



Personal Information Form

***** All information contained in this form is confidential and protected by attorney-client privilege. ***
Completing this prior to your appointment will enable us to spend more time during the meeting
to answer your questions and help you identify solutions to your concerns.**

Name: _____ DOB: _____ Veteran Yes No

Occupation: _____ retired employed

Address: _____ City: _____ County: _____ State: _____ Zip Code: _____

Marital status: single widow(er) married first second other _____ Social Security No.: _____

Home # _____ Cell # _____ Work # _____

E-mail Address _____

Spouse (if applicable): _____ DOB: _____ DOD (if applicable): _____

Veteran Yes No Occupation: _____ retired employed

First Marriage Second Marriage other _____ Social Security No.: _____

Spouse Cell # _____

Spouse E-mail Address _____

Referred to us by: Name: _____ Firm Name: _____

Contacts: Financial Advisor _____ Firm: _____ Phone: _____

Accountant/tax: _____ Firm: _____ Phone: _____

Existing Estate Planning: **You** **Spouse** NA

- | | | |
|--------------------------|--|--|
| Will | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trust | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Power of Attorney | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Health Care Proxy | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Living Will | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Long-Term Care Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you transferred or gifted away assets away in the last 60 months? Amount \$ _____ Date: _____

	<u>You</u>		<u>Spouse</u> <input type="checkbox"/> NA
Do you have children:	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No		<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No

Please specify: joint you step adopted foster joint you step adopted foster

Do you have grandchildren: Yes How many? _____ No Yes How many? _____ No

PERSONAL/FAMILY INFORMATION

CHILDREN (if applicable) or BENEFICIARIES (who you want to get your "Stuff")

Additional Copies of this page are available as needed

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Child of: joint you spouse adopted Other relation _____

Single Married Spouse's name: _____

Children: none How many? _____ Ages: _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Child of: joint you spouse adopted Other relation _____

Single Married Spouse's name: _____

Children: none How many? _____ Ages: _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Child of: joint you spouse adopted Other relation _____

Single Married Spouse's name: _____

Children: none How many? _____ Ages: _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____

Address: _____ Phone: _____

Child of: joint you spouse adopted Other relation _____

Single Married Spouse's name: _____

Children: none How many? _____ Ages: _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

**OTHER PERSONS APPOINTED
(Not listed on previous page)**

Executor/Agent

Additional Copies of this page are available as needed

Name: _____ Male Female
Address: _____ Phone: _____
Relationship to you: _____

Name: _____ Male Female
Address: _____ Phone: _____
Relationship to you: _____

Name: _____ Male Female
Address: _____ Phone: _____
Relationship to you: _____

Name: _____ Male Female
Address: _____ Phone: _____
Relationship to you: _____

Name: _____ Male Female
Address: _____ Phone: _____
Relationship to you: _____

Name: _____ Male Female
Address: _____ Phone: _____
Relationship to you: _____

Personal Financial Information

**** It is very important you indicate in each category ownership and dollar amount separately, as well as total value.****

MONTHLY INCOME:

SOURCE	YOU	SPOUSE	JOINT	TOTAL
Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Investment Income	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
Total Income	\$	\$	\$	\$

ASSET INFORMATION AS OF _____ (date) - Please provide total amount for each type of asset and who owns.

TYPE OF ASSET	YOU	SPOUSE	JOINT	TOTAL
Cash, Checking, Savings, CD's, Money Market & Cash Management Accounts	\$	\$	\$	\$
Investment/Broker-held Accounts (not including cash) and Mutual Fund Accounts	\$	\$	\$	\$
Retirement Accounts: IRA, 401K, 403B, SEP, etc.	\$	\$	\$	\$
Life Insurance: death benefit and cash value	D.B. \$ C.V. \$	D.B. \$ C.V. \$	D.B. \$ C.V. \$	D.B. \$ C.V. \$
Stocks: you hold (not in brokerage accounts)	\$	\$	\$	\$
Bonds: bonds you hold (not in brokerage accounts)	\$	\$	\$	\$
Annuities: \$ = original amount date=month/year purchased CV=current value	\$ _____ date ____ CV _____	\$ _____ date ____ CV _____	\$ _____ date ____ CV _____	\$ _____ date ____ CV _____
Real estate: residence (per tax bill)	\$	\$	\$	\$
Real estate: other	\$	\$	\$	\$
Vehicles: automobile, motorcycle, boats, snowmobiles, etc.	\$	\$	\$	\$
Total Assets	\$	\$	\$	\$

Over Please →

OTHER ASSETS:

TYPE	YOU	SPOUSE	JOINT	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

LIABILITIES:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

BUSINESS INTEREST:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Farm	\$	\$	\$	\$
Partnership or LLC Interest	\$	\$	\$	\$
Corporation <input type="checkbox"/> S-Corp?	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

Other things you think we should know:
