

# **CLIENT PERSONAL AND FINANCIAL INFORMATION FORM**

Client Name: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

## **PERSONAL INFORMATION**

CLIENT (full legal name) \_\_\_\_\_ Social Security # \_\_\_\_\_

SPOUSE (full legal name) \_\_\_\_\_ Social Security # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ City, State, Zip \_\_\_\_\_

TELEPHONE # (home) \_\_\_\_\_ TELEPHONE # (business) \_\_\_\_\_

OCCUPATION (client) \_\_\_\_\_ OCCUPATION (spouse) \_\_\_\_\_

DATE OF BIRTH (client) \_\_\_\_\_ DATE OF BIRTH (spouse) \_\_\_\_\_

PLACE OF BIRTH (client) \_\_\_\_\_ PLACE OF BIRTH (spouse) \_\_\_\_\_

DATE MARRIED \_\_\_\_\_ PLACE OF MARRIAGE \_\_\_\_\_

DATE WIDOWED \_\_\_\_\_

CITIZENSHIP (client) \_\_\_\_\_ CITIZENSHIP (spouse) \_\_\_\_\_

EMAIL (client) \_\_\_\_\_ EMAIL (spouse) \_\_\_\_\_

HEALTH STATUS (client) \_\_\_\_\_ HEALTH STATUS (spouse) \_\_\_\_\_

INSURABLE? (client) \_\_\_\_\_ INSURABLE? (spouse) \_\_\_\_\_

# CONSULTANTS FOR FINANCIAL AND BUSINESS PLANNING

ACCOUNTANT

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BROKER

---

LIFE INSURANCE AGENT

---

BANK PREFERENCE

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LOCATION OF SAFE DEPOSIT BOX

---

(In whose name ?)

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## IMMEDIATE FAMILY

CHILDREN *(all lawful living children; give full legal names)*

NAME:

DATE OF  
BIRTH:

SPOUSE:

ADDRESS:

OCCUPATION:

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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Any deceased children ?? If so, name(s)

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Do any of the above have any special health problems/needs ??

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Do you intend to include all of your children as beneficiaries ??

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Any special considerations for any of your children ??

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Any adopted children ??

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Any stepchildren ??

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**GRANDCHILDREN** *(give full legal names)*

<u>NAME:</u>	<u>DATE OF BIRTH:</u>	<u>ADDRESS:</u>	<u>CHILD OF:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any deceased grandchildren ?? If so, name(s) \_\_\_\_\_

Do any of the above have any special health problems/needs ?? \_\_\_\_\_

Do you intend to include all of your grandchildren as beneficiaries ?? \_\_\_\_\_

Any special considerations for any of your grandchildren ?? \_\_\_\_\_

**CLIENT'S FAMILY**

**PARENTS / SIBLINGS** *(give full legal names)*

<u>NAME:</u>	<u>DATE OF BIRTH:</u>	<u>ADDRESS:</u>	<u>RELATIONSHIP:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SPOUSE'S FAMILY**

**PARENTS / SIBLINGS** *give full legal names*)

<u>NAME:</u>	<u>DATE OF BIRTH:</u>	<u>ADDRESS:</u>	<u>RELATIONSHIP:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**WILLS, TRUSTS, OTHER**

Does client have a will ??	_____	Does spouse have a will ??	_____
Does client have a health care proxy ??	_____	Does spouse have a health care proxy ??	_____
Does client have a durable power of attorney ??	_____	Does spouse have a durable power of attorney ??	_____

Have guardians been named for any minor children ?? If so, who ?? \_\_\_\_\_

Have you created a living trust ?? \_\_\_\_\_

If so, provide trustee and beneficiary information \_\_\_\_\_

Are you or any family member a beneficiary of a trust ?? If so, who ?? \_\_\_\_\_

Do you or spouse expect to receive gifts or inheritances ?? \_\_\_\_\_

If so, provide details \_\_\_\_\_

# FINANCIAL INFORMATION

## REAL ESTATE

[Fair market value, titled owner(s), indebtedness, cost basis]

<u>DESCRIPTION</u>	<u>ADDRESS</u>	<u>APPROX. VALUE</u>	<u>APPROX. COST</u>
1) PRIMARY RESIDENCE	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

<u>DESCRIPTION</u>		<u>APPROX. MORTGAGE BALANCE</u>	<u>MORTGAGE INSTITUTION</u>	<u>OWNERSHIP (joint, etc. and with whom)</u>
1) PRIMARY RESIDENCE	(continued)	_____	_____	_____
2)	(continued)	_____	_____	_____
3)	(continued)	_____	_____	_____
4)	(continued)	_____	_____	_____

# FINANCIAL INFORMATION

## MARKETABLE SECURITIES

[Corporate Bonds, Municipal Bonds, Mutual Funds, Listed Common/Preferred Stock, U.S. Government Bonds, U.S. Treasury Notes, U.S. Treasury Bills]

<u>COMPANY</u>	<u># OF SHARES</u>	<u>APPROX. VALUE</u>	<u>APPROX. COST</u>	<u>OWNERSHIP (joint, etc. and with whom)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# FINANCIAL INFORMATION

## PERSONAL PROPERTY

[Fair market value, titled owner(s), indebtedness, cost basis]

	<u>APPROX.</u> <u>VALUE</u>
HOUSEHOLD	_____
AUTO (S)	_____
BOAT	_____
MOTORCYCLE (S)	_____
MOTOR HOME	_____
JEWELRY, FURS	_____
ANTIQUES, ART WORKS	_____
INTERESTS IN TRUSTS	_____
OTHER	_____
	_____

# FINANCIAL INFORMATION

## CASH OR EQUIVALENT

[Savings accounts, money market accounts, certificates of deposit, checking accounts, etc.]

<u>ACCT TYPE</u>	<u>INSTITUTION</u>	<u>ACCT #</u>	<u>APPROX.</u> <u>VALUE</u>	<u>OWNERSHIP</u> (joint, etc. and with whom)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# FINANCIAL INFORMATION

## LIFE INSURANCE

<u>INSURANCE</u> <u>CO.</u>	<u>POLICY #</u>	<u>INSURED</u>	<u>OWNER</u>	<u>FACE</u> <u>VALUE</u>	<u>TYPE (term /</u> <u>whole life)</u>	<u>BENEFICIARIES</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## DISABILITY INSURANCE

<u>INSURANCE</u> <u>CO.</u>	<u>POLICY #</u>	<u>INSURED</u>	<u>OWNER</u>	<u>DISABILITY</u> <u>AMOUNT</u>	<u>PAYMENT</u> <u>TERM</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## LONG TERM CARE INSURANCE

<u>INSURANCE</u> <u>CO.</u>	<u>POLICY #</u>	<u>INSURED</u>	<u>OWNER</u>	<u>MONTHLY</u> <u>BENEFIT</u>	<u>LENGTH OF</u> <u>BENEFITS</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

# FINANCIAL INFORMATION

## RETIREMENT ACCOUNTS / BENEFITS

### MARKETABLE SECURITIES

<u>COMPANY</u>	<u># OF SHARES</u>	<u>APPROX. VALUE</u>	<u>BENEFICIARIES</u> (primary and contingent)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### CASH OR EQUIVALENT

<u>ACCT TYPE</u>	<u>INSTITUTION</u>	<u>ACCT #</u>	<u>APPROX. VALUE</u>	<u>BENEFICIARIES</u> (primary and contingent)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### EMPLOYER PLANS: 401(k), 403(b), Profit-Sharing, Defined Benefit, Defined Contribution, etc.

<u>EMPLOYER</u>	<u>DESCRIPTION</u>	<u>APPROX. VALUE</u>
_____	_____	_____
_____	_____	_____

# **FINANCIAL INFORMATION**

## **MISCELLANEOUS PROPERTY**

[Fair market value, titled owner(s), indebtedness, cost basis]

	<u>APPROX.</u> <u>VALUE</u>
MORTGAGES <u>OWNED TO YOU</u>	_____
MORTGAGES <u>OWED BY YOU</u>	_____
ACCOUNTS RECEIVABLE	_____
NOTES RECEIVABLE	_____
LOANS PAYABLE	_____
CREDIT CARD DEBT	_____
BUSINESS INTERESTS	_____
OTHER/SPECIAL ITEMS OF VALUE	_____

## **OTHER BENEFICIARIES**

ANTICIPATED CHARITABLE GIFTS	_____
OTHER NON-FAMILY GIFTS	_____
GIFTS OF SPECIFIC PROPERTY	_____

# FINANCIAL INFORMATION

## FAMILY INCOME

<u>CATEGORY</u>	<u>CLIENT</u>	<u>SPOUSE</u>
SALARY/WAGES	_____	_____
SELF-EMPLOYMENT	_____	_____
INTEREST	_____	_____
DIVIDENDS	_____	_____
TRUST INCOME	_____	_____
SOCIAL SECURITY	_____	_____
PENSION / IRA	_____	_____
OTHER SOURCES:	_____	_____
	_____	_____
	_____	_____