INFORMATION COLLECTION DOCUMENT

Details broad financial information that is necessary to coordinate your overall financial plan.



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Personal Information

CLIENT		CO-CLIENT	
Name		Name	
Email		Email	
Cell Phone	Age You Would Like to Retire	Cell Phone	Age You Would Like to Retire
Social Security # 	Date of Birth / /	Social Security # 	Date of Birth / /
Drivers License	lssue: Exp:	Drivers License	Issue: Exp:
Marginal Tax Rate) Male O Married) Female O Single	Marginal Tax Rate (Male Married Female Single
Employer Name	 Employed Retired Self-Employed 	Employer Name	 Employed Retired Self-Employed
Occupation	 Unemployed Student Homemaker 	Occupation	 Unemployed Student Homemaker
Employer Phone	Years with Employer	Employer Phone	Years with Employer
Employer Address		Employer Address	
Home Address		Home	e Phone

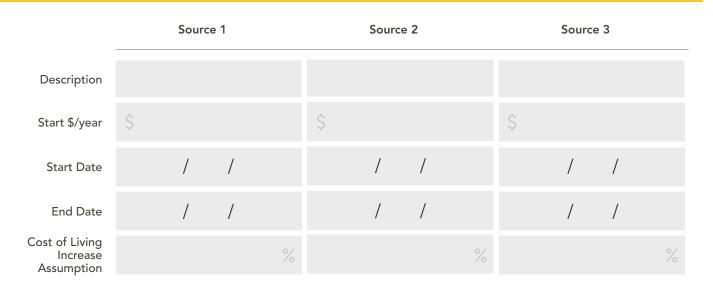
Legacy & Estate

BENEFICIAR	Y INFOR	MATIC	N							
Name		%	Date o / / /	f Birth / / / / /	Socia 	l Security # _ _ _ _	Relation	onship		rimary Contingent rimary Contingent Contingent rimary Contingent
ESTATE PLAN	INING									
Client Will? Co-Client Will? Trust Name (1)	YesNoYesNo	Date	e Last Revie	wed	Co-(nt POA? Client POA? revocable?	YesNoYesNo		Date Last of Trust	Reviewed
Trustee					т	ax ID #			Last Revie	
Trust Name (2)					Ir	revocable?		Date o	of Trust /	/
Trustee					Т	ax ID #		Date	Last Revie	ewed

Income & Expenses

EARNED/OTHER INCOME

Include salaries, bonuses, rental income, and any other income sources



PENSION BENEFITS

	 Pensi	on 1		Pensic	on 2		Pensio	on 3	
Description									
Lump Sum Value	\$			\$			\$		
Eligible to Start	/	/		/	/		/	/	
Single Life \$/year	\$			\$			\$		
Joint Life \$/year	\$			\$			\$		
Survivor \$/year	\$			\$			\$		
Cost of Living Increase			%			%			%

SOCIAL SECURITY BENEFITS

	\$/year at Normal Retirement Age	Spousal \$/year	Survivor \$/year	Cost of Living Adjustment	Receiving Benefits
Client	\$	\$	\$	%	YesNo
Co-Client	\$	\$	\$	%	YesNo

RECURRING EXPENSES

Include any expenses expected to continue in the future

	Spending Need	Cost of Living Increase Assumption
Pre Retirement		
	Spending Need	Cost of Living Increase Assumption
Post Retirement		

NON-RECURRING EXPENSES

clude one-time expenses such as college, liabilities, or discretionary wants

Description	Amount	Date Needed	# Years Needed	Importance (1=low, 5=high)
	\$			
	\$			

CURRENT CONTRIBUTION SUMMARY

Total all contributions being made into your qualified, non-qualified, and college accounts

	Retirement Account	Non-Retirement	Employer Match	College Account 1	College Account 2
Contributions Per Year	\$	\$	\$	\$	\$
End Date					
	On a Scale of 1-3 To Increase Your Sa	5, How Willing Are Yo ving? (1=less, 5=more	u () 1 () 2	○ 3 ○ 4	5

Assets & Liabilities

INVESTMENT ASSETS

ude all brokerage, retirement, and college savings accounts

Financial Institution	Account Type	Owner	Value	Annual Additions or Withdrawals	Current Risk (1=low, 5=high)

OTHER ASSETS

Include property, real estate, business interest, and any other items with significant value

Description	Value	Tax Basis	Annual Taxes	Owner

LIABILITIES

Include all debts and liabilities including mortgages, credit cards, lines of credit, auto loans, etc.

Description	Institution Name	Balance	Payoff Date	Interest Rate	Monthly Payment

Insurance

LIFE INSURANCE				Pern	nanent/Cash Val	lue
Insured	Insurance Company	Death Benefit	Annual Premium	Cash Value	Surrender Value	Variable? YES NO YES
						 NO YES NO

DISABILITY INSURANCE

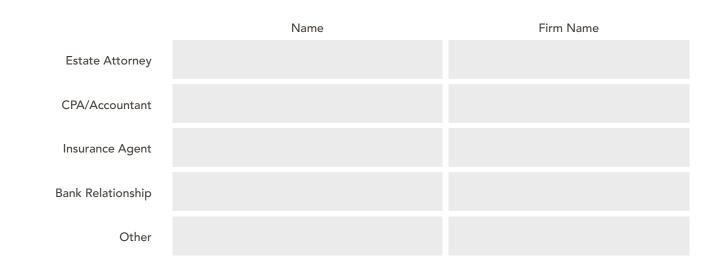
Insured	Insurance Company	Benefit Amount	Elimination Period	Annual Premium

HEALTH & LTC INSURANCE

Insured	Insurance Company	Type of Coverage	Deductible	Annual Premium

Insurance Company Type of Coverage Limit of Coverage Annual Premium Image: Image:

Other Advisors



AUTHORIZATION

Client Name (Print)		Co-Client Name (Print)	
Client Signature	Date	Co-Client Signature	Date



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