**Personal Information**

*Client 1*

First Name:

Last Name:

Date of Birth:

Best Phone Number:

Best Email Address:

Street Address:

City, State, Zip:

Employer:

Title:

Years:

Annual Gross Income $

Other income sources:

Marital Status:

Highest level of education:

*Client 2*

First Name:

Last Name:

Date of Birth:

Best Phone Number:

Best Email Address:

Street Address:

City, State, Zip:

Employer:

Title:

Years:

Annual Gross Income $

Other income sources:

Marital Status:

Highest level of education:

*Dependents*

Name: Date of Birth: Relationship to Client:

Name: Date of Birth: Relationship to Client:

Name: Date of Birth: Relationship to Client:

Name: Date of Birth: Relationship to Client:

Name: Date of Birth: Relationship to Client:

At what age do you want to retire:

In today’s dollars, how much income on a monthly basis would you like in retirement? $

For how many years:

**Asset Accumulation**

Do you have a Will?

Do you have a Trust?

If Yes, what kind of Trust?

If Yes, purpose of Trust?

Have you reviewed your finances with a financial professional?

Do you have an established budget?

If Yes, how closely do you meet your budget each month (in dollars)? $

*Indicate the total value of each asset class held by each client:*

Client 1 Checking Accounts $

Client 1 Savings Accounts $

Client 1 Money Market Accounts $

Client 1 CDs $

Client 1 Mutual Funds $

Client 1 Stocks $

Client 1 Bonds $

Client 1 Tax Deferred Annuities $

Client 1 IRAs $

Client 1 Roth IRAs $

Client 1 401(k), 403(b) Pension Plans $

Client 1 529 Plan $

Client 1 Cash Value Life Insurance $

Client 1 Other Income Replacement Insurance (indemnity, disability, etc) $

Client 1 Other $

Client 1 Total $

Client 2 Checking Accounts $

Client 2 Savings Accounts $

Client 2 Money Market Accounts $

Client 2 CDs $

Client 2 Mutual Funds $

Client 2 Stocks $

Client 2 Bonds $

Client 2 Tax Deferred Annuities $

Client 2 IRAs $

Client 2 Roth IRAs $

Client 2 401(k), 403(b) Pension Plans $

Client 2 529 Plan $

Client 2 Cash Value Life Insurance $

Client 2 Other Income Replacement Insurance (indemnity, disability, etc) $

Client 2 Other $

Client 2 Total $

*Enter the following information for each NON-CASH VALUE life insurance policy owned by each client:*

Client 1 Policy 1 Policy Type:

Client 1 Policy 1 Death Benefit $

Client 1 Policy 1 Premium Amount $

Client 1 Policy 1 Premium Frequency?

Client 1 Policy 1 Carrier?

Client 1 Policy 2 Policy Type:

Client 1 Policy 2 Death Benefit $

Client 1 Policy 2 Premium Amount $

Client 1 Policy 2 Premium Frequency?

Client 1 Policy 2 Carrier?

Client 2 Policy 1 Policy Type:

Client 2 Policy 1 Death Benefit $

Client 2 Policy 1 Premium Amount $

Client 2 Policy 1 Premium Frequency?

Client 2 Policy 2 Carrier?

Client 2 Policy 2 Policy Type:

Client 2 Policy 2 Death Benefit $

Client 2 Policy 2 Premium Amount $

Client 2 Policy 2 Premium Frequency?

Client 2 Policy 2 Carrier?

**Goals**

*Delete any of these that are not important to you:*

Liquidity

Safety

Taxation

Transferability

*Indicate the amount in dollars that matches your Short Term (1-3 years), Medium Term (3-7 years), and Long Term (7+ years) Goals for each of the following:*

Reduce Debt/Pay Off Mortgage $ $ $

Maximize Retirement Accounts $ $ $

Achieve Financial Independence $ $ $

Maximize Tax Advantage $ $ $

Fund College $ $ $

Buy New Home/Mortgage Purchase $ $ $

Own a Business $ $ $

Explore Investment Options $ $ $

Sell Your Home $ $ $

Insert goal here $ $ $

Insert goal here $ $ $

Insert goal here $ $ $

*Emergency Fund*

# of Months Emergency Fund should last? (goal):

Emergency Fund goal value? $

Current value of Emergency Fund? $

*Debt*

Student Loans $

Car Loans $

Credit Cards $

Personal Loans $

Business Loans $

Mortgage Balance $

Other Debt $

*Education*

Would you like to provide for your child;s/children’s education?

If Yes, how much? All/Partial

Total Estimated Cost of Education? $

Amount Saved for Education? $

Remaining amount needed? $

Subtotal of DIME (debt, income, mortgage, education) need? $

Subtotal of DIME $

-Current Insurance $

-Applied Assets $

=Current Total Need $

**The financial overview provided in this document—including any formulas, calculations, and illustrative data—is offered solely for educational and illustrative purposes and does not constitute financial, investment, tax, retirement, estate, or other professional advice. The estimates and methodologies herein are approximate and may not account for all variables affecting your individual financial circumstances. No client-advisor relationship is established by your use of this document.**

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