

Client Information

Client Name:	DOB:
Spouse Name:	Spouse DOB:
Marital Status:	Occupation(s):
Age of Oldest Child:	Target Retirement Age:

Household Income Details

Earned Income:	Social Security:
Spouse Earned Income:	Pension/Annuities:
Rental Income:	Investment Interest:

Notes:
Total Household Income:
Monthly Expense

Mortgage/Rent:	Insurance:
Car/Transportation:	Food:
Medical:	Tuition:
Utilities:	Other:

Total Monthly Expenses:
Financial Net Worth

Assets	Liabilities
Home Equity:	Mortgage Balance:
Savings/Checking:	Credit Card Debit:
Brokerage Accounts:	Personal Debt:
401k/Retirement:	Business Debt:
Notes:	Notes:

Net Worth:
Existing Life Insurance

Carrier	Term / Perm	Face Amount	Cash Value	Yrs Remaining

Notes:
