

Current Financial Consultant Yes No

If yes, name _____

Do you use tobacco? Yes No

Do you have a will? Yes No

Do you have Long-Term Care insurance? Yes No

Do you currently or plan to give to any charities/place of worship? Yes No

Bank & Credit Union Accounts (Checking, savings, money market)

Name of institution	Average Balance
_____	_____
_____	_____
_____	_____
_____	_____

ASSETS:

HOME:

Estimate value \$ _____
 Remaining mortgage \$ _____
 Other real estate \$ _____
 Home Equity Loan/LOC \$ _____
 Monthly mortgage pmt \$ _____

INCOME SOURCE(S):

SOCIAL SECURITY

You \$ _____
 Spouse \$ _____

PENSION

You \$ _____
 Spouse \$ _____

W-2 (earned income)

You \$ _____
 Spouse \$ _____

RENTAL INCOME

You \$ _____
 Spouse \$ _____

OTHER INCOME

Please specify \$ _____

TOTAL MONTHLY INCOME \$ _____

TOTAL MONTHLY EXPENSES \$ _____

(utilities, food, entertainment, insurance, etc)

Please list other debts or obligations you may have currently or will have in the near future? (car loans, credit cards, student debt, etc)

Please bring ALL statements for the following:

- Most recent tax returns
- Individual brokerage accounts and/or stocks
- US Savings Bonds
- Mutual Funds/Limited Partnerships
- Annuities
- CD's
- IRA's or other retirement plans (pensions, 401k, 403b, etc)
- Present life insurance