



Personal and Confidential Client Profile

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Occupation: _____

Business Name: _____ Business Telephone: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Spouse's First Name: _____ Last Name: _____

Occupation: _____

Business Name: _____ Business Telephone: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Family Data:

Client Name: _____ Birth Date: _____

Comments (Health / Special needs): _____

Spouse Name: _____ Birth Date: _____

Comments (Health / Special needs): _____

Child Name: _____ Birth Date: _____

Comments (Health / Special needs): _____

Child Name: _____ Birth Date: _____

Comments (Health / Special needs): _____

Child Name: _____ Birth Date: _____

Comments (Health / Special needs): _____

Name: _____ Date: _____

Investment history

Stocks _____ yrs Bonds _____ yrs, Mutual Funds _____ yrs CD's _____ yrs, Options _____ yrs

Please describe investment experience: _____

Approximate annual income: \$ _____ Approximate net worth: \$ _____

Financial objectives: _____

Please give names and telephone #'s of financial advisers that you wish me to work with (i.e., banker, attorney, insurance agent, accountant, trust officer, broker).

Name: _____ Telephone: _____
Name: _____ Telephone: _____
Name: _____ Telephone: _____
Name: _____ Telephone: _____

Real Estate Information

Primary:

Purchase Date: _____ Purchase Price: _____
Additions: _____ Total Cost: _____
Current Estimated Value: _____ Mortgage Balance: _____ Terms/yrs/rate _____

Secondary:

Purchase Date: _____ Purchase Price: _____
Additions: _____ Total Cost: _____
Current Estimated Value: _____ Mortgage Balance: _____ Terms/yrs/rate _____

Other: _____

Name: _____ Date: _____

Insurance Information:

Medical Insurance

Client: Company Plan Ind. Plan

Company Name: _____ Type of Plan: _____

Spouse: Company Plan Ind. Plan

Company Name: _____ Type of Plan: _____

Life Insurance

Client:

Insurance Company: _____ Policy Owner: _____

Policy Type: _____ Death Benefit: _____

Cash Value (whole/var. life): _____

Beneficiary/ies: _____

Spouse:

Insurance Company: _____ Policy Owner: _____

Policy Type: _____ Death Benefit: _____

Cash Value (whole/var. life): _____

Beneficiary/ies: _____

Disability Insurance: (Please describe any disability plan you have in the space below) _____

Long-Term Care Insurance: (Please describe any L/T care plan in the space below) _____

Year will(s) were last prepared or reviewed: _____ I/we have no will(s) _____