

Personal Information Form

Personal Information		
	Client 1	Client 2
Name (first and last)		
Preferred name (nickname)		
Home address		
Home phone		
Cell Phone/Work Phone		
Date of Marriage		
Birth date		
Social Security Number		

Employer Information		
	Client 1	Client 2
Employment status (Circle Answer)	Employed • Self-employed • Retired	Employed • Self-Employed • Retired
Occupation (If retired, previous occupation)		
Employer name		
Employer Address		
Business phone		

Family Members		
Name	Relationship to Client 1/Client 2	Birth Date

Assets

Please bring any supporting documents or statements relating to your assets.

Personal Assets

Examples include: • residence • vacation home • cabin/cottage • automobiles • recreation vehicles • boat • personal property and/or belongings • home furnishings • collectibles and antiques.

Description	Owner*	Current Value	Purpose**
		\$	
		\$	
		\$	
		\$	
		\$	

Cash Assets

Examples include: • cash • checking • savings account • money market accounts • credit union accounts • certificates of deposit

Description	Owner*	Current Value	Purpose**
		\$	
		\$	
		\$	
		\$	
		\$	

Rental/Business Assets

Examples include: • rental real estate • sole proprietorship • C corporation • S corporation • general partnership • limited liability company

Description	Owner*	Current Value	Purpose**
		\$	
		\$	
		\$	
		\$	
		\$	

*Indicate whether the asset is owned by Client 1, Client 2 or jointly.

**If there is a purpose for the asset, indicate whether it is for cash reserves, education, an accumulation goal or retirement.

Assets (continued)**Fixed/Equity Assets**

Examples include: • bonds (taxable) • bonds (tax exempt) • stocks • options (stock) • contract for deed • commodities • mutual funds: bond • mutual funds: stock • mutual funds: tax exempt • limited partnerships • investment real estate • annuities (fixed) • annuities (variable) • notes receivable

Description	Owner*	Current Value	Purpose**
		\$	
		\$	
		\$	
		\$	
		\$	

Retirement Assets

Examples include: • IRA • 401(k) • profit sharing plan • TSA/TSCA/403(b) • qualified plans • nonqualified plans • employee savings plan • deferred compensation plan

Description	Owner*	Current Value	Purpose**
		\$	
		\$	
		\$	
		\$	
		\$	

*Indicate whether the asset is owned by Client 1, Client 2 or jointly

**If there is a purpose for the asset, indicate whether it is for cash reserves, education, an accumulation goal or retirement.

Liabilities

Liabilities, Loans, Leases			
<i>Examples include: • auto loan • charge account • credit cards • home equity loan • investment loan • installment loan • line of credit • mortgage on residence • mortgage on other real estate • mortgage on rental real estate • revolving credit • student loan • other loans</i>			
	Liability 1	Liability 2	Liability 3
Description			
Debtor/Leasor*			
Interest rate %			
Payment (principal % interest)	\$	\$	\$
Payment frequency			
Balance/residual value OR	\$	\$	\$
Original balance	\$	\$	\$
Origination date			
Original term in months			
	Liability 4	Liability 5	Liability 6
Description			
Debtor/Leasor*			
Interest rate %			
Payment (principal % interest)	\$	\$	\$
Payment frequency			
Balance/residual value OR	\$	\$	\$
Original balance	\$	\$	\$
Origination date			
Original term in months			

*Indicate whether the debtor of the liability is Client 1, Client 2 or both.

Your Liabilities (continued)

Liabilities, Loans, Leases			
<i>Examples include: • auto loan • charge account • credit cards • home equity loan • investment loan • installment loan • line of credit • mortgage on residence • mortgage on other real estate • mortgage on rental real estate • revolving credit • student loan • other loans</i>			
	Liability 7	Liability 8	Liability 9
Description			
Debtor/Lessor*			
Interest rate %			
Payment (principal % interest)	\$	\$	\$
Payment frequency			
Balance/residual value OR	\$	\$	\$
Original balance	\$	\$	\$
Origination date			
Original term in months			
	Liability 10	Liability 11	Liability 12
Description			
Debtor/Lessor*			
Interest rate %			
Payment (principal % interest)	\$	\$	\$
Payment frequency			
Balance/residual value OR	\$	\$	\$
Original balance	\$	\$	\$
Origination date			
Original term in months			

*Indicate whether the debtor of the liability is Client 1, Client 2 or both.

Insurance Policies

<i>Please bring your policies or summary statements, if available. Also, bring your latest employee benefits statements and booklets.</i>				
	Policy 1	Policy 2	Policy 3	Policy 4
Universal life, variable life, whole life, term life?				
Insurance company name				
Death benefit	\$	\$	\$	\$
Person insured				
Owner				
Beneficiary				
Cash value	\$	\$	\$	\$
Premium amount	\$	\$	\$	\$
Payment frequency				
	Policy 5	Policy 6	Policy 7	Policy 8
Universal life, variable life, whole life, term life?				
Insurance company name				
Death benefit	\$	\$	\$	\$
Person insured				
Owner				
Beneficiary				
Cash value	\$	\$	\$	\$
Premium amount	\$	\$	\$	\$
Payment frequency				
Notes:				

Your Policies (continued)

Disability Income Insurance

Please bring your policies or summary statements, if available.

	Policy 1	Policy 2	Policy 3	Policy 4
Group or individual				
Insurance company name				
Person insured				
Wait period (days)				
Benefit period (years)				
Disability benefit	\$	\$	\$	\$
Benefit frequency				
Premium amount	\$	\$	\$	\$
Payment frequency				

Long-Term Care Policies

Please bring your policies or summary statements, if available.

	Policy 1	Policy 2	Policy 3	Policy 4
Insurance Company Name				
Person insured				
Wait period (days)				
Benefit period (years)				
Long-term care benefit	\$	\$	\$	\$
Benefit frequency				
Premium account	\$	\$	\$	\$
Payment frequency				

Auto Policies

Please bring your policies or summary statements, if available.

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Insurance company name				
Vehicle make/model				
Liability limits	\$	\$	\$	\$
Deductible	\$	\$	\$	\$

Insurance Policies (continued)				
Homeowners Policies				
<i>Please bring your policies or summary statements, if available.</i>				
	Residence 1	Residence 2	Residence 3	Residence 4
Insurance company name				
Amount of coverage	\$	\$	\$	\$
Own or rent the property?				
Condominium?				
Do you occupy the property?	Primary - Seasonal - No	Primary - Seasonal - No	Primary - Seasonal - No	Primary - Seasonal - No
Is there business conducted on the property?	Yes No	Yes No	Yes No	Yes No

Income

Please bring any supporting documents or statements relating to your income sources.

Earned Income				
<i>Bring pay stub, W2, 1099</i>	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Example: Salary/wages (gross)	\$ <u>3,000</u>	<u>semimonthly</u>	\$ <u>2,000</u>	<u>biweekly</u>
Salary/wages (gross)	\$	\$	\$	\$
Bonus (gross)	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Investment Income				
<i>Bring income tax return</i>	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Taxable interest/dividends	\$		\$	
Tax-exempt interest/dividends	\$		\$	
Rental real estate	\$		\$	

Income (continued)				
Passive Income	\$		\$	
Other	\$		\$	
Current Retirement Income				
<i>Only if currently receiving payment</i>	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Pension	\$		\$	
Annuity distribution	\$		\$	
IRA distribution	\$		\$	
Social Security benefit	\$		\$	
Other	\$		\$	
Other	\$		\$	
Other Income				
<i>Examples include: • alimony • child support • trust income</i>				
	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Other	\$		\$	
Other	\$		\$	
Other	\$		\$	

Expenses

Please bring any supporting documents or statements relating to your expenses.

Income Taxes				
	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Federal income tax withholding and/or estimated payments	\$		\$	
State and local income tax withholding and/or estimated payments	\$		\$	
FICA (Social Security) tax withholding	\$		\$	
Retirement Plan Contributions				
<i>Examples include: • IRA • 401(k) • profit sharing • 403(b) • other qualified plans</i>				
	Description	Contribution amount	Frequency	Employer contribution
Client 1		\$		____% or \$
		\$		____% or \$
		\$		____% or \$
Client 2		\$		____% or \$
		\$		____% or \$
		\$		____% or \$
Systematic Savings Contributions				
<i>Examples include: • payroll deductions • monthly bank authorizations • regular investment savings</i>				
	Client 1		Client 2	
Description	Amount	Frequency	Amount	Frequency
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

Expenses (continued)		
Discretionary Expenses		
	Amount	Frequency
Cable TV	\$	
Dining	\$	
Dues	\$	
Entertainment	\$	
Gifts to charities	\$	
Gifts to family and others	\$	
Hobbies	\$	
Recreation	\$	
Subscriptions (newspapers, magazines, on-line, etc.)	\$	
Travel	\$	
Other (pets, allowances, kids' sports, etc.):		
	\$	
	\$	
	\$	
Committed Expenses		
	Amount	Frequency
Housing		
Mortgage payments	\$	
Rent	\$	
Home/rent insurance premium	\$	
Real estate taxes	\$	
Utilities (electric, fuel, water)	\$	
Other (lawn, snow, etc.)	\$	
Food, clothing, transportation		
Food/groceries	\$	
Clothing	\$	
Auto insurance premium(s)	\$	
Auto loan payments	\$	
Auto maintenance (oil, fuel, filters)	\$	

Vehicle tax	\$	
Other (tolls, bus, taxi)	\$	
Committed Expenses (continued)		
	Amount	Frequency
Other committed expenses		
Alimony	\$	
Bank charges	\$	
Charge account/credit card payments	\$	
Child support	\$	
Dependent care	\$	
Education costs	\$	
Home improvements/repairs	\$	
Loan payments (other)	\$	
Medical costs	\$	
Other deductible	\$	
Other pre-tax	\$	
Prescriptions/drugs	\$	
Personal care (hair care/dry cleaning, etc.)	\$	
Premiums (disability insurance)	\$	
Premiums (life insurance)	\$	
Premiums (long-term care insurance)	\$	
Premiums (medical insurance)	\$	
Premiums (umbrella insurance)	\$	
Premiums (other)	\$	
Telephone (local, long distance, cellular)	\$	
Unreimbursed employee expenses	\$	
Other:	\$	
	\$	
	\$	

Frequency Options

Annually (1x)
 Semiannually (2x)
 Quarterly (4x)
 Bimonthly (6x)
 Monthly (12x)

Semimonthly (24x)
 Biweekly (26x)
 Weekly (52x)