Sample New Client Financial Information Sheet

# PERSONAL INFORMATION:

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FAMILY INFORMATION (children and dependents):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Date of Birth** | **Dependent Y/N** | **Resides (city, state)** |
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# CLIENT EMPLOYMENT:

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When do you plan to retire/leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Bonus/Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SPOUSE EMPLOYMENT:

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When do you plan to retire/leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Bonus/Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# GENERAL INFORMATION:

**Monthly Income and Expenses**

1. Do you use a budget? □ Yes □ No □ Not Sure
2. Do you have any financial problems that require

Immediate attention (e.g. child going to college,

Loss of job, imminent retirement, poor investment

returns, etc.)? □ Yes □ No □ Not Sure

**Retirement**

1. Are you saving for retirement? □ Yes □ No □ Not Sure
2. Do you know what rate of return you need now

to maintain your lifestyle after retirement and

keep ahead of inflation and taxes? □ Yes □ No □ Not Sure

**Children's Education**

1. Have you planned for this expense? □ Yes □ No □ Not Sure
2. Is the ownership of your education savings designed

to reduce taxes? □ Yes □ No □ Not Sure

**Your Investments**

1. Are your investments well diversified? □ Yes □ No □ Not Sure
2. Are you satisfied with their performance? □ Yes □ No □ Not Sure

**Risk and Insurance**

1. Will your insurance cover your family's needs

in the event of death or disability? □ Yes □ No □ Not Sure

1. Do you have an umbrella liability policy? □ Yes □ No □ Not Sure

**Estate Planning**

1. Are your wills current? □ Yes □ No □ Not Sure
2. Is your estate designed to minimize taxes and fees? □ Yes □ No □ Not Sure

# PENSION INFORMATION:

Anticipated monthly benefit:

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At what age will pension start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At what age will pension start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ASSETS:

Please list all bank/credit union checking and savings accounts, CDs, brokerage accounts, a summary of stocks:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Type of Account** | **Owner(s)** | **Beneficiary** | **Balance** |
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Real estate owned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Loan balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal property owned (vehicles, jewelry, musical instruments, items of significant value):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Ownership** | **Loan Balance** | **Purchase Price** | **Current Value** |
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# LIABILITIES:

Please list all credit cards with outstanding balances, school loans, other debts not listed previously.

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| --- | --- | --- | --- | --- |
| **Item** | **Ownership** | **Interest Rate** | **Current Balance** | **Avg Monthly Pymt** |
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# INSURANCE:

Please list all insurance coverage currently in place:

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| --- | --- | --- |
| **Type of Insurance** | **Amount of Coverage** | **Annual Premium** |
| Health |  |  |
| Disability |  |  |
| Life |  |  |
| Homeowners/Renters |  |  |
| Automobile |  |  |
| Umbrella |  |  |
| Professional Liability |  |  |
| Long Term Care |  |  |
| Other |  |  |

# ADVISOR RELATIONSHIPS:

Please list advisors with whom you have an active relationship (CPA/Tax Preparer, Attorney, Broker, Insurance Agent, Financial Planner, Other):

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Advisor** | **Name** | **Phone Number** | **City/State** |
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