

Confidential Client Financial Planning Information

Client				Spouse/Co-Client			
Name				Name			
Address1							
Address2							
City							
State		Zip					
Occupation				Occupation			
Employer				Employer			
Employer Address				Employer Address			
Date of Birth				Date of Birth			
Preferred Method of Communication (Check one phone and email)							
Home Phone		<input type="checkbox"/>		Home Phone		<input type="checkbox"/>	
Work Phone		<input type="checkbox"/>		Work Phone		<input type="checkbox"/>	
Cell Phone		<input type="checkbox"/>		Cell Phone		<input type="checkbox"/>	
Home Email		<input type="checkbox"/>		Home Email		<input type="checkbox"/>	
Work Email		<input type="checkbox"/>		Work Email		<input type="checkbox"/>	
Children				Married?	Date of Birth	Dependent?	
Other Family Info							
Financial Information							
Client				Spouse/Co-client			
Salary				Salary			
Bonus				Bonus			
Other				Other			

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Data Gathering is the first important step in financial planning process and proper data gathering is required per the Practice Standards of the CFP Board. Unless required by law, information provided in this profile will not be released without client consent.

Cash and Savings			
Checking, Savings and CD Accounts	Title	Value	Terms (if Applicable)

Investments			
Investment Firm	Title	Value	Cost Basis

Retirement Plans				
Held by or Custodian	Plan Type	Owner	Beneficiaries	Market Value

Residence or Rental Property					
Address	Type	Title	Rental Income(if App)	Market Value	

Risk Management: Life Insurance, Disability, or Long-Term Care						
Insurance Carrier	Policy Type	Named Insured	Policy Owner	Premium	Cash Value	Face/Benefit

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Liabilities					
<i>Credit card & charge card debt</i>					
Name of Card / Creditor	Amount Due				
Total	-				

<i>Notes payable (excluding monthly bills)</i>					
Name of Creditor	Original Amount	Monthly Payment	Interest Rate	Secured by (Leine)	Amount Owning
Total					-

<i>Mortgage / real estate loans payable</i>					
Name of Creditor	Original Amount	Monthly Payment	Interest Rate	Secured by (Leine)	Amount Owning
	\$ -				
Total					-

Estate Planning					
Do you have a will or trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does it reflect your wishes today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a power of attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you have a health care power?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does it reflect today's wishes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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