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PLANNING INTAKE FORM

DATE COMPLETED:_____

NAME(S):_____

DATE(S) OF BIRTH:_____

U.S. CITIZEN YES____ NO____

SOCIAL SECURITY NO(S).:_____

RESIDENCE ADDRESS:_____

TELEPHONE NO.:_____

I. FAMILY INFORMATION

Children

Name	Address	Age

II. INCOME

RECIPIENT	SOURCE/PAYOR	AMOUNT/FREQUENCY (i.e., monthly, quarterly, annually)
_____	Social Security	_____
_____	Social Security	_____
_____	Pension_____	_____
_____	Pension_____	_____
_____	Pension_____	_____
_____	Pension_____	_____

III. ASSETS
REAL PROPERTY

Description and Location	How Title is Held	Value of Encumbrances (Mortgages, etc.)	Present Value

Burial plot owned: YES____ NO____ Value_____
Burial Trust: YES____ NO____ Value_____
Burial Life Insurance: YES____ NO____ Value_____

AUTOMOBILE(S)

Make/Model	Year	Value

PERSONAL (i.e., jewelry, collectibles)

Description	Value

Stocks and Bonds

Company	Owner(s)	No. of Shares	Beneficiary	Present Value

Stocks and Bonds (continued)

Company	Owner(s)	No. of Shares	Beneficiary	Present Value

Checking, Savings, CDs, Etc.

Institution	Owner(s)	Account No.	Beneficiary	Present Value

IRAs, 401ks, 403bs & Other Retirement Benefits

Institution	Owner(s)	Account No.	Beneficiary	Present Value

Life Insurance

Institution	Owner(s)	Policy No.	Death Benefit	Beneficiary	Present Cash Value

IV. DEBTS

Creditor	Total Amount Owed	Terms of Repayment

V. EXPENSES

	Amount/Frequency
Rent or Mortgage	
Utilities	
Maintenance	
Property taxes	
Food	
Automobile	
Gasoline	
Maintenance	
Insurance	
Entertainment and Travel	
Medical Insurance	
Prescriptions	

VI. ASSET TRANSFERS

List all of the assets that you have transferred by gift or into a trust within the past five (5) years. For each transfer, describe the item (i.e., cash, real estate, etc.), the date of the transfer and the value of the item as of the date of transfer.

_____

_____

_____

VII. Other

Do you have:	Yes	No
A will?	___	___
A Power of Attorney?	___	___
An Advance Directive and/or Health Care Proxy?	___	___
Long Term Care Insurance?	___	___

Is any person for whom you wish to provide disabled?
If so, please identify that person by name and his or her relationship to you and explain the nature of the disability and whether or not any such person is receiving federal or state disability benefits or is collecting under a private disability policy or plan.

_____

_____