

CLIENT INFORMATION

Client Name: _____ Nickname: _____ Date of Birth: _____

Home Phone: _____ Business Phone: _____ E-Mail _____

Mailing Address: _____

Best time to call: _____ Best day to call: _____ Best way to contact: _____

Do you have a current will? Y__ N__

Do you have a current living trust? Y__ N__

Do you own life insurance? Y__ N__

Do you own individual stocks? Y__ N__

Do you own mutual funds? Y__ N__

Do you own bonds? Y__ N__

(Planned) Retirement date: _____

Do you own your own business? Y__ N__

Rank the following **products/services** in order of importance to you, with “1” being the most important:

- _____ Estate Planning
- _____ Tax Planning
- _____ College Funding/Educational Planning
- _____ Retirement Planning
- _____ Budgeting
- _____ Debt Management
- _____ Trust Planning
- _____ Socially Responsible Investing
- _____ Accumulation of Wealth
- _____ Life Insurance
- _____ Disability Insurance
- _____ Long-Term Care Insurance
- _____ Nursing Home Expenses
- _____ Alternative Investments (e.g., limited partnerships, REITs)
- _____ Regular Portfolio Reviews



Rank both of the following lists of **goals** and **features** in order of importance to you, with “1” being the most important:

Rankings		Rankings	
Goals		Desired Investment Features	
	Lower income taxes		Liquidity
	Hedge against inflation		Current income
	Plan for retirement		Growth potential
	Reduce estate taxes		Future income
	Avoid probate fees		Tax advantages
	Reduce insurance premiums		Preservation of capital
	Increase net worth		
	Increase current income		
	Assure proper disposition of assets		
	Organize financial affairs		
	Peace of mind		
	Spend less time doing these activities		
	Other:		
	Other:		