



CLIENT INFORMATION WORKSHEET

Today's Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

FAMILY

Children:

Full Name	Address	Telephone Number	Date of Birth
_____	_____	_____	_____
Spouse's Name	Names and Dates of Birth of Grandchildren		
_____	_____	_____	_____
Spouse's Name	Names and Dates of Birth of Grandchildren		
_____	_____	_____	_____
Spouse's Name	Names and Dates of Birth of Grandchildren		
_____	_____	_____	_____
Spouse's Name	Names and Dates of Birth of Grandchildren		

Please attach a separate sheet to list additional family members.

Parents (if living):

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Full Name(s)	Address	Telephone Number
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Siblings (or next closest relatives):

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Full Name	Address	Telephone Number
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Full Name	Address	Telephone Number
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ASSET INFORMATION

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A. Cash:

- 1. Checking Accounts \_\_\_\_\_
- 2. Savings Accounts \_\_\_\_\_
- 3. Other (explain) \_\_\_\_\_

B. Stocks, Bonds, Mutual Funds:

- 1. Stocks (attach list) \_\_\_\_\_
- 2. Bonds \_\_\_\_\_
- 3. Mutual Funds \_\_\_\_\_
- 4. Savings Bonds \_\_\_\_\_
- 5. Other (explain) \_\_\_\_\_

C. Real Estate (net of mortgages):

- 1. Principal Residence \_\_\_\_\_
- 2. Business Real Estate \_\_\_\_\_
- 3. Other (explain) \_\_\_\_\_

D. Retirement Assets:

- 1. IRAs \_\_\_\_\_
- 2. 401(k) Plans \_\_\_\_\_
- 3. Profit Sharing Plans \_\_\_\_\_
- 4. Pension Plans \_\_\_\_\_
- 5. Other (explain) \_\_\_\_\_

E. Other Assets:

- 1. Business Assets \_\_\_\_\_
- 2. Automobiles \_\_\_\_\_
- 3. Jewelry \_\_\_\_\_
- 4. Household Furnishings \_\_\_\_\_
- 5. Collectibles \_\_\_\_\_

F. Life Insurance:

<b>Company</b>	<b>Type of Insurance</b>	<b>Policy Number(s)</b>	<b>Insured</b>	<b>Face Value</b>	<b>Cash Surrender Value</b>	<b>Owner</b>	<b>Beneficiary</b>

G. Liabilities:

- 1. Please List \_\_\_\_\_  
\_\_\_\_\_

H. Long Term Care

- Do you own any long term care insurance policies?      Yes    No
- Do you have any concerns about long term care for you or family member?
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**BUSINESS MATTERS**

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If you answer 'yes' to any of the following questions, please provide full details below:

	Yes	No
Do you operate a business or have an ownership interest in a business?	<input type="checkbox"/>	<input type="checkbox"/>
If so, is there a buy/sell agreement?	<input type="checkbox"/>	<input type="checkbox"/>

Describe your ownership interest in the business (e.g. name of company; percentage you own, other owners/principals; type of business).

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What are your future plans for your business?

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**ADDITIONAL INFORMATION**

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If you answer 'yes' to any of the following questions, please provide full details below:

	Yes	No
Have you previously executed a Will or Trust? <b>(Please provide copies of <u>any</u> estate planning documents)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Trustee or Beneficiary of any Trust (not created by you) currently in existence? <b>(Please provide copies of <u>any</u> of these estate planning documents)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to inherit any property from parents or others?	<input type="checkbox"/>	<input type="checkbox"/>
Have you previously made any gifts in excess of \$13,000? <b>(If so, please provide amounts and dates of gifts)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold any asset jointly with anyone?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your immediately family have a trademark, patent or copyright?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have specific burial instructions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any of the following apply?		
Adopted children	<input type="checkbox"/>	<input type="checkbox"/>
Children born of a prior marriage or born out-of-wedlock	<input type="checkbox"/>	<input type="checkbox"/>
Deceased children	<input type="checkbox"/>	<input type="checkbox"/>
Previous marriage	<input type="checkbox"/>	<input type="checkbox"/>

Property settlement agreement regarding a prior marriage	<input type="checkbox"/>	<input type="checkbox"/>
Premarital agreement	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone in your family disabled? (if so, describe below)	<input type="checkbox"/>	<input type="checkbox"/>
Are you providing care for an elder or disabled relative? (if so, describe below)	<input type="checkbox"/>	<input type="checkbox"/>

***Note: If you have a premarital agreement, divorce settlement, etc., please provide us with copies.***

Additional Information/Special Instructions/Issues:

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Information Regarding Your Advisors:

	<u>Accountant:</u>	<u>Investment Advisor:</u>
Name:	_____	_____
Address:	_____	_____
Telephone Numbers:	_____	_____
	<u>Insurance Agent:</u>	<u>Other:</u>
Name:	_____	_____
Address:	_____	_____
Telephone Numbers:	_____	_____

How were you referred to our office?

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