

Client Data Organizer

Client's Name _____

Spouse's Name _____

Date Compiled _____

The information collected and maintained in this document will be held in the utmost confidentiality. It will not be shared except as may be required by law or as may be authorized in writing by the client.

(Client's Signature)

(Spouse's Signature)

(Advisor's Signature)

1. Personal Information

Spouse

Name:

Marital Status:

- Single
- Married
- Divorced
- Widowed

Date Of Birth:

Occupation:

Employment Status:

- Employed
- Self-Employed
- Unemployed
- Retired

- Employed
- Self-Employed
- Unemployed
- Retired

Your Children

Name:

Name:

Name:

Age:

Age:

Age:

Your Parents

Financial Status:

Health Status:

Are you expecting to receive any inheritance?

Yes

No

If 'yes', when and how much do you expect to receive?:

How involved do you want to be in developing a financial plan?

2. Goals And Retirement Planning

Lifestyle Expectations

People have different ways they would like to use their financial resources at certain points in their lives. What are your goals and aspirations on how you would like to use your time and resources in the future?

Working in a similar capacity as you are today	Yes	No
Spending time with family or caring for another family member	Yes	No
Doing leisure activities (e.g., travel, hobbies, golf, tennis, boating, reading, exercising, spending time in a second home)	Yes	No
Starting a new career with no concern for level of income (e.g., teacher, volunteer)	Yes	No
Going back to school (e.g., to study in an area of interest, get a degree)	Yes	No
Running, or starting, a business (e.g., family business, photographer)	Yes	No

Assess Your Retirement Needs

It is important to identify and prioritize your retirement financial goals. Five typical retirement needs are: income, spousal survivor income, long-term care, health care and legacy. Please indicate below to what extent you are concerned about these issues.

	Extremely Concerned	Very Concerned	Concerned	Somewhat Concerned	Not Concerned
Outliving my assets					
Spousal income protection after I'm gone (if you are married)					
Long-term care expenses					
Health care expenses					
Providing a legacy					

Do you have any other financial concerns?

In the next couple of years, do you anticipate a change in any of the following?

Your lifestyle (retirement, job change)	Yes	No
Your expenditures	Yes	No
Your responsibility for children	Yes	No
Your responsibility for parents	Yes	No
Is it possible you will win or lose a legal judgment in the next couple years?	Yes	No
Do you plan on making a significant purchase or sale?	Yes	No

Income Goal

At what age would you like to be able to retire?

At what age do you expect to retire?

What amount of monthly income do you expect to need to maintain your desired lifestyle when you retire?

How many years do you estimate you will need your retirement savings to last after you retire?

Please indicate below your level of concern about the various topics.

	Extremely Concerned	Very Concerned	Concerned	Somewhat Concerned	Not Concerned
Income that offers inflation protection					
A guaranteed level of income					
Income that is very likely to last through your entire retirement					

Spousal Income Goal

How much do you want to provide for your spouse’s monthly income? \$_____

Long-term Care Goal

What level of protection are you looking for with respect to long-term care?

<input type="checkbox"/>	already covered
<input type="checkbox"/>	need to insure
<input type="checkbox"/>	will self insure

Health Care Goal

What level of protection are you looking for with respect to health care?

<input type="checkbox"/>	already covered by employer
<input type="checkbox"/>	need to insure

Legacy Goal

How much would you like to set aside for your heirs after you and your spouse have died?

\$_____

Additional comments on your goals:

3. Financial Information

Income

Spouse

Salary per year, including any bonuses:

\$	\$
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Number of pay periods per year:

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Other Sources of Income

Rental Income:

\$	\$
----	----

Social Security:

\$	\$
----	----

Dividends And Interest:

\$	\$
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Pension (e.g., 401(k), IRA, defined benefit plan):	\$	\$
Trust Funds:	\$	\$
Self Employed:	\$	\$
Capital Gains:	\$	\$
Annuity:	\$	\$

Contributions

	Spouse	
Qualified Plans (e.g., 401(k), Traditional IRA, Roth IRA):	\$	\$
Other Retirement Plans:	\$	\$

Expenses

	Current Monthly Expenses
Housing (including utilities, maintenance, rent, real estate tax)	\$
Insurance Premiums:	
Life	
Long-term care	
Health care	
Food, clothing, transportation	\$
Discretionary expenses (e.g., travel, entertainment, hobbies, charity)	\$
Taxes (estimated monthly income tax, FICA, FUTA)	\$
Other expenses	\$

Net Worth

What is your approximate net worth?

Assets And Liabilities

Assets

Liquid Assets (cash, money market, CDs):

\$

Taxable Investments (mutual funds, stocks, bonds):

\$

Tax Sheltered Investments (401(k)s, IRAs, annuities):

\$

Insurance Products (e.g., cash surrender value of life insurance)

\$

Stock Options:

\$

Real Estate (e.g., investment property or land):

\$

Personal Residence:

\$

Vehicles (e.g., car, boat):

\$

Property:

\$

Other (e.g., wine, jewelry, paintings, antiques):

\$

Liabilities

Mortgages:

\$

Personal Use Property (e.g. car loans):

\$

Other Debt (e.g., personal & education loans):

\$

Additional comments on your financial situation:

4. Cash Reserves, Debt Management and Savings

- | | | |
|--|-----|----|
| Do you carry credit card balances from month to month? | Yes | No |
| Do you have a savings plan? | Yes | No |
| Do you have cash reserves in case of an emergency? | Yes | No |
| Do you have any assets you wish you did not own? | Yes | No |

Additional comments on cash reserves, debt management and savings:

5. Asset Protection

- | | | |
|----------------------------------|-----|----|
| Do you have any health problems? | Yes | No |
|----------------------------------|-----|----|

Health insurance coverage/type:

Disability insurance coverage/type:

Personal liability insurance coverage/type:

Life insurance - how much and type:

- | | | |
|---------------------------------------|-----|----|
| Do you have long-term care insurance? | Yes | No |
|---------------------------------------|-----|----|

Additional comments on asset protection:

6. Education

Do you plan to pay some/all of your child's education costs? Yes No

Additional comments on education:

7. Estate Planning

Do you have an estate plan?	Yes	No
Do you have a will?	Yes	No
- When was it last updated		
Do you have a living will?	Yes	No
Do you have any children who are minors?	Yes	No
- What are their ages		
- Have you made guardianship arrangements?	Yes	No
Do you have any trusts?	Yes	No
- Have you titled assets in the name of your trust?	Yes	No
Are you the beneficiary of any trusts or estates?	Yes	No
Do you anticipate receiving an inheritance?	Yes	No
Have you included charitable giving?	Yes	No
Do you wish to provide an inheritance to your children?	Yes	No
Will your estate avoid probate?	Yes	No
Have you provided adequate estate liquidity for your heirs?	Yes	No
Additional comments on estate planning:		