



Investment Accounts (401k, 403b, 457, IRA, Roth IRA, 529 Plan, Annuity)

Type/Institution Name	Current Value	Owner	Beneficiary	Monthly Savings	Employer Match

Life Insurance

	Life Policy	Life Policy	Life Policy	Life Policy 1
Policy Name				
Purchase Date				
Policy Type				
Insured				
Owner				
Beneficiary				
Current Death Benefit				
Current Cash Value				
Annual Premium				
Premium Term				

Disability Insurance

	Employer Benefit	Employer Benefit	Individual Policy 1	Individual Policy 2
Policy Name				
Purchase Date				
Insured				
Benefit Type				
Benefit Amount and Frequency				
Annual Premium				
Benefit is Taxable?				

Long-Term Care Insurance

	LTC Policy 1	LTC Policy 2
Policy Name		
Purchase Date		
Insured		
Benefit Amount/Frequency		
Annual Premium		

Liabilities (Mortgages and Loans)

Institution Name	Property	Original Loan Amount	Date of Loan	Current Balance	Interest Rate	Term of Loan

Income

	Annual Amount	Owner	Starts	Ends
Salary/Bonus				
Salary/Bonus				
Social Security at Normal Retirement Age				
Social Security at Normal Retirement Age				
Other				
Other				

Expenses

Current Living Expenses Annually	Retirement Living Expenses Annually	Desired Income at	In the event of
		Client's Death	Spouse's Death

Estate Documents

Document Types	Date Created	Date Created or Updated for Spouse
Wills -		
Health-care Directive/ Living Will-		
Power of Attorney-		
Trust(s) (If yes, indicate type)		
Other Trusts(s)		

Attorney/CPA Questions:

Do you have and Estate Planning Attorney?	Y	N	Would you like us to recommend someone?	Y	N
Is your Attorney a key decision maker for you?	Y	N	Is your CPA a key decision maker for you?	Y	N

Personal Questions:

Do you feel you have achieved financial security through your planned retirement?
Do you feel like your current insurance coverage is adequate for your situation?
Do you have any potential inheritances?
How would you like to pass your estate?
Do you plan to leave any portion of your estate to charity?
Do you need to make any special financial provisions for any member of your family?
What are your plans to deal with Estate Taxes?
What is your largest obstacle in achieving your goals?
Are you willing to invest effort/money if a plan serves to reduce/eliminate tax?
Financial Risk Tolerance: <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive

Additional Information

Are there any other facts pertaining to your financial situation or investment experiences that we should be aware of?

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Has the information you have provided given and accurate picture of your financial situation?

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