

Date: _____

Client Name: _____ Date of Birth: _____ Email: _____

Phone Numbers: _____

Marital Status: Single Married Seperated Divorced Widowed

Spouse Name: _____ Date of Birth: _____ Email: _____

Phone Numbers: _____

Name	Relationship	Date of Birth	Marital Status	Spouse Name	Date of Birth

Student	Institution	Annual Amount	Target Start Date	Target End Date	Date of Birth

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INCOME, EXPENSES, LIABILITIES & GOALS

INCOME

	Owner	Annual Amount	Starts	Ends
Salary + Bonus		\$		
Salary + Bonus		\$		
Other		\$		
Other		\$		
Client Social Security		\$		
Spouse Social Security		\$		

EXPENSES

Current	Retirement	Desired Income in the Event of Death	
		Clients's Death	Spouse Death
\$	\$	\$	\$

LIABILITIES

Mortgage/ Loans	Property	Original Balance	Current Balance	Interest Rate	Loan Term
\$	\$	\$	\$	%	
\$	\$	\$	\$	%	
\$	\$	\$	\$	%	
\$	\$	\$	\$	%	
\$	\$	\$	\$	%	
\$	\$	\$	\$	%	
\$	\$	\$	\$	%	

GOALS

Name	Total/ Annual Amount	Type	Starts	Ends	Monthly Savings
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$

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CLIENT EXPECTATIONS

WHAT DO YOU THINK IS REASONABLE?

	Retirement Age	Life Expectancy	Pre-Retirement Growth Rate	Post-Retirement Growth Rate
Client			%	%
Spouse			%	%

RETIREMENT ACCOUNTS (IRA'S, ROTH'S & DEFERRED COMP)

Account Type/ Name	Custodian	Current Value	Monthly Contribution	Owner
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

ANNUITIES

	Policy 1	Policy 2	Policy 3
Policy Owners(s)			
Annuitant(s)			
Beneficiary(s)			
Purpose of Policy			
Policy Number			
Tax Qualification			
Policy Type (Fixed, Immediate, Variable, Fixed Indexed)			
Current Account Value	\$	\$	\$
Current Surrender Value	\$	\$	\$
Current Death Benefit	\$	\$	\$
Policy Features			

NON-RETIREMENT/CASH ACCOUNTS

Account Type/ Name	Custodian	Current Value	Monthly Contribution	Owner
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

REAL ESTATE & PERSONAL PROPERTY

The category includes all of your worldly possessions.

Take a moment to inventory everything you've accumulated and value it here.

BUSINESS NAME TYPE	CURRENT VALUE	Owner
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

FINANCIAL TEAM

Who is currently on your Financial Team?

_____	_____	_____	Business	Personal
Financial Advisor	Phone	Email		
_____	_____	_____	Business	Personal
Accountant	Phone	Email		
_____	_____	_____	Business	Personal
Estate Planner	Phone	Email		
_____	_____	_____	Business	Personal
Investment Banker	Phone	Email		
_____	_____	_____	Business	Personal
Business Attorney	Phone	Email		
_____	_____	_____	Business	Personal
Insurance Agent	Phone	Email		

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BUSINESS

BUSINESS INTERESTS

Business Name Type	Current Value	Owner
	\$	
	\$	
	\$	
	\$	
	\$	

Identify

1. What is the business entity?

Sole proprietorship
 LLC
 LP/LLC
 General Partnership
 S-corp
 C-corp

2. Have you had a business valuation?

Yes (if yes, go to 3)
 No (if no, go to 6)

3. When was the valuation

<1 year
 1-2 years
 >2 years

4. Who provided the valuation?

CPA
 Investment Banker
 Certified Valuation Professional
 Business Broker
 Other _____

5. What Value was determined? _____

6. What were gross sales last fiscal year? _____

7. What was EBITDA last fiscal year? _____

8. Does your business sponsor a retirement plan?

Yes
 No

Protect

1. Do you have insurance for business purposes?

Yes (if yes, go to 2)
 No (if no, go to 4)

2. What type of insurance is in place?

Buy/Sell
 Key Person
 Split Dollar
 Deferred Compensation
 Other

3. When was the current insurance last viewed?

<1 year
 1-2 years
 >2 years

4. Would business be able to continue without you?

Yes
 No

5. Is there a written plan in place if something unforeseen occurs?

Yes
 No

6. Are you confident that your compensation and benefit packages are competitive in recruitment?

Yes
 No

7. Are there any employees so valuable you would take action to keep them?

Yes
 No

Harvest

1. When do you plan to exit your business?

- 1-2 years
- 3-5 years
- 5-10 years
- > 10 years

2. Is there written business succession plan in place?

- Yes
- No

3. Have you discussed your plan with the other parties involved?

- Yes
- No

4. Do you have a plan for yourself post-transition?

- Yes
- No

Manage

1. What percentage of your net worth is comprised of your business's value?

- <25%
- 25-50%
- 50-75%
- > 75%

2. Do you have a plan to monetize your business's value?

- Yes
- No

3. Do you need your business to maintain your current standard of living?

- Yes
- No

4. Do you have a personal estate plan?

- Yes
- No

5. Do you have a personal legacy plan?

- Yes
- No

PERSONAL INSURANCE

Life Insurance

Business Name Type	Policy 1	Policy 2	Policy 3
Owner			
Insured(s)			
Beneficiary(s)			
Purpose of Policy			
Policy Number			
Carrier			
Policy Type (Term, UL, WL, Var.)			
Current Death Benefit			
Current Cash Value	\$	\$	\$
Annual Premium	\$	\$	\$
Years to Pay Premium			
Years of Death Benefit Left			

Long-Term Care Insurance

	Policy 1	Policy 2	Policy 3
Policy name			
Policy Features			
Insured			
Benefit Amount/ Frequency			
Annual Premium	\$	\$	\$

Disability Insurance

	Policy 1	Policy 2	Policy 3
Policy name			
Policy Features			
Insured			
Benefit Amount/ Frequency			
Annual Premium	\$	\$	\$
Is Benefit Taxable?			

Property & Casualty

	Policy 1	Policy 2	Policy 3
Coverage			
Carrier			

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ESTATE PLANNING

Revocable Trusts

Trust Names	Do assets pass through Revocable Trust to avoid probate?	If Yes what percent?
		%
		%
		%
		%
		%

Irrevocable Trusts

Type	Trust	Trustees	Purpose

Wills

	Client		Spouse	
Credit Shelter Trust Utilized for Client?	Yes	No	Yes	No
Charitable Bequest (\$)	\$			
Specific Bequest to Heirs(\$)	\$			
Remaining Estate goes to: (Spouse/Heirs)	Spouse	Heirs	Spouse	Heirs

Additional Documents

	Client		Spouse	
Durable Power of Attorney	Yes	No	Yes	No
Medical Power of Attorney	Yes	No	Yes	No
Advanced Directive / Living Will	Yes	No	Yes	No
Guardianship for minors	Yes	No	Yes	No
Guardianship for special needs	Yes	No	Yes	No

OTHER NOTES

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