



Client Starter Packet

All information shared is held in strict confidence.

FAMILY INFORMATION

Todays Date:		Marital Status:	
Full Name:		DOB	
Preferred Name:		Pronouns:	
Spouse Name:		DOB:	
Preferred Name:		Pronouns:	
Mailing Address:			
City:	State:	Zip:	

Children:

Full Name:	DOB
Address (if differs):	
Full Name:	DOB
Address (if differs):	
Full Name:	DOB
Address (if differs):	
Full Name:	DOB
Address (if differs):	
Full Name:	DOB
Address (if differs):	

CONTACT INFORMATION:

Phone:	Spouse Phone:
Email:	Spouse Email:

EMPLOYMENT/INCOME INFO:

You	Spouse
Occupation:	Occupation:
Employer:	Employer:
Address:	Address:
Annual Wages:	Annual Wages:
Monthly Pension:	Monthly Pension:
Monthly Soc Sec:	Monthly Soc Sec:
Intrest/Dividends:	Intrest/Dividends:
Rentail Income:	Rentail Income:
Other:	Other:



Document Checklist

Please gather all applicable documents and statements pertaining to your situation and bring them with you to your appointment. All information shared is held in strict confidence.

	You	Spouse
Social Security Statement(s)	[]	[]
Current Insurance Policy (Life or LTC)	[]	[]
401(k) Statement(s)	[]	[]
IRA Statement(s)	[]	[]
Roth IRA Statement(s)	[]	[]
Pension Statement/Estimate(s)	[]	[]
TSP Statements(s)	[]	[]
Driver's License	[]	[]
Brokerage Statement(s)	[]	[]
Annuity Contracts/Statement(s)	[]	[]
Most Recent Tax Return	[]	[]
Most Recent Pay Stub(s)	[]	[]
Checking Statement(s)	[]	[]
Savings Statement(s)	[]	[]
Money Market Statement(s)	[]	[]
CD Statement(s)	[]	[]
Bond Statement(s)	[]	[]
Other _____		Other _____



Financial Objectives

A successful financial plan starts by identifying your personal objectives

Please prioritize the top five (5) you feel are most critical for your objectives:

- _____ INCREASE my net spendable income.
- _____ IMPROVE my quality of life.
- _____ SAVE TAX (including income tax, capital gains tax & interitance tax)
- _____ SAVE money by using it effectively
- _____ INCREASE the return on my investments
- _____ GAIN peace of mind by feeling finacially comfortable
- _____ IMPROVE my insight into present and future valuse of my pension plan
- _____ INCREASE my financial security
- _____ REDUCE time spent worrying about my financial affairs
- _____ ACHIEVE financial independence
- _____ IMPROVE my business performance
- _____ SAFEGUARD my family and dependants financial security
- _____ IMPROVE the organization of my financial affairs
- _____ INCREASE my financial awareness
- _____ REDUCE personal, business & investment risks
- _____ INCREASE the net amounts I can give to charity

** 1 being the most important of the 5 highest priorities for you and your family



What Keeps You Up at Night?

Name: _____

Date: _____

Please check the box based on the level of concern associated with it for you or your family.

	Does not keep me up	Keeps me up almost weekly	Keeps me up almost monthly	Keeps me up almost nightly
Organize or simplify my affairs	[]	[]	[]	[]
Safeguards for my assets	[]	[]	[]	[]
Consolidation of assets	[]	[]	[]	[]
Have an advisor I trust - a fiduciary	[]	[]	[]	[]
Get a better return on investment	[]	[]	[]	[]
When can I comfortably retire	[]	[]	[]	[]
Have a plan for retirement	[]	[]	[]	[]
Asset protection for long term care	[]	[]	[]	[]
Leave a legacy for next generation	[]	[]	[]	[]
Tax on retirement distributions	[]	[]	[]	[]
Understand annuities	[]	[]	[]	[]
Financial Plan/Adv. Fees	[]	[]	[]	[]

Other items that may cause you loss of sleep -



Household Inventory

Monthly Gross Income

Salary/Wages:
Social Security:
Pension/Retirement:
Interest/Dividends:
Rental Income:
Total Other:
TOTAL INCOME:

Monthly Living Expenses

Mortgage/Rent:
Utilities/Car/Food:
Credit Cards:
Loan Payments:
Insurance:
Taxes
Total in Addition
TOTAL EXPENSES:

Monthly Net Income:

Income: _____ - Expenses: _____ = Net Income

Net Worth of Household

**Do not include personal belongings (jewelry, furniture or vehicle)

Assets:	Debts:
Bank Accounts:	Mortgage:
Investments:	Investment Mortgage:
Retirement:	Credit Cards:
Business Equity:	HELOC balance:
Equity of Residence:	Vehicle Loans:
Additional Real Estate:	Taxes:
Life Insurance Cash Values:	Judgements:
Other:	Other:
TOTAL ASSETS:	TOTAL LIABILITIES:

Monthly Net Worth:

Total Assets _____ - Total Debt _____ = Net Worth