

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birth State: \_\_\_\_\_

Address: \_\_\_\_\_ Years at Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## EMPLOYER INFORMATION:

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

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

Industry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INCOME & MONTHLY EXPENSES:

Annual Income: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Monthly Expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount in Checking/Savings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FINANCIAL PROFILE:

Net Worth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Liquid Net Worth: \_\_\_\_\_  
\_\_\_\_\_

Investments in 401k/Retirement Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Investments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FUTURE RETIREMENT INCOME:

Social Security:

Spouse Social Security:

Pension:

STRS/OPERS:

Spouse STRS/OPERS:

## LIFE INSURANCE:

Type of Insurance:

Premium:

Death Benefit Amount:

## BENEFICIARY INFORMATION:

Primary:

1.

DOB:

Primary:

2.

DOB:

Contingent:

1.

DOB:

Contingent:

2.

DOB:

Contingent:

3.

DOB:

## NOTES & OTHER INFORMATION: