PRINT CLEAR

PARTNERS IN FINANCIAL PLANNING

All information provided will remain strictly confidential.

PERSONAL INFORMATION DATA SHEET

CLIENT FULL LEGAL NAME
First **Middle** **Last**

Nickname ____________________________

CO-CLIENT FULL LEGAL NAME
First **Middle** **Last**

Nickname ____________________________

Birth-date______-_______-__________(MM-DD-YYYY)
SSN_________-_______- _________
Citizenship O US Citizen O Non US Citizen

Birth-date______-_______-__________(MM-DD-YYYY)
SSN_________-_______- _________
Citizenship O US Citizen O Non US Citizen

Please Check One: ☐ Married______-_______-__________(MM-DD-YYYY) ☐ Widowed
☐ Divorced ☐ 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.	$	1st Mortgage	$	$	%	Fixed	Yrs	
		2nd Mortgage	$	$	%	Fixed	Yrs	
2.	$	1st Mortgage	$	$	%	Fixed	Yrs	
		2nd Mortgage	$	$	%	Fixed	Yrs	
3.	$	1st Mortgage	$	$	%	Fixed	Yrs	
		2nd Mortgage	$	$	%	Fixed	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**
  ☐ Completed Personal Information Data Sheet (see page 1)
  ☐ Copy of Driver's License

- **Cash Flow Information**
  ☐ Paycheck Stubs (2 most recent)

- **Tax Returns**
  ☐ Personal Income Tax Returns From Previous 3 Years (Federal and State with schedules attached)

- **Account Statements for Assets**
  ☐ Bank Accounts (checking, savings, money market, CDs)
  ☐ Brokerage/Mutual Fund Accounts
    - Include a list of available investment options where applicable.

  ☐ Retirement Plans (Traditional IRA, Roth IRA, 401k, 403b, 457b, TSP, Pensions, Deferred Comp)
    - Include a list of available investment options where applicable.

  ☐ Annuities (immediate, fixed, variable)
  ☐ Social Security Statements
  ☐ Accounts For Children (529 plans, prepaid tuition plans, UGMAs, UTMAs)

- **Account Statements for Liabilities**
  ☐ Mortgages
  ☐ Equity Lines or Loans
  ☐ Car Loans
  ☐ Student Loans
  ☐ Credit Cards
  ☐ Other Debts

- **Insurance Policy Information**
  ☐ Life (group, term, whole, universal, variable)
  ☐ Disability (individual, group, short-term, long-term)
  ☐ Automobile
  ☐ Homeowners/Renters
  ☐ Umbrella Liability