_\_\_\_ Daily Benefit \_\_\_\_\_ Elimination Period \_\_\_\_\_

**ASSETS**

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

Type of Asset/Account	Name of Financial Institution	Owner	Approximate Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Check all that apply:**

Accountant \_\_\_\_\_  Attorney \_\_\_\_\_  
 Financial Advisor \_\_\_\_\_  Insurance Agent \_\_\_\_\_  
 Stock Broker \_\_\_\_\_

**TAXES**

Please bring last year's tax return.



**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?  Yes  No  Don't Know  
 Do you expect any significant changes in cash flow?  Yes  No  Don't Know  
 Are you anticipating any major lifestyle changes? (i.e. marriage, moving or buying another home?)  Yes  No  Don't Know  
 Do you expect to make any large purchases within the next three years?  Yes  No  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 optimized from losses:	1	2	3	4	5
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? \_\_\_\_\_