Client Data Form

PLEASE CHOOSE THE CLIENTS TAX FILING STATUS

◉ SINGLE   ◉ HEAD OF HOUSEHOLD   ◉ MARRIED FILING JOINTLY

Software – Profile Tab

Contact Information

	Client	Spouse
First Name		
Last Name		
Birthdate	_____/_____/_____	_____/_____/_____
Veteran	◉ Yes ◉ No	◉ Yes ◉ No
Branch		
Wedding Anniversary	_____/_____/_____	
Phone	( ) -	( ) -
Email		
Street Address		
City, State, Zip		

Professional Contact Information

Profession	Name	Email Address	Telephone
Accountant			( ) -
Estate Planning Attorney			( ) -

Other Information

Question	Yes	No	Updated
Do you own have a will?			_____/_____/_____
Have you named your beneficiaries?			_____/_____/_____
Own health insurance?			_____/_____/_____
Have a health savings account?			_____/_____/_____
Own disability insurance?			_____/_____/_____
Own Long Term Care Insurance?			_____/_____/_____
Have a Durable Power of Attorney?			_____/_____/_____
Have a Healthcare Power of Attorney?			_____/_____/_____
Own final expense insurance?			_____/_____/_____
Have a trust(s)?			_____/_____/_____

Family Information

Name	Relationship	Date of Birth	Spouse's Name
		_____ / _____ / _____	
		_____ / _____ / _____	
		_____ / _____ / _____	
		_____ / _____ / _____	

Beneficiary Information

Name	Relationship	Date of Birth	Address
		_____ / _____ / _____	
		_____ / _____ / _____	
		_____ / _____ / _____	
		_____ / _____ / _____	

Goals

Date	Description
_____ / _____ / _____	
_____ / _____ / _____	
_____ / _____ / _____	
_____ / _____ / _____	

Notes

Date	Description
_____ / _____ / _____	
_____ / _____ / _____	
_____ / _____ / _____	
_____ / _____ / _____	

Software Tab 1 - Income

Employment Income

	Client 1	Client 2
Employer		
Current Gross Monthly Salary	$	$
Projected Annual Salary Increase %	%	%
Projected Retirement Date	_____/_____ ☐ Retired	_____/_____ ☐ Retired

Social Security Benefits

Owner	Strategy	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA
			☐ Life or	$	%
			☐ Life or	$	%
			☐ Life or	$	%

Pension Benefits

Owner	Description	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA	% to Survivor
			☐ Life or	$	%	%
			☐ Life or	$	%	%

Software Tab 2 - Assets

Spendable Assets

Owner	Company	Tax Classification IRA, 401k, etc.	Investment Vehicle CD, Stock etc.	Value	Monthly Contributions
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

Protected Assets

Owner	Company	Description	Value
			$
			$
			$

Single Premium Annuities

Owner	Company	Tax Classification	Payout	Mode	Initial Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			☐ Single ☐ Joint	☐ Monthly ☐ Annual	$	$	___/___	☐ Life or ___/____
			☐ Single ☐ Joint	☐ Monthly ☐ Annual	$	$	___/___	☐ Life or ___/____

Income Benefit Annuities

Owner	Company	Tax Classification	Payout	Payout Mode	Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			☐ Single ☐ Joint	☐ Monthly ☐ Annual	$	$	___/___	☐ Life or ___/____
			☐ Single ☐ Joint	☐ Monthly ☐ Annual	$	$	___/___	☐ Life or ___/____
			☐ Single ☐ Joint	☐ Monthly ☐ Annual	$	$	___/___	☐ Life or ___/____