Date: ________________

Confidential Client Profile

Client Information

Name: ____________________ Name: ____________________

DOB: ____________________ DOB: ____________________

SSN: ____________________ SSN: ____________________

Address: ____

Phone (cell/home): ____________________ Phone (cell/home): ____________________

DLN: __________ iss. ________ exp. ________ DLN: __________ iss. ________ exp. ________

Email: ____________________ Email: ____________________

Employer: ____________________ Employer: ____________________

Occupation: ____________________ Occupation: ____________________

Salary/Bonus: ____________________ Salary/Bonus: ____________________

Monthly Spending: $____________________ Approx. Net Worth: $ ____________________

Retirement Planning

Planned Retirement Age(s): ____________________ Spouse: ____________________

or, if retired, the date you retired: ____/____/____ Spouse: ____/____/____

Employer Retirement Plan? ____________ contribution% ____________ match% ____________

IRAs: ____

Retirement Goals? ____

Insurance Planning

Do you have life insurance? Y/N

Do you have long-term care insurance? Y/N

Do you have an umbrella policy? Y/N

Estate Planning

Do you have a will? Y/N

Have you established any trusts? Y/N

Do you gift to family or charity? Y/N

Short-Term Assets

Checking: $________________ Savings: $________________

Debt	Balance	PMT	INT%	Term	Begin Date
Mortgage					
Auto Loan					
2nd Mortgage					
Credit Cards					
Other					