

**Personal and Financial Data**

First person:

Sex:

Marital status:

Date of Birth: Home Phone:

Retirement Age: Email:

Address:

City: State: ZIP:

Cell Phone: Employer: Business Phone: Second person:

Sex:

Marital status:

Date of Birth: Home Phone:

Retirement Age: Email:

Address:

City: State: ZIP:

Cell Phone: Employer: Business Phone:

Will/Trust: Type: Last updated: Living Will / Health Care Proxy / Power of Attorney: Other estate planning documents:

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| --- | --- | --- |
| **Income** | | |
| Description | Person | Annual Amount |
| Salary – first person |  |  |
| Salary – second person |  |  |
| Self – employed income |  |  |
| Alimony / Child support |  |  |
| Social Security |  |  |
| Investment Income |  |  |
| Pension Income |  |  |

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| **Expenses** | | | | | |
| Description | Monthly Amount | Applicable Period | Description | Monthly Amount | Applicable Period |
| Housing (include property taxes) |  |  | Medical/Dental/ Prescriptions |  |  |
| Food (plus lunches) |  |  | Discretionary |  |  |
| Cars/Transportation/Gas |  |  | Personal |  |  |
| Entertainment |  |  | Charity |  |  |
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| **Debts** | | | | |
| Description | Owner | Balance | Interest Rate | Term |
| Mortgage |  |  |  |  |
| Auto Loan |  |  |  |  |
| Credit Card |  |  |  |  |
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| **Children / Dependents / Grandchildren** | | |
| Name | Birth Date | Relationship |
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| **Investments** | | | | |
| Liquid Assets  (cash, CDs, money market funds, etc.) | Owner | Type | Current Value | Goal for Account |
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| Tax Deferred Assets  (IRA, 401k, Annuities) | Owner | Type | Current Value | Goal for Account |
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| Other Assets | Owner | Type | Current Value | Goal for Account |
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| **Insurance** | | | |
| Owner | Type  (Long term care / Life / Disability) | Amount | Cash Value  (if applicable) |
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| **Other Assets** | | | |
| Description  (land, 2nd home, rental property) | Owner | Estimated Value | Mortgage  (if applicable) |
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|  |  |  |  |

Reason for Meeting:

Financial Goals:

* Signature: Date: Signature: Date: