

Client
Date

PERSONAL AND FAMILY DATA	DATA 1
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1. NAME/AGE

	Title	Preferred First Name	Middle Name or Initial	Last Name	Birthdate	Social Security
Client						
Spouse						

2. MAILING ADDRESS

Street Address			
City and State		Zip	
Home Phone	()		

3. EMPLOYMENT DATA

	Occupation	Employer	Work Phone
Client			
Spouse			

4. CHILDREN

Name	Birthdate	Social Security	Marital Status	Living at Home?

5. OTHER PERSONS FOR WHOM YOU PROVIDE SUPPORT

Name	Relationship	Age	Annual Support You Provide

Client

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6. FINANCIAL ADVISERS

	Name	Firm Name & Address	Phone	How Frequently Consulted?
Attorney				
Accountant				
Bank Officer				
Broker				
Life Insurance Agent				
Property and Liability Insurance Agent				
Investment Adviser				
Others				

7. SUMMARY FINANCIAL DATA

Approximate Annual Family Income	\$	
Approximate Net Worth	\$	
Approximate Annual Amount of Savings and Investments	\$	
Marginal Tax Bracket (if known)		%

INSTRUCTIONS: This form is designed to allow the planner to accumulate enough information to determine whether personal financial planning is likely to be cost effective for clients. Please complete this form prior to the initial interview. For married clients, both spouses are requested to provide input.

1. Describe any specific financial concerns:

CLIENT: _____

SPOUSE: _____

2. Describe any significant changes you expect in your annual income in the next five years:

3. Describe any significant expenditures planned in the next five years:

4. Are you satisfied with the amount you have available for savings or investment after payment of monthly living expenses:

CLIENT: _____

SPOUSE: _____

5. When did you last review and update your:

a. life insurance policies? _____

b. disability insurance policies? _____

c. excess liability (umbrella) policy? _____

6. Have you established college funds for your children? _____

7. At what age do you expect to retire? CLIENT _____ SPOUSE _____

8. Are you currently maintaining a retirement fund or is one being maintained in your behalf, e.g. employer's retirement plan?

CLIENT: _____

SPOUSE: _____

9. When did you last review and update your estate plan and your wills, durable powers of attorney, and/or health care powers of attorney and advance directives? _____

10. Does your executor know the location of your key documents, the names of your financial advisors and the value of your assets and liabilities?

CLIENT: _____

SPOUSE: _____

11. When did you last review your investment portfolio?

CLIENT: _____

SPOUSE: _____

12. Are you pleased with the diversification and performance (growth and income) of your investment portfolio?

CLIENT: _____

SPOUSE: _____

13. Are you satisfied with the extent to which you have been able to shelter your income from taxes?

CLIENT: _____

SPOUSE: _____

14. How much time are you willing to commit to the development and implementation of your financial plan?

	CI	Spouse
Less than 10 hours	—	—
Up to 20 hours	—	—
Up to 30 hours	—	—
More than 30 hours	—	—
Don't know	—	—