

Date: \_\_\_\_\_

## CLIENT INTAKE FORM

Complete this form *prior* to your appointment.

Please print clearly.

If you are unsure of any information, leave it blank.

It is okay to approximate amounts and include attachments if additional space is needed.

Remember to sign and date the last page.

**Bring the completed form and your most recent tax return with you to your appointment.**

– If questions come up as you work through these materials, feel free to contact us at 508.693.6693.

*We respect your privacy and will not disclose this information to any outside parties without your expressed written consent.*

Client 1 Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Client 2 Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Do you have a current will?  Yes  No

Do you have a current living trust?  Yes  No

Does the will leave everything to your partner?  Yes  No

Does the will use trusts to take advantage of estate tax credits?  Yes  No

Planned retirement date: \_\_\_\_\_ If retired, date retired: \_\_\_\_\_

*Continued >*

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**CLIENT INTAKE FORM** *continued*

What are your primary financial concerns (e.g., preparing for retirement, college expenses, estate issues, current tax concerns, etc.)? (List in order of importance.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What kind of financial legacy do you want to leave?

\_\_\_\_\_

\_\_\_\_\_

How would you improve your financial situation if you could? Why?

\_\_\_\_\_

\_\_\_\_\_

Community Involvement:  Charities  Volunteerism  Which: \_\_\_\_\_

Interests/Hobbies:  Gardening  Travel  Education  Wine-tasting  Reading  
 Golf  Tennis  Sailing  Fishing  
 Other: \_\_\_\_\_

## **FINANCIAL NEEDS/INTERESTS**

Rank the following **products/services** in order of importance to you, with “1” being the most important:

- |  |                                      |
|--|--------------------------------------|
| _____ Estate Planning                      | _____ Nursing Home Expenses          |
| _____ Tax Planning                         | _____ Socially Responsible Investing |
| _____ College Funding/Educational Planning | _____ Life Insurance                 |
| _____ Retirement Planning                  | _____ Disability Insurance           |
| _____ Budgeting                            | _____ Long-Term Care Insurance       |
| _____ Trust Planning                       | _____ Professional Referrals         |
| _____ Regular Portfolio Reviews:           |                                      |

Check one:  Quarterly  Semiannually  Annually

**SUPPLEMENTAL INFORMATION**

	<b>Client 1</b>	<b>Client 2</b>
<b>Self-Employed?</b>		
<b>Company Name</b>		
<b>Business Address</b>		
<b>Business Fax</b>		
<b>Attorney's Name</b>		
<b>Attorney's Phone Number</b>		
<b>Insurance Agent's Name</b>		
<b>Insurance Agent's Phone Number</b>		
<b>Accountant's Name</b>		
<b>Accountant's Phone Number</b>		
<b>Parent's Living?</b>		
<b>Mother</b>		
<b>Father</b>		
<b>Children</b>	<b>Names</b>	<b>Birth Dates</b>
<b>Other Dependents?</b>		

Do you have any special concerns or needs for your parents, children, grandchildren, or others?

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**FINANCIAL INFORMATION**

*\*Please attach a printout of this information if it is on your private database.*

**Bank, Savings and Loan, and Credit Union Accounts (Non-IRA Assets)**

(e.g., checking, savings, money market accounts)

Name of Institution	Name of Owner	Type of Account	Maturity Date	Interest Rate	Approximate Balance
1.					\$
2.					\$
3.					\$
4.					\$

**IRA and Other Retirement Accounts**

(Attach your most recent statement/report.)

Name of Institution and Location (e.g., bank, broker)	Name of Owner	Type of Account (e.g., IRA, TSA, etc.)	Approximate Market Value
1.			\$
2.			\$
3.			\$
4.			\$

**Mutual Funds and/or Brokerage Accounts**

(Attach your most recent statement/report.)

Name of Brokerage/ Mutual Fund	Name of Owner	Number of Shares	Approximate Market Value
1.			\$
2.			\$
3.			\$
4.			\$

*Continued >*

**Residence and Other Real Estate**

Property Address	Name of Owner	Original Cost	Approx. Value	Debt	Net Cash Flow Before Depreciation (if a rental)
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$

**Life Insurance**

(Attach your most recent statement and your policies.)

Name of Insurance Company	Name of Owner	Beneficiary	Type of Insurance (e.g., whole life, term, etc.)	Approx. Death Benefit	Approx. Cash Value (Before Loans)	Loan Amount	Annual Premium
1.				\$		\$	\$
2.				\$		\$	\$
3.				\$		\$	\$

**Long-Term Care Insurance**

(Attach your most recent statement and your policies.)

Company	Name of Insured	Daily Benefit Amount	Length of Benefit Period	Annual Premium
1.		\$		\$
2.		\$		\$

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**FINANCIAL INFORMATION** *continued*

**Liabilities**

Source (e.g., credit cards, car payments, etc.)	Name of Owner	Interest Rate/ Finance Charge	Approximate Debt
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

**Comments:**

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**AGREEMENT: The preceding information reflects an accurate picture of my financial position at this time.**

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Client 1 Signature

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Date

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Client 2 Signature

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Date