



All information provided will remain strictly confidential.

PERSONAL INFORMATION DATA SHEET

CLIENT FULL LEGAL NAME First _____ Middle _____ Last _____			CO-CLIENT FULL LEGAL NAME First _____ Middle _____ Last _____					
Nickname _____			Nickname _____					
Birth-date ____-____-____ (MM-DD-YYYY) SSN ____-____-____			Birth-date ____-____-____ (MM-DD-YYYY) SSN ____-____-____					
Citizenship <input type="radio"/> US Citizen <input type="radio"/> Non US Citizen			Citizenship <input type="radio"/> US Citizen <input type="radio"/> Non US Citizen					
Please Check One: <input type="checkbox"/> Married ____-____-____ (MM-DD-YYYY) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____								
Street Address _____		City _____		State _____	Zip _____			
Mailing Address (if different) _____		City _____		State _____	Zip _____			
Home Phone (____) _____								
CLIENT Driver's License No. _____ State _____ Cell Phone (____) _____ Work Phone (____) _____ Preferred Email _____ Occupation _____ Title _____ Employer _____ Employer Address _____			CO-CLIENT Driver's License No. _____ State _____ Cell Phone (____) _____ Work Phone (____) _____ Preferred Email _____ Occupation _____ Title _____ Employer _____ Employer Address _____					
CHILDREN / DEPENDENTS								
Name	Birth-date (MM-DD-YYYY)	SSN	Marital Status	No. of Kids				
1. _____	____-____-____	____-____-____	____	____				
2. _____	____-____-____	____-____-____	____	____				
3. _____	____-____-____	____-____-____	____	____				
4. _____	____-____-____	____-____-____	____	____				
5. _____	____-____-____	____-____-____	____	____				
REAL ESTATE								
Address	Market Value		Current Balance	Initial Balance	Rate	Fixed/Variable	Term	Start Date
1. _____	\$ _____	1 st Mortgage	\$ _____	\$ _____	% _____		Yrs _____	
		2 nd Mortgage	\$ _____	\$ _____	% _____		Yrs _____	
2. _____	\$ _____	1 st Mortgage	\$ _____	\$ _____	% _____		Yrs _____	
		2 nd Mortgage	\$ _____	\$ _____	% _____		Yrs _____	
3. _____	\$ _____	1 st Mortgage	\$ _____	\$ _____	% _____		Yrs _____	
		2 nd Mortgage	\$ _____	\$ _____	% _____		Yrs _____	

DOCUMENT CHECKLIST

You do not need to make copies of these documents. If you provide us with the original documents, we will scan what we need and return the originals to you.

- **Personal Information**

- 1. Completed Personal Information Data Sheet (see page 1)
- 2. Copy of Driver's License

- **Cash Flow Information**

- 1. List of Household Income & Expenses (see page 3)
- 2. Paycheck Stubs (2 most recent)

- **Tax Returns from last 3 years (federal and state with pertinent schedules attached):**

- 1. Personal Income Tax Returns
- 2. Gift Tax Returns (most recent)
- 3. Business Income Tax Returns
- 4. Children's Income Tax Returns

- **Estate Planning Documents**

- 1. Wills
- 2. Living Wills/ Advance Medical Directives
- 3. Medical Powers of Attorney
- 4. Financial Powers of Attorney
- 5. Letters of Final Instruction
- 6. Trust Agreements

- **Legal Agreements**

- 1. Divorce or Separation Agreements
- 2. Prenuptial Agreements

- **Business Agreements & Annual Reports for:**

- 1. Closely Held Corporations
- 2. Partnerships
- 3. Other Business Ventures

- **Account Statements for Assets**

- 1. Bank Accounts (checking, savings, money market, CDs)
- 2. Brokerage / Mutual Fund Accounts
- 3. IRA Accounts (traditional, Roth)
- 4. Retirement Plans (401k, 403b, 457b, TSP, etc. Include list of available investment options)
- 5. Annuities (immediate, variable, fixed)
- 6. Deferred Compensation Plans
- 7. Pension Plans (defined benefit)
- 8. Social Security Statements (most recent)
- 9. 529 or Prepaid Tuition Plans
- 10. Children's/Custodial Accounts

- **Account Statements for Liabilities**

- 1. Mortgages
- 2. Equity Lines or Loans
- 3. Car Loans
- 4. Student Loans
- 5. Credit Cards (any account for which you carry an ongoing balance)
- 6. Any Other Debt

- **Insurance Policy Information (actual policy, declarations page, etc)**

- 1. Life (group, term, whole, universal, variable)
- 2. Health (medical, dental, etc)
- 3. Disability (individual, group, short term, long term)
- 4. Automobile
- 5. Homeowners/Renters
- 6. Umbrella Liability
- 7. Professional liability

- **Other Information (anything else you feel is important for us to have)**

LIST OF HOUSEHOLD INCOME AND EXPENSES

Please provide your best estimates if exact amounts are unknown.

	Monthly	or	Annually
Income			
Salary – Client	_____		_____
Salary – Co-Client	_____		_____
Estimated Bonuses – Client	_____		_____
Estimated Bonuses – Co-Client	_____		_____
Other Income (describe) _____	_____		_____
Expenses			
Mortgage Principal & Interest/Rent	_____		_____
Real Estate Taxes.....	_____		_____
Homeowners/Renters Insurance Premiums.....	_____		_____
Auto Loan Payments.....	_____		_____
Other Loan Payments (describe) _____	_____		_____
Auto Insurance Premiums	_____		_____
Umbrella Liability Insurance Premiums	_____		_____
Personal Property Taxes	_____		_____
Health & Dental Insurance Premiums	_____		_____
Out-of-Pocket Medical Expenses	_____		_____
Utilities (Gas, Water, Electric, Cable, Phone, Cell, Internet, etc)....	_____		_____
Groceries (Food, Household Supplies, etc)	_____		_____
New Clothes & Dry Cleaning	_____		_____
Home Maintenance (including Repairs, Cleaning, Yard & Pool)....	_____		_____
Automobile Maintenance (Gas, Tires, Oil, Service)	_____		_____
Child Care	_____		_____
Disability Insurance Premiums	_____		_____
Life Insurance Premiums	_____		_____
Allowances/Cash Spending	_____		_____
New Household Purchases (Furniture, Décor, Appliances, etc.)....	_____		_____
Family Personal Expenses (Haircuts, etc)	_____		_____
Vacations/Travel	_____		_____
Dining Out	_____		_____
Entertainment (Hobbies, Club Dues, Recreation, Subscriptions) ...	_____		_____
Education	_____		_____
Gifts to Others	_____		_____
Charitable Donations	_____		_____
Pets and Pet Care.....	_____		_____
Other Ongoing Expense _____	_____		_____
Other Ongoing Expense _____	_____		_____
Additions to Savings/Investments			
Retirement Plan Contributions (401k, 403b, etc) – Client	_____		_____
Retirement Plan Contributions (401k, 403b, etc) – Co-Client.....	_____		_____
IRA Contributions (Traditional, Roth) – Client	_____		_____
IRA Contributions (Traditional, Roth) – Co-Client	_____		_____
529 College Savings Plan Contributions	_____		_____
Other _____	_____		_____