



Aligning
**YOUR WEALTH with
YOUR VALUES**

DATE: ____/____/____

The privacy and confidentiality of your personal information is very important to us. We adhere to all privacy and confidentiality requirements for all entities whose products or services we offer.

PERSONAL & CONFIDENTIAL INFORMATION

You

Spouse/Partner

Name: _____

Name: _____

Birth Date: _____

Birth Date: _____

Birth Place: _____

Birth Place: _____

Health Status: _____

Health Status: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Address: _____

Children (Name & birth date) _____

What role would you like a financial advisor to play in your life?

What prompted you to seek advice from an advisor?

What is your vision for retirement (age, lifestyle, activities)?

Do you have any anxieties or specific concerns about your overall current financial situation?

What specific questions would you like to have answered in our first conversation?

What are your most important financial goals? (Rate 1-5)

- ___ Retirement ___ Family Security ___ Wealth Accumulation ___ Education Planning
- ___ Debt Reduction ___ Estate Planning ___ Investment Strategy ___ Special Purchase (e.g. 2nd Home)
- ___ Other _____

Do you expect to pay a fee for advice if you engage an advisor? Yes No

Do you have an attorney? Yes No **Do you have an accountant?** Yes No

Please list your existing advisors (if any) below:



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Employment & Income

You

Occupation: _____
 Employer: _____
 Base salary: \$ _____
 Bonus: \$ _____
 Equity Compensation: \$ _____
 How Long: _____

Spouse/Partner

Occupation: _____
 Employer: _____
 Base salary: \$ _____
 Bonus: \$ _____
 Equity Compensation: \$ _____
 How Long: _____

Other sources of income (annual amounts)

Rental Income \$ _____
 Investment Income \$ _____
 Pension Income \$ _____

Social Security \$ _____
 Annuity \$ _____

NON-QUALIFIED ASSETS (e.g., brokerage accounts, savings, checking, CDs, stock holdings, restricted stock and options)

Type / Institution Name	Current Value	Owner

RETIREMENT ASSETS (e.g., 401K, IRA, Roth IRA, Annuities, Deferred Compensation)

Type / Institution Name	Current Value	Current Annual Contribution	Employer Match	Owner



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REAL ESTATE & PERSONAL PROPERTY

Name	Current Value	Mortgage Balance	Mortgage Term	Interest Rate	Monthly Payment	Date of Mortgage	Original Mortgage Amount

OTHER LIABILITIES / LOANS (e.g., auto, student loans, credit cards)

Loan	Institution	Balance	Interest Rate	Term	Monthly Payment	Owner

LIFE INSURANCE

Company	Insured	Policy Type	Face Amount	Annual Premium	Cash Value	Policy Date

DISABILITY / LONG-TERM CARE INSURANCE

Company	Insured	Policy Type	Coverage Amount	Annual Premium

ESTATE PLANNING

Will(s)? YES / NO Year drafted: _____ Powers of Attorney / Health Care Directives: YES / NO
 Trust(s)? YES / NO Year drafted: _____ Purpose: _____



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NOTES:

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