

## Short Form

Name \_\_\_\_\_ Spouse/Partner's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

State of Primary Residence \_\_\_\_\_ State of Primary Residence \_\_\_\_\_

Date of Birth(mm/dd/yyyy) \_\_\_\_\_ Date of Birth(mm/dd/yyyy) \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Total Annual Income Earned \_\_\_\_\_ Total Annual Income Earned \_\_\_\_\_

Tax Filing Status    ☐ Single    ☐ Married Filed Jointly    ☐ Partner/Other

Dependent Name \_\_\_\_\_ Date of Birth(mm/dd/yyyy) \_\_\_\_\_

Dependent Name \_\_\_\_\_ Date of Birth(mm/dd/yyyy) \_\_\_\_\_

### Retirement Goals

Description	Ideal	Acceptable
Client Retirement Age:		
Spouse/Partner Retirement Age:		
Retirement Spending Goal (after tax):	\$	\$
Estate Goal:	\$	\$
Decrease/Increase in Savings:	\$	\$

### Social Security

Description	Client	Spouse/Partner
Estimate Benefits:	<input type="checkbox"/>	<input type="checkbox"/>
Currently Collecting:	\$	\$
Expect to Collect:	\$	\$
Do not include Social Security:	<input type="checkbox"/>	<input type="checkbox"/>

*Please choose only one Social Security option per person.*

### Life Goals

Please indicate specific spending goals, in addition to your retirement spending goal, that you would like to include in this investment plan. (ex: *weddings, education, travel, etc*)

Description	Annual Income	Net or Gross	Whose goal?	Start age?	End age?	Annual Increase (0.00%-15.00%)
	\$					%
	\$					%
	\$					%

## Other Income

Please list all other sources of income.

Description	Annual Income	Net or Gross	Whose income?	Start age?	End age?	Annual Increase (0.00%-15.00%)
	\$					%
	\$					%
	\$					%

## Account Summary & Future Savings

Please list the total value and account details of each financial account in which you hold an interest.

Account Name (Name of account holder)	Account Number	Cost Basis (Original Purchase Price)	Current Value	Annual Contribution	Tax Status		
					Taxable	Tax-Deferred	Tax-Exempt
		\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Other Assets

Please list all additional assets. (*Home, business assets, rental property, automobiles, etc*)

Description	Current Value	Owner	Annual Increase (0.00%-15.00%)
	\$		%
	\$		%
	\$		%
	\$		%

## Other Liabilities

Please indicate debts, mortgages, loans, etc.

Description	Liability Type (Mortgage, Loan, Other)	Current Amount	Owner	Monthly Payment	Interest Rate
		\$		\$	%
		\$		\$	%
		\$		\$	%
		\$		\$	%
		\$		\$	%

Comments: