



Date \_\_\_\_\_

*Client Information*

Clients' Full Name		SSN	
Home Address			
Home Phone		Work Phone	
Home Phone		Cell Phone	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Email Address
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Employer Name			Date of Employment
Employer Address			
Annual Salary		Tax Bracket	Date of Next Salary Increase (review)

*Spouse Information*

Spouse's Full Name		SSN	
Home Address			
Home Phone		Work Phone	
Home Phone		Cell Phone	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Email Address
Employer Name			Date of Employment
Employer Address			
Annual Salary		Tax Bracket	Date of Next Salary Increase (review)

*Dependent Information*

Dependent Name	Date of Birth	Social Security #	Relationship to Client

Summary of Assets

Investments:

Type	Custodian	Balance

Income Sources:

Type of Source	Balance
<i>Wages</i>	
<i>Wages</i>	
<i>Social Security</i>	
<i>Social Security</i>	
<i>Other Income</i>	
<i>Other Income</i>	
<i>Other Income</i>	

Real Estate:

Location	Market Value	Mortgage(s)	Equity
<i>Residence</i>			

Bank Accounts:

Name of Bank	Type of Account	Balance

Other Interests: (i.e. partnerships, corporations)

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*Wills, Trusts and Power of Attorney*

Do you currently have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date your will was last reviewed	Executor of Estate
Do you currently have a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Trusts(s)	
Owner(s) of Trust(s)	Trustee(s)	
Name of Attorney	Location/ Phone Number	
Name of Tax Professional	Location/ Phone Number	

*Insurance*

Type of Insurance (Life/Disability/Long-Term)	Amount of Coverage	Premium	Owner (Client/Spouse/Employer/Trust)	Insured (Client/Spouse/Partner)	Purchase Date