



## Getting to know you financially

### Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home phone: \_\_\_\_\_

Street: \_\_\_\_\_ Work phone: \_\_\_\_\_

City, ST, zip: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

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

Please provide details for one of these:

Passport  Driver's License  Other gov't photo ID Document # \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expired: \_\_\_\_\_ State/Country issued: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Domestic Partner

### Spouse/Partner Information


Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

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

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

Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Children's Name	Social Security	Date of Birth	Marital Status

 315-637-5153

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### Financial Profile

Income	Yours	Spouse/Partner	Total
Annual gross:			
Bonus:			
Social Security:			
Pension:			
Real estate:			
Interest/investment:			
Other:			
<b>Totals</b>			

Assets	Yours	Spouse / Partner	Joint / Total
Checking:			
Savings:			
Certificates of Deposit:			
Money Market/s:			
<b>Totals</b>			

Do you rent or own a home? \_\_\_\_\_ Approximate home value: \_\_\_\_\_

Liabilities after Assets	Yours	Spouse / Partner	Joint / Total
Mortgage:			
Credit cards:			
Other loans:			
<b>Totals</b>			

<b>Monthly Expenses (divide annual by 12)</b>	
Mortgage or Rent	\$
Real Estate Taxes	\$
Vacation Home Mortgage	\$
Vacation Home Taxes	\$
Auto Loans	\$
Personal Loans	\$
Credit Cards	\$
Child Support / Alimony	\$
Groceries / Dining	\$
Clothing	\$
Doctor / Dentist	\$
Prescriptions	\$
Education / Professional Fees	\$
Day Care	\$
Personal Care	\$
Utilities	\$
Home Maintenance / Repairs	\$
Veterinary / Pet Care	\$
Books, Magazines, Newspapers	\$
Club / Gym Dues	\$
Vacation / Travel	\$
Children's Allowances	\$
Gifts	\$
Health Insurance	\$
Auto Insurance	\$
Home Insurance	\$
Other Insurance, specify:	\$
Auto / Gas, Oil, Maintenance, Registration Costs	\$
Public Transportation	\$
Parking	\$
Charitable Contributions	\$
<b>Total Monthly Expenses</b>	<b>\$</b>

Investments / Non-Retirement

Investment	Owner	Description	Value

Investments / Retirement

Retirement Account	Owner	Description	Vested Value	Employee Contribution	Beneficiary

Estate Planning

Do you have a will?  Yes  No if yes, when was it drafted:

Attorney Name / Firm:

Life Insurance you or your spouse / partner own:

Insurance Company	Policy Type	Name of Insured	Policy Owner	Face Amount	Value

Disability or Long-Term Care Insurance you or your spouse / partner own:

Insurance Company	Name of Insured	Policy Type	Premium	Monthly Benefit

**Documents to bring to your appointment:**

Last Year's Tax Return, Pension & Retirement Plan Statements, Social Security Statements, Investment Statements, Company Benefits Booklets, Insurance Policies, Bank Account Statements, Recent Pay Stubs

**Additional Information:**

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