



Please complete this form and bring it, along with the listed documents, to our first meeting.

Date: _____

CONFIDENTIAL PROFILE - JUST GETTING TO KNOW YOU

Client Name: _____ Nickname: _____ DOB: _____

Retired? Y N If no, planned retirement date: _____ Married? Y N

Employer: _____ Occupation: _____

Mailing Address: _____

Email: _____ Phone: (____) _____

Spouse Name (SP): _____ Nickname: _____ DOB: _____

Retired? Y N If no, planned retirement date: _____

Employer: _____ Occupation: _____

Email: _____ Phone: (____) _____

Do you have children? Y N How many? _____ Blended family? Y N

Do you have grandchildren? Y N How many? _____

Do you have a current will? Y N Living trust? Y N

Are you concerned about possible future nursing home expenses? Y N

Do you feel like you will be financially secure throughout retirement? Y N

Do you plan to leave any portion of your estate to charity? Y N

Does anyone in your family have Special Needs? Y N

What are your primary financial concerns (list in order of importance)?

How would you improve your financial situation if you could? Why?

What is your largest obstacle in achieving your goals?

ANNUAL HOUSEHOLD INCOME

Wages	\$ _____ / YR	Wages (SP)	\$ _____ / YR
Social Security	\$ _____ / YR	Social Security (SP)	\$ _____ / YR
Pensions	\$ _____ / YR Survivorship? _____	Pension (SP)	\$ _____ / YR Survivorship? _____
Other			

ANNUAL HOUSEHOLD EXPENSES

Current	Retirement

RISK MANAGEMENT

Life Insurance Amount	\$ _____	Life Insurance Amount (SP)	\$ _____
Health Insurance Provider		Health Insurance Provider (SP)	
Long Term Care Coverage	<input type="checkbox"/> Y <input type="checkbox"/> N	Long Term Care Coverage (SP)	<input type="checkbox"/> Y <input type="checkbox"/> N
Disability Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N	Disability Insurance (SP)	<input type="checkbox"/> Y <input type="checkbox"/> N
Investment Risk Tolerance	<input type="checkbox"/> Conservative	<input type="checkbox"/> Moderate	<input type="checkbox"/> Aggressive
Investment Risk Tolerance (SP)	<input type="checkbox"/> Conservative	<input type="checkbox"/> Moderate	<input type="checkbox"/> Aggressive

REAL ESTATE

Property Address	Approximate Value	Approximate Debt
1.	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	\$ _____	\$ _____

LIABILITIES (NON-REAL ESTATE)

Name of Creditor	Approximate Balance
1.	\$ _____
2.	\$ _____
3.	\$ _____

INVESTMENTS

Please bring copies of recent statements for our discussion.

Institution	Type of Account	Approximate Balance
1.		\$ _____
2.		\$ _____
3.		\$ _____
4.		\$ _____
5.		\$ _____
6.		\$ _____
7.		\$ _____
8.		\$ _____
9.		\$ _____
10.		\$ _____