

FORM 1.03

Initial Client Information Form

The four-part form that appears on the following pages can be given to a new or prospective client to gather preliminary information. This form is straightforward, and, therefore, the client can complete the four parts with a minimum of effort. The planner can use the form to qualify the client or to identify planning opportunities that will require more detailed information. (See ¶ 1.04.)

Part I. Background Information

Client Name: **Date:**, 20 ...

Your name:

Home address:

Home telephone:

Marital status:

Spouse's name, if applicable:

You

Your Spouse

Occupation/title:

Employer:

Office telephone:

Ages:

Ages of children:

Part II. Financial Planning Objectives and Concerns

Name: **Date:**

Instructions: Please indicate below those financial planning objectives that are important to you as well as any particular concerns that you might have.

Objectives	Very Important	Somewhat Important	Not Important
Improving my personal recordkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving more regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing income taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring complete insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluating investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a major purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting college education costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Objectives	Very Important	Somewhat Important	Not Important
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Assuring a comfortable retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making sure my estate is properly planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other objectives:

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-
-
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Please indicate below any particular concerns you have, if any, with respect to your personal finances:

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Part III. Summary of Income

Name: **Date:**

Instructions: Please list the total amount of income by source you expect to receive during the current year.

Sources of Income	Estimated Amount for the Current Year
Gross salary	\$
Bonuses/profit sharing
Interest
Dividends
Alimony/child support received
Distributions from partnerships and closely held businesses
Rental income
Trust distributions
Pension
Social Security
Gifts
Other:
•
•
•
Total Income	\$

Part IV. Summary of Personal Assets and Liabilities

Name: **Date:**

Instructions: Please list the current value of your assets and liabilities.

<u>Personal Assets</u>	<u>Personal Liabilities</u>
Cash \$	Credit card and Charge
Investments (e.g., stocks, bonds, mutual funds, CDs)	account balances due \$
Real estate (except personal residence)	Automobile loans
Personal residence	Mortgages (including home equity loans)
Investment in closely held businesses	Other bank loans
Vested interest in retirement plans	Other liabilities:
Cash value of life insurance and annuities	•
Other assets:	•
•	•
•	
Total personal assets: <u>\$</u>	Total personal liabilities: <u>\$</u>
	Total net worth:
	(assets less liabilities) <u>\$</u>