

## Client Information

	First Name	Last Name	Date of Birth (mm/dd/yy)	Gender	Tax Filing Status (Married-joint, Married-separate, Head of household, Single)
Client				M <input type="checkbox"/> F <input type="checkbox"/>	
Co-client				M <input type="checkbox"/> F <input type="checkbox"/>	
Street		City	State		Zip Code
Home Phone Number		Business Phone Number		E-mail Address	

## Family Members

First Name	Last Name	Date of Birth (mm/dd/yy)	Relationship (Son, Daughter, Cousin, etc.)	Dependent of

## Net Worth

Lifestyle Assets	Current Value (\$)	Liabilities	Outstanding Amount (\$)	Interest Rate (%)	Monthly Payments (\$)
Residence (i.e. home)		Mortgage			
2nd Residence (i.e. vacation home)		Car Loans			
Personal Use Property (i.e. car, boat)		Personal Loans			
Other Personal Assets		Other Debt			

## Cash Flow

	Gross Annual Income (\$)	Monthly Expenses	Amount (\$)
Client		Housing (i.e. utilities, repairs)	
Co-client		Food	
<p>► Note: Expenses can be entered as one total amount to simplify data entry.</p>		Transportation (i.e. gas, insurance)	
		Entertainment (i.e. restaurants, movies)	
		Personal (i.e. clothing, hobbies)	
		Other (i.e. child care, travel)	

## Retirement Goal

		Client	Co-client	Joint
Desired Annual Retirement Income (after tax in today's \$)	Retirement Age			
	Life Expectancy			
Index at (%)	Social Security Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	
	Estimated Annual Pension Income (today's \$)			
	Non-Qualified Current Value (\$)			
	Monthly Savings (\$)			
	Qualified Current Value (\$)			
	Monthly Savings: Employee (\$)			
	Monthly Savings: Employer (\$)			
	Assumed Return Rate (%)			

Note: Relates to field above.

## Education Goal

	Goal 1	Goal 2	Goal 3
Family Member			
Annual Education Costs (today's \$)			
Index Costs by (%)			
Education Start Age			
Number of Years			
Current Amount Saved (\$)			
Current Monthly Savings (\$)			
Assumed Return Rate (%)			

## Major Purchase Goal

	Goal 1	Goal 2	Goal 3
Description			
Purchase Date			
Cost (today's \$)			
Index Costs by (%)			
Current Amount Saved (\$)			
Current Monthly Savings (\$)			
Assumed Return Rate (%)			

## Life Insurance

	Client	Co-client
Existing Coverage (\$)		
Monthly Premium (\$)		
	If Both Die	
Total Lump Sum Expenses on Death (\$)		
Annual Ongoing Expenses (\$)		
Number of Years		

## Disability Insurance

	Client	Co-client
Short-Term Coverage		
Monthly Benefits (\$)		
Duration (months)		
Monthly Premium (\$)		
Long-Term Coverage		
Monthly Benefits (\$)		
Benefits End at Age		
Monthly Premium (\$)		