



PACIFIC LEADER

Financial & Insurance Services, LLC.



Pre-Meeting Client Data Sheet

Client

Personal Information:	
Name	
Age/Date of Birth	
Address	
Phone	
Email	
Employer	
Best Method of Contact	
Health	<input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor
Family:	
Kids	
Grandkids	
Parents	
Goals:	
Top 3 Personal Goals	
Top 3 Financial Goals	
Topics you would like to discuss at meeting?	
Desired Retirement Date _____	Desired Retirement Age _____

Spouse/Domestic Partner

Personal Information:	
Name	
Age/Date of Birth	
Address	
Phone	
Email	
Employer	
Best Method of Contact	
Health	<input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor
Family:	
Kids	
Grandkids	
Parents	
Goals:	
Top 3 Personal Goals	
Top 3 Financial Goals	
Topics you would like to discuss at meeting?	
Desired Retirement Date _____	Desired Retirement Age _____

Client

Assets & Income:	
Employment Income	Other Income
Cash	
IRA	
401(k)	
Investments	
Home Value	
Rental Property	
Other	
Liabilities:	
1st Mortgage	
2nd Mortgage	
Credit Cards	
Loans	
Other	
Insurance: (please check off below)	
Life <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability <input type="checkbox"/> Yes <input type="checkbox"/> No
Long Term Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No
Liability Umbrella <input type="checkbox"/> Yes <input type="checkbox"/> No	Umbrella Limits \$ _____
Auto <input type="checkbox"/> Yes <input type="checkbox"/> No Limits per accident: Bodily Injury \$ _____	Deductible \$ _____ Uninsured Motorist \$ _____
Other _____	
Estate: (please check off below)	
Estate Plan Documents with Directives	
Wills <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Trusts <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Medical Directives <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Other _____	
Notes _____	

Spouse/Domestic Partner

Assets & Income:	
Employment Income	Other Income
Cash	
IRA	
401(k)	
Investments	
Home Value	
Rental Property	
Other	
Liabilities:	
1st Mortgage	
2nd Mortgage	
Credit Cards	
Loans	
Other	
Insurance: (please check off below)	
Life <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability <input type="checkbox"/> Yes <input type="checkbox"/> No
Long Term Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No
Liability Umbrella <input type="checkbox"/> Yes <input type="checkbox"/> No	Liability Umbrella Limits \$ _____
Auto <input type="checkbox"/> Yes <input type="checkbox"/> No Limits per accident: Bodily Injury \$ _____	Deductible \$ _____ Uninsured Motorist \$ _____
Other _____	
Estate: (please check off below)	
Estate Plan Documents with Directives	
Wills <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Trusts <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Medical Directives <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Other _____	
Notes _____	

