



Date: _____

ABOUT YOU

Your Name (including middle name)		Social Security #	Date of Birth
Address		Home Phone	Cell Phone
City, State, Zip	County	Email	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation/Firm		Business Phone	Fax #

YOUR PARTNER

Partner's Name (including middle name)	Date of Marriage	Partner's Social Security #	Partner's Date of Birth
Partner's Occupation/Firm		Partner's Business Phone	Partner's Fax #
Partner's Email		Partner's Cell Phone	Is your partner a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

DIVORCE

Are you or your Partner previously divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you and your Partner have an antenuptial agreement? <i>(If yes, please provide us with a copy of the agreement)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you still have obligations under the divorce decree? <input type="checkbox"/> Yes <input type="checkbox"/> No	If divorced, are there any estate planning or insurance requirements in the divorce decree? <i>(If yes, please provide a copy of the divorce decree)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

CHILDREN / GRANDCHILDREN

Your Children		Grandchildren	
Name (including middle names)	Date of Birth	Name (including middle names)	Date of Birth
Address			
City, State, Zip			
Phone #s			
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If married, Partner's Name		

Special Needs (if any) of Family Members: (describe)

CHILDREN / GRANDCHILDREN

Your Children		Grandchildren	
Name (including middle names)	Date of Birth	Name (including middle names)	Date of Birth
Address			
City, State, Zip			
Phone #s			
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If married, Partner's Name		
Name (including middle names)	Date of Birth	Name (including middle names)	Date of Birth
Address			
City, State, Zip			
Phone #s			
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If married, Partner's Name		
Name (including middle names)	Date of Birth	Name (including middle names)	Date of Birth
Address			
City, State, Zip			
Phone #s			
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If married, Partner's Name		
Name (including middle names)	Date of Birth	Name (including middle names)	Date of Birth
Address			
City, State, Zip			
Phone #s			
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If married, Partner's Name		

Special Needs (if any) of Family Members: (describe)

ASSETS *(fair market value)*

REAL ESTATE	Client's	Partner's	Joint-Both Names
Home	\$	\$	\$
Vacation/Lake Home <i>(where located)</i>	\$	\$	\$
Other real estate <i>(city and state)</i>	\$	\$	\$
	\$	\$	\$

CASH AND INVESTMENTS <i>(after tax)</i>	Client's	Partner's	Joint-Both Names
Tangible personal property	\$	\$	\$
Bank accounts <i>(savings/checking)</i>	\$	\$	\$
	\$	\$	\$
Stocks, bonds, mutual funds <i>(publicly traded)</i>	\$	\$	\$
	\$	\$	\$
Closely held business interests	\$	\$	\$
Other assets <i>(describe)</i>	\$	\$	\$
	\$	\$	\$

RETIREMENT ACCOUNTS <i>(pre-tax)</i>			Beneficiary
IRA accounts	\$	\$	
Employee benefits:			
Pension	\$	\$	
Profit sharing	\$	\$	
401(K)	\$	\$	
Deferred compensation	\$	\$	
Other	\$	\$	

ASSETS (fair market value)

LIFE INSURANCE (please describe each policy)	Client's Policy No. 1	Partner's Policy No. 1
Company		
Face amount	\$	\$
Owner		
Beneficiary		
Annual premium	\$	\$
Cash value	\$	\$
Loan (if any)	\$	\$
	Client's Policy No. 2	Partner's Policy No. 2
Company		
Face amount	\$	\$
Owner		
Beneficiary		
Annual premium	\$	\$
Cash value	\$	\$
Loan (if any)	\$	\$
	Client's Policy No. 3	Partner's Policy No. 3
Company		
Face amount	\$	\$
Owner		
Beneficiary		
Annual premium	\$	\$
Cash value	\$	\$
Loan (if any)	\$	\$

ASSETS (fair market value)

LIFE INSURANCE (please describe each policy)	Client's Policy No. 4	Partner's Policy No. 4	
Company			
Face amount	\$		\$
Owner			
Beneficiary			
Annual premium	\$		\$
Cash value	\$		\$
Loan (if any)	\$		\$
OTHER	Client's	Partner's	Joint-Both Names
Annuities	\$	\$	\$
Trusts	\$	\$	\$
Other Assets	\$	\$	\$
Total Assets	\$	\$	\$
LIABILITIES	Client's	Partner's	Joint-Both Names
Mortgages	\$	\$	\$
Other Loans (insurance, car, home equity, etc.)	\$	\$	\$
Total Liabilities	\$	\$	\$
NET WORTH (assets minus liabilities)	\$	\$	\$

PROFESSIONAL ADVISORS

Accountant

Firm Name and Address

Phone #

Banker

Firm Name and Address

Phone #

Financial Planner

Firm Name and Address

Phone #

Life Insurance Agent

Firm Name and Address

Phone #
