

# Client Intake Form

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

**Client:** \_\_\_\_\_  
(First) (MI) (Last)

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ Issue date: \_\_\_\_\_ Exp date: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(no PO Box) \_\_\_\_\_

**Spouse:** \_\_\_\_\_  
(First) (MI) (Last)

Email Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ Issue date: \_\_\_\_\_ Exp date: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(no PO Box) \_\_\_\_\_

**Children:**

1) \_\_\_\_\_  
(First) (MI) (Last) (Birthdate) ( Social Security #)

2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

# Client Intake Form

## Income & Expenses

### Current Income

Gross Income: Client \$ \_\_\_\_\_ per year  
Spouse \$ \_\_\_\_\_ per year

Describe any expected changes in income:

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At what age do you plan to retire or work less than full time?

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

### Retirement Income

If your employer has a pension plan (Defined Benefit Plan) that is going to pay you a monthly income at retirement please indicate the dollar amount or percentage of gross income you would receive at retirement age:

Client \$ \_\_\_\_\_ / \_\_\_\_\_ %  
Spouse \$ \_\_\_\_\_ / \_\_\_\_\_ %

Monthly dollar amount or percentage employer deducts from your pay for defined benefit pension:

Client \$ \_\_\_\_\_ / \_\_\_\_\_ %  
Spouse \$ \_\_\_\_\_ / \_\_\_\_\_ %

Social Security:

Will you be eligible for social security?

(Please circle one)

Client	Yes	No
Spouse	Yes	No

At what age is full Social Security retirement available?  
(from latest Social Security statement)

Client \_\_\_\_\_

Spouse \_\_\_\_\_

How much monthly Social Security will you receive (from latest SS statement)?

Client Age 62 \$ \_\_\_\_\_

Full Retirement Age \$ \_\_\_\_\_

Spouse Age 62 \$ \_\_\_\_\_

Full Retirement Age \$ \_\_\_\_\_

### Monthly Expenses

Describe any expected major changes in monthly expenses:

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<b>Taxes</b>	Federal Income Tax	\$ _____	per year	(line 55 of IRS Form 1040)
	State Income Tax	\$ _____	per year	

Describe any big one-time extra expenses in the next three years:

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# Client Intake Form

## Assets & Liabilities

	<u>Current Value</u>	<u>Regular Monthly Additions</u>
<b><u>Checking</u></b>		
Bank Checking	\$ _____	\$ _____
<b><u>Emergency Funds</u></b>		
Bank Savings	\$ _____	\$ _____
Money Market	\$ _____	\$ _____
<b><u>Non-Retirement Assets</u></b>		
Residence	\$ _____	\$ _____
Investments & Mutual Funds	\$ _____	\$ _____
Investment Real Estate	\$ _____	\$ _____
	\$ _____	\$ _____
Other Non-Retirement Assets	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<b><u>Retirement Investments</u></b>		
Client: Company 401K, 403B, etc.	\$ _____	\$ _____
Regular IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Other Retirement Accounts	\$ _____	\$ _____
Spouse: Company 401K, 403B, etc.	\$ _____	\$ _____
Regular IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Other Retirement Accounts	\$ _____	\$ _____

### Home Loan

Current Loan Balance	\$ _____	Loan Start Year	_____
House Payment (excluding impound account)	\$ _____	/month	Interest Rate _____ %
Terms of Loan	(Please circle one)	30 yrs    15yrs    Other	_____

### Other Liabilities

	<u>Loan Balance</u>	<u>Monthly Payment</u>	<u>Interest Rate</u>
Investment Real Estate Loan Balance	\$ _____	\$ _____	_____
Total Credit Cards	\$ _____	\$ _____	_____
Other Debt	\$ _____	\$ _____	_____

# Client Intake Form

## Insurance & Estate

### Life Insurance

Client  
Spouse

### Current Cash Value

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### Face Coverage Amount

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### Disability Insurance

Client  
Spouse

(Please circle one)

Yes No  
Yes No

### Long Term Care

Client  
Spouse

(Please circle one)

Yes No  
Yes No

### Health Insurance

(Please circle one)

Client: Yes No  
Spouse: Yes No

Describe: \_\_\_\_\_  
Describe: \_\_\_\_\_

### Estate

Do you have a will? (Please circle one) Yes No

Do you have a trust? (Please circle one) Yes No

Who is your accountant? \_\_\_\_\_

Who is your attorney? \_\_\_\_\_

### Comments/Notes: