

Client Name _____

Date: _____

Do you own any real estate?

Address	Owner	Value	Mortgage

Do you own any time shares?

Address	Owner	Value

Bank Accounts:

Type (Checking, Saving...)	Bank held at	Owner	Amount

Certificate of Deposits (CD):

Bank held at	Owner	Amount

Brokerage Account: (Non IRA Accounts and Retirement Accounts)

Held at	Owner	Amount

Stock Accounts:

Held at	Owner	Amount

Bonds:

Held at	Owner	Amount

Client Name _____

Date: _____

Business (Interest):

Name	Owner	Value

Safety Deposit Box:

Location: _____

Contents: _____

Approx. Value of Items in your Home (Jewelry, Art, Guns, Furniture, Silver, etc.): \$ _____

Vehicles:

Type	Owner	Value

Other Debts:

Type	Owner	Value

Have you gifted anything to any family or friends since 2007? If yes, what is the amount? _____

Annuities: (If annuity is held in an IRA list in IRA section below)

Company	Owner	Value	Beneficiaries (if any)

IRAs

Company	Owner	Value	Beneficiaries (if any)

401K

Company	Owner	Value	Beneficiaries (if any)

Other Retirement Accounts

Company	Owner	Value	Beneficiaries (if any)

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Life Insurance

Company	Owner	Cash Value	Death Benefit	Beneficiaries (if any)

Do you own Life Insurance insuring someone else (i.e. children or grandchildren)

Company	Owner	Cash Value	Death Benefit	Beneficiaries (if any)

Do you have any other trust agreements? If yes, please list: _____

Long Term Care Insurance:

Company	Owner	Amount per Day	Length of Policy

Income:

Do you receive Social Security? If yes, how much? \$ _____

Do you have any pensions? If yes, how much and from what company(s)? _____

For your pensions, are there any survivor benefits that you or your spouse will receive? If yes, how much and from which company(s)? _____

Do you have any other income (minimum distribution from IRA, rental income, annuity income, etc.)? _____

Advisors (If you have any of the following, please list their name and the firm for which they work, if any):

How satisfied are you with their services?

CPA or Tax Return Preparer: _____

Current Financial Advisor: _____

Current Insurance Advisor: _____

Do you have an attorney to handle other matters? _____

Not	Somewhat	Very
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>