

If you have any questions while preparing this form, please feel free to contact a member of our Financial Planning Department for help (412) 227-3200 or 1 (800) 900-4492

Referred By Whom? _____

Name of Seminar? _____

Location of Seminar? _____

Seminar Beginning Date _____

PERSONAL DATA:	FIRST NAME	M.I.	LAST NAME	SEX	BIRTH DATE
CLIENT A					
CLIENT B					

HOME ADDRESS					
Street	City	State	Zip		
Home Phone	Email				
Client A: Business Phone ()	Client B: Business Phone ()				
Accountant Name <small>(For our information only. No contact will be made.)</small>	Attorney Name <small>(For our information only. No contact will be made.)</small>				

EMPLOYEE DATA: CLIENT A	EMPLOYEE DATA: CLIENT B
Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	Occupation
Employer's Name _____ years	Employer's Name _____ years

CHILDREN

	NAME	BIRTH DATE	WILL ATTEND COLLEGE - Y/N	YEAR TO BEGIN	# YEARS	CURRENT \$ SET ASIDE*	MONTHLY ADDITIONS (IF ANY)
Oldest Child							
Child 2							
Child 3							

*Includes statements for children's accounts or money earmarked for children's education.

What are you hoping to gain from having a financial plan done now?

Have you ever worked with a financial advisor before?

Is there anything of importance that we should know while preparing the plan? (i.e. Is any amount of personal savings/investments earmarked for an upcoming expense?)

REAL ESTATE PROFILE DETAIL

TYPE OF PROPERTY	OWNER A/B	\$ MARKET VALUE	\$ MORTGAGE BALANCE	\$ MONTHLY PAYMENT. (PRINC. & INT.)	INTEREST RATE %	\$ PROPERTY TAXES
1. Home (first mortgage)						
Home (second mortgage)						
2. Recreation property						
3. Total Investment, rental or Business property						

OTHER PERSONAL ASSETS

(Estimated values are fine)

Vehicles	\$ _____
Home Furnishings	\$ _____
Tangible Assets*	\$ _____
Other _____	\$ _____

* Investment items such as gold and silver bullion or coins, investment quality diamonds, and other .

OTHER DEBT

	CURRENT BALANCE	INTEREST RATE	MONTHLY PAYMENT
Auto loan		%	
Auto loan		%	
Credit cards (all)		%	
Student loan		%	
Student loan		%	
Other debt		%	

MONTHLY CASH FLOW

INCOME DATA DETAIL (ANNUAL)

Helpful Tip: Instead of completing this section, simply enclose your most recent paystub and 1040 return.

Filing Status: (check one) Married/joint Single Head of Household Married/Separate

PRESENT INCOME (PRE-TAX)	\$ CLIENT A	\$ CLIENT B
Salary, commissions and bonus		
Net Income from self-employment		
Net Rental Income (attach schedule E)		
Social security benefits		
Retirement plan withdrawal		
Other income (specify)		

Do you currently have a cash flow surplus at the end of each month? Yes No

If so, approximately how much? _____

And where does it go? _____

INVESTMENT DETAIL

Please include a recent statement showing the security detail in each account.

(Confidential information, such as social security numbers and specific account numbers, are not necessary.)

Accounts include:

- Personal savings accounts and cash reserves
- Variable and fixed annuities
- Personally owned mutual funds and brokerage accounts
- Company sponsored retirement plans
- IRAs

What are you currently saving each month into each of these accounts?

	CASH RESERVES	INVESTMENT ACCOUNTS	COMPANY RETIREMENT PLANS	IRA	ROTH IRA
Client A					
Client B					
Joint					

Please complete separate questionnaire to determine your risk tolerance.

RETIREMENT

At what age would you like to retire? Client A _____ Client B _____

Will you work during retirement? Yes No

Indicate anticipated earnings and for how long. Client A _____ Client B _____

MONTHLY SPENDABLE INCOME DESIRED AT RETIREMENT

1) Amount desired in today's Dollars \$ _____ OR 2) If unsure of needs, we will estimate based on your current standard of living.

Any defined benefit pension income expected:

Client A: Amount \$ _____ / month Client B: Amount \$ _____ / month

At what age will this income start? Client A: _____ Client B: _____

ESTATE INFORMATION

Do you have a will? Yes No Last Updated _____ Do you have a Living will Power of attorney

Are there beneficiaries other than family? Yes No Who _____

Type of will (check one): Simple, all to surviving spouse Two-part marital deduction trust

Other type of trust _____

INSURANCE

Please provide statements for life, disability and long-term care insurance where applicable. Also include employer coverage. If statements are not available, please provide the information below for each policy. Attach separate sheet, if necessary.

LIFE INSURANCE

Owner _____

Insured _____

Beneficiary _____

Death Benefit _____

Cash Surrender Value _____

Annual Premium _____

Policy Loans _____

DISABILITY INSURANCE

Insured _____

Monthly Benefit _____

Waiting Period _____

Annual Premium _____

LONG-TERM CARE INSURANCE

Insured _____

Daily Benefit _____

Elimination Period _____

Maximum Benefit Period _____

Inflation Rider % _____

Annual Premium _____



LIFE GOALS DATA FORM

CONFIDENTIAL



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