

## Client Needs Information Form

### Client Information

**Client First Name:** \_\_\_\_\_ **Middle I.:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**DOB:** (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_ **Annual Income:** \_\_\_\_\_

**Client Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**(Check Most Convenient Email & Phone to Contact)**

**Email Addresses:**  \_\_\_\_\_  \_\_\_\_\_

**Phone Numbers:** (H)  \_\_\_\_\_ (C)  \_\_\_\_\_ (W)  \_\_\_\_\_

**Preferred Delivery Method of Form/Correspondence:**  Email  Mail

**Drivers Lic. ID:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Issued:** \_\_\_/\_\_\_/\_\_\_\_ **Expires:** \_\_\_/\_\_\_/\_\_\_\_

**Married:** Yes  No

### Co-Client/Spouse Information

**Client First Name:** \_\_\_\_\_ **Middle I.:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**DOB:** (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_ **Annual Income:** \_\_\_\_\_

**Client Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**(Check Most Convenient Email & Phone to Contact)**

**Email Addresses:** \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

**Phone Numbers:** (H)  \_\_\_\_\_ (C)  \_\_\_\_\_ (W)  \_\_\_\_\_

**Preferred Delivery Method of Form/Correspondence:**  Email  Mail

**Drivers Lic. ID:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Issued:** \_\_\_/\_\_\_/\_\_\_\_ **Expires:** \_\_\_/\_\_\_/\_\_\_\_

## List of Dependents

<u>First</u>	<u>Middle I.</u>	<u>Last</u>	<u>DOB</u>
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___

## Personal/Financial Update

**Have there been any recent changes that would affect your financial goals or objectives?:** \_\_\_\_\_

**Do you see any changes in the future that would impact how you feel about managing your investments, retirement, travel, family commitments, etc.?:** \_\_\_\_\_

**How frequently would you like to receive market/economic updates? (Strictly Email):**

- Daily                       Weekly                       Monthly  
 Quarterly                       Annually                       Never

**Do you have any of the following?:**

- |                |                              |                             |                                     |
|----------------|------------------------------|-----------------------------|-------------------------------------|
| Will           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of last review/revision? _____ |
| Estate Plan    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of last review/revision? _____ |
| Trust          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of last review/revision? _____ |
| Financial Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of last review/revision? _____ |
| POA's          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of last review/revision? _____ |
| LTC            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of last review/revision? _____ |

## Personal/Financial Update (Continued)

**Who is your CPA?:** \_\_\_\_\_

**Who is your Attorney?:** \_\_\_\_\_

**Who is your Insurance Agent?:** \_\_\_\_\_

**When were your beneficiaries last updated?:** \_\_\_\_\_

**Estimated Date of Retirement:** Client: \_\_\_\_\_ Co-Client/Spouse: \_\_\_\_\_

## Risk Consideration

**Do you make your own investment decisions?:**  Yes  No

**If not, who makes the decisions?:** \_\_\_\_\_

**What is your Time Horizon?:**  Less than 5 yrs.  5-10 yrs.  10-15 yrs.  Over 15 yrs.

**What are your areas of Financial Concern?:**

Cash Flow & Budgeting  College Planning  Investment Advice

Tax Planning  Retirement Planning

Insurance Review  Other: \_\_\_\_\_

**What is your investment experience (N = None, L = Low, M = Medium, H = High)?:**

Stocks N L M H  Bonds N L M H  Real Estate N L M H

Mutual Funds N L M H  Annuities N L M H

Other: \_\_\_\_\_

**What are your investment goals/objectives? (Ex. Growth, Income, Growth & Income):**

\_\_\_\_\_  
\_\_\_\_\_

**What are your retirement goals/objectives? (Ex. Protect Your 401k Investments):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Income Profile

	<u>Client</u>	<u>Co-Client/Spouse</u>
<b>Salary:</b>	\$ _____	\$ _____
<b>Interest &amp; Dividends:</b>	\$ _____	\$ _____
<b>Social Security:</b>	\$ _____	\$ _____
<b>Pension:</b>	\$ _____	\$ _____
<b>IRA Income:</b>	\$ _____	\$ _____
<b>Other:</b>	\$ _____	\$ _____
<b>Total Income:</b>	\$ _____	\$ _____

## Asset Profile

### **Banking (Checking, Savings, Money Market, Credit Union, CD's):**

<i>Bank or Company</i>	<i>Account Type</i>	<i>Current Balance</i>	<i>Interest Rate</i>	<i>Maturity Date</i>

### **Non-Retirement (Stocks, Bonds, Mutual Funds):**

<i>Location Held</i>	<i>Type</i>	<i>Current Balance</i>	<i>Cost Basis</i>	<i>Date Acquired</i>



## Referrals

It has been a pleasure to work with you and assist you in meeting your financial goals. We would love to help more clients just like you. If you know someone (i.e. friends, family, acquaintances) who would benefit from our services, please provide their information below.

<u>Name</u>	<u>Company</u>	<u>Phone</u>	<u>Comments</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Notes & Comments