

All information provided will remain strictly confidential.

## PERSONAL INFORMATION DATA SHEET

CLIENT FULL LEGAL NAME First	Middle		Last	CO Firs	-CLIENT FULL LE st	GAL NA Midd			
Nickname				Nic	kname				
Birth-date(MM-DD-YYYY) SSN				Birth-date(MM-DD-YYYY) SSN					
Citizenship O US Citizen O Non US Citizen				Citizenship O US Citizen O Non US Citizen					
Please Check One: ☐ Marr		-	(MM-D[	D-YYY	-				_
Street Address_			City				State Zi	p	
Mailing Address (if differer	nt)		City	State Zip					
Home Phone ()									
CLIENT  Driver's License No  Issue Date  Cell Phone ( )	Expiration Da	_State te		Driv Issu Cell Wo	Phone (	) )	piration Date .		
OCCUPATION				OCCUPATION					
				Title					
Employer				E.					
CHILDREN / DEPENDENTS Name 1			Birth-date (N				SSN 	Marita Statu	
2									
3									
4									
5	<u> </u>					<del></del> -	<u> </u>	<u> </u>	<del>-</del>
Address	Market Value		Current Bala	ance	Initial Balance	Rate	Fixed/Variable	Term	Start Date
1.	\$	1 <sup>st</sup> Mortgage	\$		\$	%		Yrs	
	7	2 <sup>nd</sup> Mortgage	\$		\$	%		Yrs	
2.	\$	1 <sup>st</sup> Mortgage	\$		\$	%		Yrs	
		2 <sup>nd</sup> Mortgage	\$		\$	%		Yrs	
3.		1 <sup>st</sup> Mortgage	\$		\$	%		Yrs	
	\$	2 <sup>nd</sup>	\$		\$	%		Yrs	



## **ADDITIONAL INFORMATION**

Primary Issues & Concerns					
Describe the top three goals, issues or concerns you most want to have addressed.					
We require you to provide the latest statements for the below items. You can upload these to Sharefile or deliver them to our office. We will scan these and provide them back to you.					
Document Checklist					
Cash Flow					
☐Budget (if available)					
□Paystub (if available)					
Investments and Assets					
☐Most recent statements for any investment account.					
<ul> <li>Taxable Brokerage, 401(k)/403(b), 529 Plans, Deferred Compensation Plans,</li> <li>Stock Options, IRAs, Roth IRAs, annuities etc</li> </ul>					
☐Balances of any savings, checking, money market and CDs					
□Investment options available within your employer retirement plan					
□Social Security Statements (if applicable)					
<u>Debt</u>					
<ul> <li>☐Most recent debt statements to include interest rate and monthly payment amount.</li> <li>○ Ex: Mortgage, Equity Line, Credit Card, Student Loan, Car Loan, etc.</li> </ul>					
<u>Insurance</u>					
☐Most recent statement for any whole/universal/variable life policies. ☐Details on any term life to include term, amount and when purchased.					
□Details on any group life coverage.					
☐ Health plan details and any plans available to you at your next open enrollment.					
□Disability coverage information. □Declaration pages of your home, renters, auto and umbrella policies.					
Estate Documents					
<ul><li>☐ Will, Advance Medical Directive, Power of Attorney</li><li>☐ Trusts</li></ul>					
Taxes					
☐ Previous year's tax return.					
Other  Any other statements or information you feel is important for us to					

Income							
Income Source (Salary,	Yearly	Earner	Comments				
Alimony, Rental, etc)	<b>Gross Amount</b>						
	\$						
	\$						
	\$						
	\$						
	1	•	•				

Any other comments	