

Pre-Meeting Client Data Sheet

Client Spouse/Domestic Partner

Personal Information:			Personal Information:		
Name			Name		
Age/Date of Birth			Age/Date of Birth		
Address			Address		
Phone			Phone		
Email			Email		
Employer			Employer		
Best Method of Contact			Best Method of Contact		
Health	☐ good ☐ fa	air 🔲 poor	Health	□ good □	fair 🔲 poor
Family:			Family:		
Kids			Kids		
Grandkids			Grandkids		
Parents			Parents		
Goals:			Goals:		
Top 3			Top 3		
Personal Goals			Personal Goals		
Top 3			Top 3		
Financial Goals			Financial Goals		
Topics you would like to discuss at meeting?			Topics you would		
			like to discuss at meeting?		
			3		
Desired Retirement Date		Desired Retirement Age	Desired Retiremen	t Date	Desired Retirement Age

Client

Spouse/Domestic Partner **Assets & Income: Assets & Income: Employment Income** Other Income **Employment Income** Other Income Cash Cash IRA IRA 401(k) 401(k) Investments Investments **Home Value Home Value Rental Property Rental Property** 0ther 0ther **Liabilities: Liabilities:** 1st Mortgage 1st Mortgage 2nd Mortgage 2nd Mortgage **Credit Cards Credit Cards** Loans Loans **Other Other** Insurance: (please check off below) Insurance: (please check off below) Life Yes No Disability Yes No Life Yes No Disability Yes No Long Term Care Yes No Earthquake 🔲 Yes 🔲 No Long Term Care Yes No Earthquake 🗌 Yes 🔲 No Liability Liability Liability Umbrella Yes No **Umbrella Limits \$** Umbrella Yes No **Umbrella Limits \$** Auto Yes No Auto Yes No Limits per accident: Deductible \$ Limits per accident: Deductible \$ **Bodily Injury Uninsured Motorist Bodily Injury Uninsured Motorist Other Other** Estate: (please check off below) Estate: (please check off below) **Estate Plan Documents with Directives Estate Plan Documents with Directives** Wills Wills ☐ Yes ☐ No ☐ Yes ☐ No Date . Date . **Trusts** Yes ■ No Date **Trusts** Yes ☐ No Date Medical Directives ☐ Yes ☐ No Date ☐ No Date Power of Attorney Yes No Date Power of Attorney Yes ☐ No Date 0ther 0ther Notes Notes

