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**FINANCIAL PLANNER CLIENT INTAKE FORM**

Disclaimer: Thank you for your interest in being a client of [PLANNER'S NAME]. This form is used to collect information about new clients and used for internal purposes only. The information you provide is confidential and will be treated accordingly.

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| **CLIENT INFORMATION** |

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **U.S. Citizen**: Yes  No

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP Code**: \_\_\_\_\_\_\_\_

**Years Living in Current Home**: \_\_\_\_\_ **Do you plan on moving?**  Yes  No

**Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile** **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Method of Contact**:  Home Phone  Mobile Phone  E-Mail  Fax

**Marital Status**:  Single  Married  Widowed  Divorced

* If married, answer the following:
  + How many years have you been married? \_\_\_\_\_\_\_\_
  + Is this your first marriage?  Yes  No

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| **SPOUSE INFORMATION** |

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **U.S. Citizen**: Yes  No

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Is this your spouse’s first marriage?**  Yes  No

If your spouse resides at a different address, provide the following:

**Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP Code**: \_\_\_\_\_\_\_\_

**Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CLIENT OCCUPATION** |

**Occupation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Self-Employed**:  Yes  No

**Employer Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Years with Current Employer**: \_\_\_\_\_\_\_\_

**Business Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employer E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SPOUSE OCCUPATION** |

**Occupation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Self-Employed**:  Yes  No

**Employer Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Years with Current Employer**: \_\_\_\_\_\_\_\_

**Business Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employer E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CHILDREN / DEPENDENTS** |

List your children and other dependents below. Attach a separate page if more space is needed to provide additional names or information.

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dependent**:  Yes  No

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dependent**:  Yes  No

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dependent**:  Yes  No

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dependent**:  Yes  No

**Do any of the your children or other dependents require special care?**  Yes  No

* If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will you pay for your children/dependent’s education?**  Yes  No  Undecided

* If yes, what percentage? \_\_\_%
* How much have you already set aside? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ANNUAL INCOME & EXPENSES** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Income** | **Client** | **Spouse** | **Annual Total** |
| Salary | $ | $ | $ |
| Self-Employment | $ | $ | $ |
| Bonus & Commission | $ | $ | $ |
| Interest & Dividends | $ | $ | $ |
| Pensions & Annuities | $ | $ | $ |
| Social Security | $ | $ | $ |
| Alimony | $ | $ | $ |
| Rental Property (Net) | $ | $ | $ |
| Other Income | $ | $ | $ |
| **Total** | $ | $ | $ |

**Do you have emergency reserves?**  Yes  No

* If yes, how much? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Where are these funds held? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How do you expect your earned income to change over the next five years?**

* - Increase:  Substantially  Moderately  Slightly
* - Decrease:  Substantially  Moderately  Slightly
* - No Change

**What are your annual expenses (excluding taxes and savings)?** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List your major planned expenditures (e.g., weddings, home purchases):**

Next Three Years: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Three to Five Years: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Five to Ten Years: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you set funds aside for your planned expenditures?**  Yes  No

* If yes, how much? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Where are these funds held? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HEALTH ISSUES** |

List any health issues you or your family members are experiencing that could affect your financial planning:

|  |
| --- |
| **ASSETS** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Cash** | **Client** | **Spouse** | **Joint** |
| Checking & Savings | $ | $ | $ |
| Money Market Funds | $ | $ | $ |
| Certificates of Deposit (CDs) | $ | $ | $ |
| U.S. Savings Bonds | $ | $ | $ |
| Other Cash | $ | $ | $ |
| **Total** | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Taxable Investments** | **Client** | **Spouse** | **Joint** |
| Stocks, Bonds, Mutual Funds | $ | $ | $ |
| Investment Real Estate | $ | $ | $ |
| Other Taxable Accounts & Assets | $ | $ | $ |
| **Total** | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Education Investments** | **Client** | **Spouse** | **Joint** |
| 529 / Tuition Savings Plans | $ | $ | $ |
| UTMA / UGMA Custodial Accounts | $ | $ | $ |
| Other Education Investments | $ | $ | $ |
| **Total** | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Property** | **Client** | **Spouse** | **Joint** |
| Home Furnishings | $ | $ | $ |
| Automobiles | $ | $ | $ |
| Boats, Trailers, Airplanes | $ | $ | $ |
| Clothing, Furs | $ | $ | $ |
| Jewelry, Silver, Antiques, Art | $ | $ | $ |
| Other Personal Property | $ | $ | $ |
| **Total** | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Real Estate** | **Client** | **Spouse** | **Joint** |
| Primary Residence | $ | $ | $ |
| Secondary Residence | $ | $ | $ |
| Vacation Homes | $ | $ | $ |
| Other Real Estate | $ | $ | $ |
| **Total** | $ | $ | $ |

|  |  |  |
| --- | --- | --- |
| **Retirement Investments** | **Client** | **Spouse** |
| IRA: Traditional, Rollover | $ | $ |
| IRA: Roth, SEP, SIMPLE | $ | $ |
| 401(k), 403(b), 457 | $ | $ |
| Pension | $ | $ |
| Other Retirements Plans | $ | $ |
| **Total** | $ | $ |
| **LIABILITIES** | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Creditor** | **Debtor** | **Balance Owed** | **Monthly Payment** | **Term** | **Interest Rate** |
|  | Client  Spouse | $ | $ |  | % |
|  | Client  Spouse | $ | $ |  | % |
|  | Client  Spouse | $ | $ |  | % |
|  | Client  Spouse | $ | $ |  | % |
|  | Client  Spouse | $ | $ |  | % |
|  | Client  Spouse | $ | $ |  | % |
|  | Client  Spouse | $ | $ |  | % |
|  | **Total** | $ | $ |  |  |

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| **RETIREMENT GOALS** |

**At what age do you plan to retire?** \_\_\_\_\_

**At what age does your spouse plan to retire?** \_\_\_\_\_

**Will your home be paid off before you retire?**  Yes  No

**How much annual income will you want after retirement?** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you plan to work after retirement?**  Yes  No

* If yes, until what age? \_\_\_\_\_
* How much do you expect to earn annually? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your spouse plan to work after retirement?**  Yes  No

* If yes, until what age? \_\_\_\_\_
* How much does your spouse expect to earn annually? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a pension?**  Yes  No

* If yes, how much do you expect to earn monthly? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* At what age will your pension start? \_\_\_\_\_
* Does your pension include a cost-of-living adjustment?  Yes  No
  + If yes, what percentage? \_\_\_\_\_%

**Does your spouse have a pension?**  Yes  No

* If yes, how much does your spouse expect to earn monthly? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* At what age will your spouse’s pension start? \_\_\_\_\_
* Does your spouse’s pension include a cost-of-living adjustment?  Yes  No
  + If yes, what percentage? \_\_\_\_\_%

**How much Social Security do you expect to earn each month?** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How much does your spouse expect to earn? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **INSURANCE POLICIES** |

Life Insurance:

**Insurance** **Policy**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Insured**:  Client  Spouse

**Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Beneficiary**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Death Benefit**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Annual Premium**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance** **Policy**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Insured**:  Client  Spouse

**Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Beneficiary**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Death Benefit**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Annual Premium**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability Insurance:

**Insurance** **Policy**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Insured**:  Client  Spouse

**Elimination Period**: \_\_\_\_\_\_\_\_ **Benefit Period**: \_\_\_\_\_\_\_\_ **Type**:  Group  Personal

**Monthly Benefit**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Annual Premium**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance** **Policy**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Insured**:  Client  Spouse

**Elimination Period**: \_\_\_\_\_\_\_\_ **Benefit Period**: \_\_\_\_\_\_\_\_ **Type**:  Group  Personal

**Monthly Benefit**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Annual Premium**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long-Term Care Insurance:

**Insurance** **Policy**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Insured**:  Client  Spouse

**Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Daily Benefit**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Elimination Period**: \_\_\_\_\_\_\_\_ **Benefit Period**: \_\_\_\_\_\_\_\_

**Annual Premium**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance** **Policy**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Insured**:  Client  Spouse

**Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Daily Benefit**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Elimination Period**: \_\_\_\_\_\_\_\_ **Benefit Period**: \_\_\_\_\_\_\_\_

**Annual Premium**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ESTATE PLANNING** |

Do you have any of the following estate planning documents?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Document** | **Client** | **Year** |  | **Spouse** | **Year** |
| Will | Yes  No | \_\_\_\_\_ |  | Yes  No | \_\_\_\_\_ |
| Durable Power of Attorney | Yes  No | \_\_\_\_\_ |  | Yes  No | \_\_\_\_\_ |
| Trust | Yes  No | \_\_\_\_\_ |  | Yes  No | \_\_\_\_\_ |
| Medical Directive | Yes  No | \_\_\_\_\_ |  | Yes  No | \_\_\_\_\_ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  No | \_\_\_\_\_ |  | Yes  No | \_\_\_\_\_ |
| **EMPLOYER STOCK OPTIONS** | | | | | |

Do you or your spouse participate in any of the following employer stock plans?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Stock Plan** | **Client** |  |  | **Spouse** |  |
| Incentive Stock Options | Yes  No |  |  | Yes  No |  |
| Non-Qualified Stock Options | Yes  No |  |  | Yes  No |  |
| Restricted Stock Units | Yes  No |  |  | Yes  No |  |
| Employee Stock Purchase Plan | Yes  No |  |  | Yes  No |  |
|  |  |  |  |  |  |
| **FINANCIAL CONCERNS** | | | | | |

What aspects of your finances are you most concerned about?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Cash Flow and Budgeting |  | Home Purchase |  | Retirement Planning |
|  | College Planning |  | Insurance |  | Tax Planning |
|  | Estate Planning |  | Investment |  |  |

List any other financial matters that concern you:

Provide any additional information that would help us evaluate or gain a better understanding of your financial situation:

|  |
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| **PROFESSIONAL ADVISORS** |

Provide the following information for other professional advisors that we may contact:

|  |  |  |  |
| --- | --- | --- | --- |
| **Advisor** | **Name** | **Firm** | **Phone** |
| Accountant | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Attorney | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Stockbroker | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Portfolio Manager | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Banker | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| **SIGNATURE** | | | |

**Client Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_