

Name _____

Address _____

Phone No. _____

e-mail address _____

What is the main reason you're seeking the services of a FEE ONLY financial planner?

What else would you like to accomplish while working with a financial planner?
(please list in order of priority)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

OPTIONAL: If I could answer ONE question for you, what would it be?

Please complete as you feel appropriate.

DOB: _____

Occupation _____ Spouse's Occupation _____

Salary \$ _____ Spouse's Salary \$ _____

Marital status _____ No. of Children _____ Age(s) _____

If applicable: Alimony \$ _____/mo. Child support \$ _____/mo.

Home: € Own Approximate value \$ _____

€ Rent \$ _____/mo.

Credit card debt \$ _____

Personal funds invested \$ _____

Brokerage where held _____

Savings \$ _____ Bank name _____

Checking \$ _____ Bank name _____

Amount of life insurance \$ _____ Beneficiary _____

Benefits:

Spousal benefits:

Health \$ _____/yr.

Health \$ _____/yr.

401(k) \$ _____/yr.

401(k) \$ _____/yr.

Benefits:

Current value 401(k) \$ _____

Spousal benefits:

Current value 401(k) \$ _____

Invested in what securities/mutual funds?

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Retirement benefits:

\$ _____/mo. starting age _____

Spouse retirement benefits:

\$ _____/mo. starting age _____

Insurance benefits:

Life: \$ _____ (term? whole life?)

Beneficiary: _____

Disability: \$ _____/mo.

Insurance benefits:

Life: \$ _____ (term? whole life?)

Beneficiary: _____

Disability: \$ _____/mo.