

Personal Information

	Client 1	Client 2
Full Name		
Nickname		
Gender		
Date of Birth		
Social Security Number		
Marital Status		
Citizenship (Country & State)		
Address (Physical, then Mailing if different)		
Home Phone		
Cell Phone		
Work Phone		
Preferred Email		
Employment Status (Employed, Retired, Business Owner, Homemaker, Not Currently Employed)		

What is your life expectancy?

Client 1	Client 2

Current generally used estimates for males in the US is 90 for males and 92 for females. Family history of longevity and personal health issues should be considered.

Do you plan to change States (or Country) of residence at or during retirement? If yes,

To where?	
When do you expect to move? (Year)	

What are your financial goals? (Education goals are in the next section.)

Name/Describe the goal.	When for each client? (Year)	How much will it cost in today's dollars?	If it will be recurring, such as annual travel, for how many times and how often will it recur?	Rate the importance to you. Needs – 10, 9, 8 Wants – 7, 6, 5, 4 Wishes – 3, 2, 1 (The higher the number the more important it is.)
Retirement – Basic living expenses when both are retired if a couple, or at retirement if single (Required)	Client 1			
	Client 2			

Some common goals in addition to basic retirement living expenses are: Travel, Car, Health Care (should be included in basic living expenses unless there is something particular in your case), Leave Bequest (some people wish to target a goal amount to leave to heirs or charity), Celebration, , Provide Care for loved ones, Some Major Purchase (like boat, RV), Wedding, Starting a Business, Buying a New Home or other Real Estate, Making Gifts or Donations, Home Improvements, Insurance Policy Premiums. Those are just examples; please, list any goals that would need to be funded other than basic retirement living expenses regardless of whether they are to occur before or during retirement. For expenses that are to occur before retirement, only include expenses that will need to come from your portfolio or savings and not out of your regular income from employment.

Education Planning Goals

Whose Education	Start Year & How many years	Public/Private or Specific Institution	Importance (1 to 10)	Flexibility

Social Security

Are you eligible for SS?		
What is your estimated Full Retirement Age monthly benefit? If you are currently receiving SS, enter the gross amount and that it is currently being received. You may get your SS estimate here: https://www.ssa.gov/myaccount/		
At what age to you plan to begin taking SS, or did you if receiving now.		
If you are currently receiving or eligible to receive w widow(er) benefit, please enter the amount.		
If you are divorced after having been married for 10 years, what is the SS primary insurance amount on your ex-spouses SS account, if known.		

Other Retirement Income (i.e. Pensions)

Whose	Source	Begins	Ends	Annual Gross Amount	Survivor Benefit? How much (%)	Inflation adjusted? If so, simple or compound	Is there a SS Gov't. pension offset?	Does the amount reduce when SS begins? If so, what will be the new annual amount?

Assets & Liabilities

(Note: You may omit accounts that are held at Raymond James and are visible to Tomes WPM or for which you are providing statements, which is preferred.)

Current Employer Retirement Plan Information

Is a plan offered?		
How much do you contribute? (Percentage of your pay)		
How much is matched?		
Current Balance? (Please, provide statement)		

Other Assets (i.e. Houses (not rental property), cars, boats, raw land, jewelry, special collections, etc.)

Personal Property (Household items, special collections)

Item	Who Owns? (Client 1, 2, Joint, Trust?)	Estimated Value
General Property		

Automobiles, Boats, RV's (Do not include leased vehicles, only purchased or financed to own.)

Description	Ownership (i.e. Joint, Single, Trust) and Holding Period	Estimated Value

Future Assets (Inheritance, etc.)

Source	Client 1	Client 2	When

Education Savings

Type of Account	Ownership	For whose education?	Current Value and annual Contribution

Insurances

Life

Owner: Client 1, 2 or specify other	Insured: Client 1, 2 or specify other	Bene- ficiary(ies)	Death Benefit	Type (if term, # of years)	Cash Value, Surrender Value, Loan Amount if any	Premium (How much, how often, until when?)	When was the policy Issued?	Company & Policy Number

Disability

	Client 1	Client 2
Personally owned or employer provided?		
Tax status of premiums, post or pre		
Benefit Amount?		
Elimination Period		
Benefit lasts until what age or for how long?		
Any further description, like own-occupation, etc.?		

Insurances Continued

	Client 1	Client 2
Health Insurance Type		
Medicare Parts?		
Medicare Supplemental Insurance? If so, type and issuing company?		
Umbrella Policy Amount		
Auto Insurance liability limits		
Homeowner's Insurance		
Do you have flood Insurance?		
If you have hurricane coverage, what is your deductible?		
Are you covered by E & O or Malpractice insurance? If so, is it personal or employer provided?		

Employer Stock Option Plan(s)

Client 1 or 2?	Stock Symbol or Name	Type, ISO or NQ	All vest at death? (Y or N)	What is the vesting schedule?

Please provide statements detailing grant dates, type, etc.

Employer Restricted Stock Plan(s)

Client 1 or 2?	Stock Symbol or Name	All vest at death? (Y or N)	What is the vesting schedule?

Please provide statements detailing grant dates.

Real Estate

Personal Homes

1. Address:		
Ownership & Holding Period:	Value / Original Cost	Mortgage Balance
Mortgage Info: ¹ Type; ² Rate; ³ Initial Amt.; ⁴ Date Closed		
Payment Info: ¹ Total; ² Principal; ³ Interest; ³ Insurance; ⁴ Taxes (If Ins. and tax are paid separately, state annual amount)		
2. Address:		
Ownership & Holding Period:	Value / Original Cost	Mortgage Balance
Mortgage Info: ¹ Type; ² Rate; ³ Initial Amt.; ⁴ Date Closed		
Payment Info: ¹ Total; ² Principal; ³ Interest; ³ Insurance; ⁴ Taxes (If Ins. and tax are paid separately, state annual amount)		
3. Address:		
Ownership & Holding Period:	Value / Original Cost	Mortgage Balance
Mortgage Info: ¹ Type; ² Rate; ³ Initial Amt.; ⁴ Date Closed		
Payment Info: ¹ Total; ² Principal; ³ Interest; ³ Insurance; ⁴ Taxes (If Ins. and tax are paid separately, state annual amount)		
4. Address:		
Ownership & Holding Period:	Value / Original Cost	Mortgage Balance
Mortgage Info: ¹ Type; ² Rate; ³ Initial Amt.; ⁴ Date Closed		
Payment Info: ¹ Total; ² Principal; ³ Interest; ³ Insurance; ⁴ Taxes (If Ins. and tax are paid separately, state annual amount)		

Please, provide most recent mortgage statement.

Continue on separate sheet(s) as needed.

Rental Property

1. Address:		Net Rental Income
Ownership & Holding Period:	Value / Original Cost	Mortgage Balance
Mortgage Info: ¹ Type; ² Rate; ³ Initial Amt.; ⁴ Date Closed		
Payment Info: ¹ Total; ² Principal; ³ Interest; ³ Insurance; ⁴ Taxes (If Ins. and tax are paid separately, state annual amount)		
2. Address:		Net Rental Income
Ownership & Holding Period:	Value / Original Cost	Mortgage Balance
Mortgage Info: ¹ Type; ² Rate; ³ Initial Amt.; ⁴ Date Closed		
Payment Info: ¹ Total; ² Principal; ³ Interest; ³ Insurance; ⁴ Taxes (If Ins. and tax are paid separately, state annual amount)		
3. Address:		Net Rental Income
Ownership & Holding Period:	Value / Original Cost	Mortgage Balance
Mortgage Info: ¹ Type; ² Rate; ³ Initial Amt.; ⁴ Date Closed		
Payment Info: ¹ Total; ² Principal; ³ Interest; ³ Insurance; ⁴ Taxes (If Ins. and tax are paid separately, state annual amount)		
4. Address:		Net Rental Income
Ownership & Holding Period:	Value / Original Cost	Mortgage Balance
Mortgage Info: ¹ Type; ² Rate; ³ Initial Amt.; ⁴ Date Closed		
Payment Info: ¹ Total; ² Principal; ³ Interest; ³ Insurance; ⁴ Taxes (If Ins. and tax are paid separately, state annual amount)		

Continue on separate sheet(s) as needed.

Estate Planning

	Client 1	Client 2
Do you have a will?		
Do you have a living trust?		
Do you have a Life Insurance Trust?		
Do you have a by-pass trust provision?		
Do you have a durable power of attorney?		
Do you have a living will?		
Do you have a medical directive?		
When did you last review?		
Please, provide the name and contact information for your estate planning attorney.		
Do you have a post- or pre-nuptial		

It is requested, but not absolutely necessary, to provide your estate planning documents for review.

Investment Experience

(Please indicate: None, Limited, Moderate, or Extensive?)	Client 1	Client 2
Year you began investing? Or, number of years?		
Stock Investing		
<i>Trades/yr.</i>		
<i>Avg. Dollar Amount of Trades?</i>		
<i>Years of Experience?</i>		
Bonds & Fixed Income Investing		
<i>Trades/yr.</i>		
<i>Avg. Dollar Amount of Trades?</i>		
<i>Years of Experience?</i>		
Options Investing		
<i>Trades/yr.</i>		
<i>Avg. Dollar Amount of Trades?</i>		
<i>Years of Experience?</i>		
Commodities/Futures Investing		
<i>Trades/yr.</i>		
<i>Avg. Dollar Amount of Trades?</i>		
<i>Years of Experience?</i>		
Mutual Funds Investing		
<i>Trades/yr.</i>		
<i>Avg. Dollar Amount of Trades?</i>		
<i>Years of Experience?</i>		
Annuities Experience		
Margin Trading Experience? Years of Experience?		
Real Estate Years of Experience?		

Options Experience

Indicate Equity or Index Options	Client 1	Client 2
Covered Writing		
Uncovered Writing		
Purchases		
Spreads, Straddles, Complex		

Income Tax Information (It is requested that you provide a copy of your tax return; if you do so, you may skip this part.)

	Client 1 or Joint Info	Client 2
Filing Status		
Exemptions		
Schedule A Deductions Amount or write Standard		
Do you get a refund or pay extra usually each year? Amount?		
Carry Forward Losses Amount, if any		
Describe any special tax situations, credits, etc.		

Living Expenses and Savings

Approximately, how much do you spend per month or per year?		
Do you have a budget?		
How much do you save per year in taxable accounts?		
Do you contribute to your IRA? If so, how much?	Client 1	Client 2
Do you contribute to your Roth? If so, how much?	Client 1	Client 2

