

CLIENT INTAKE FORM

- Please complete this form *prior* to your appointment.
- Please print clearly.
- If you are unsure of any information, please leave it blank.
- It is okay to approximate amounts and include attachments if you need additional space.
- Remember to sign and date the last page.
- **Bring the completed form and your most recent tax return with you to your appointment.**
 - If questions come up as you work through these materials, please feel free to contact us.

We respect your privacy and will not disclose this information to any outside parties without your expressed written consent.

Client 1 Name: _____

Nickname: _____ Date of Birth: _____ SSN: _____

Client 2 Name: _____

Nickname: _____ Date of Birth: _____ SSN: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Business Phone: _____

Mobile Phone: _____ E-Mail Address: _____

Alternate/Seasonal Address: _____

City: _____ State: _____ ZIP: _____

Alternate Phone: _____

Do you have a current will? Yes No

Do you have a current living trust? Yes No

Does the will leave everything to your partner? Yes No

Does the will use trusts to take advantage of estate tax credits? Yes No

Planned retirement date: _____ If retired, date retired: _____

CLIENT INTAKE FORM *continued*

What are your primary financial concerns (e.g., preparing for retirement, college expenses, estate issues, current tax concerns)? (List in order of importance.)

1. _____
2. _____
3. _____
4. _____
5. _____

What kind of financial legacy do you want to leave?

How would you improve your financial situation if you could? Why?

Community Involvement: Charities Volunteerism Other: _____

Interests/Hobbies: Gardening Travel Education Wine-tasting Reading
 Golf Tennis Sailing Fishing
 Other: _____

Preferences (Check the answers that apply.)

What is the best time to call you between 8:00 A.M. and 5:00 P.M.?

- 8:00 9:00 10:00 11:00 12:00 1:00 2:00 3:00 4:00 5:00

Where is the best place to call you? Home Work Mobile Any

What is the best time to schedule annual meetings?

Day: Mondays Tuesdays Wednesdays Thursdays Fridays

Time: 8:00 9:00 10:00 11:00 12:00 1:00 2:00 3:00 4:00 5:00

What kind of beverage do you prefer?

- Coffee Decaf Coffee Tea Decaf Tea Soda Water
 Cream Milk
 Sugar Sweet 'n Low Equal Splenda

SUPPLEMENTAL INFORMATION

Client Name(s): _____

Date: _____

	Client 1	Client 2
Self-Employed?		
Company Name		
Business Address		
Business Fax		
Attorney's Name		
Attorney's Phone Number		
Insurance Agent's Name		
Insurance Agent's Phone Number		
Accountant's Name		
Accountant's Phone Number		
Parents Living?		
Mother		
Father		
Children	Names	Birth Dates
Other Dependents?		

Do you have any special concerns or needs for your parents, children, grandchildren, or others?



123 Main Street | Suite 123 | Anywhere, MA 01234 | 000.000.0000 | 000.000.0000 fax

Securities and advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser.

FINANCIAL NEEDS/INTERESTS

Client Name(s): _____

Date: _____

Rank the following **products/services** in order of importance to you, with “1” being the most important:

- _____ Estate planning
- _____ Tax planning
- _____ College funding/educational planning
- _____ Retirement planning
- _____ Budgeting
- _____ Debt management
- _____ Trust planning
- _____ Socially responsible investing
- _____ Life insurance
- _____ Disability insurance
- _____ Long-term care insurance
- _____ Nursing home expenses
- _____ Alternative investments (e.g., limited partnerships, REITs)
- _____ Regular portfolio reviews:
 Check one: Quarterly Semiannually Annually
- _____ Professional referrals
- _____ Charitable giving



123 Main Street | Suite 123 | Anywhere, MA 01234 | 000.000.0000 | 000.000.0000 fax

Securities and advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser.

FINANCIAL NEEDS/INTERESTS *continued*

Rank both of the following list of **goals** and **features** in order of importance to you, with “1” being the most important:

Goals

- _____ Lower income taxes
- _____ Hedge against inflation
- _____ Plan for retirement
- _____ Reduce estate taxes
- _____ Avoid probate fees
- _____ Reduce insurance premiums
- _____ Increase net worth
- _____ Increase current income
- _____ Ensure proper disposition of assets
- _____ Organize financial affairs
- _____ Peace of mind
- _____ Other:
- _____ Other:

Desired Investment Features

- _____ Liquidity
- _____ Current income
- _____ Growth potential
- _____ Future income
- _____ Tax advantages
- _____ Preservation of capital

BUSINESS INFORMATION *Optional*

Client Name(s): _____

Date: _____

Business Assets

	Value of Business	Tangible Assets	Percent Ownership	Present Value	Receivables	Loans & Payables
Client 1						
Client 2						
Total						

Key Person Insurance

(Attach your most recent statement and your policies.)

Company	Insured Key Person	Benefit Amount	Benefit Period	Annual Premium
1.				
2.				

Business Continuity Insurance

(Attach your most recent statement and your policies.)

Company	Insured Owner	Benefit Amount	Benefit Period	Annual Premium
1.				
2.				

Briefly describe your **succession plan** for the business:

If you die: _____

If you retire: _____

If you become disabled: _____



123 Main Street | Suite 123 | Anywhere, MA 01234 | 000.000.0000 | 000.000.0000 fax

Securities and advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser.

FINANCIAL INFORMATION

Please attach a printout of this information if it is in your private database.

Client Name(s): _____

Date: _____

Bank, Savings and Loan, and Credit Union Accounts (Non-IRA Assets)

(e.g., checking, savings, money market accounts)

Name of Institution	Name of Owner	Type of Account	Maturity Date	Interest Rate	Approximate Balance
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

IRA and Other Retirement Accounts

(Attach your most recent statement/report.)

Name of Institution and Location (e.g., bank, broker)	Name of Owner	Type of Account (e.g., IRA, TSA)	Approximate Market Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Employer Retirement Accounts

(Attach your most recent statement/report.)

Name of Firm and Location (e.g., employer)	Name of Owner	Type of Account (e.g., 401(k), TSA)	Current Employee Contribution	Projected Future Contribution	Current Employer Matching Contribution	Approximate Market Value
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$



123 Main Street | Suite 123 | Anywhere, MA 01234 | 000.000.0000 | 000.000.0000 fax

Securities and advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser.

(Projected) Retirement Income

(Attach your most recent statement/report.)

Name of Owner	Source of Income	Amount	Projected Benefit
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$

Stocks and Bonds

(e.g., assets you hold yourself in certificate form)

(Attach your most recent statement/report.)

Name of Stock/Bond	Name of Owner	Number of Shares	Approximate Market Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Mutual Funds and/or Brokerage Accounts

(Attach your most recent statement/report.)

Name of Brokerage/ Mutual Fund	Name of Owner	Number of Shares	Approximate Market Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Promissory Notes and Trust Deeds

(e.g., amounts owed to you by someone who is paying you on a note)

Name of Debtor	Name of Owner	Interest Rate	Approximate Balance of Note
1.		%	\$
2.		%	\$

Residence and Other Real Estate

Property Address	Name of Owner	Original Cost	Approximate Value	Debt	Net Cash Flow Before Depreciation (if a rental)
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
5.		\$	\$	\$	\$

Limited or General Partnerships

Name of Partnership	Name of Owner	Type of Investment	Approximate Market Value or Amount Invested
1.			\$
2.			\$

Stock Options

Name of Firm	Name of Owner	Incentive or Nonqualified?	Number of Shares	Year to Sell	Current Value	Vested Amount	Unvested Amount
1.					\$	\$	\$
2.					\$	\$	\$

Stock Option Vesting Schedule

After 1 year of service	%
After 2 years of service	%
After 3 years of service	%
After 4 years of service	%
After 5 years of service	%
After 6 years of service	%
After 7 years of service	%

Life Insurance

(Attach your most recent statement and your policies.)

Name of Insurance Company	Name of Owner	Beneficiary	Type of Insurance (e.g., whole life, term)	Approximate Death Benefit	Approximate Cash Value (before loans)	Loan Amount	Annual Premium
1.				\$	\$	\$	\$
2.				\$	\$	\$	\$
3.				\$	\$	\$	\$
4.				\$	\$	\$	\$
5.				\$	\$	\$	\$

Disability Insurance

(Attach your most recent statement and your policies.)

Company	Name of Insured	Monthly Benefit	Delay Before Benefits Begin	Length of Benefit Period	Actual Premium
1.		\$			\$
2.		\$			\$

Health Insurance

(Attach your most recent statement and your policies.)

Company	Name of Insured	Deductible	Maximum Limits	Annual Premium
1.		\$	\$	\$
2.		\$	\$	\$

Long-Term Care Insurance

(Attach your most recent statement and your policies.)

Company	Name of Insured	Daily Benefit Amount	Length of Benefit Period	Annual Premium
1.		\$	\$	\$
2.		\$	\$	\$

Trust-Owned Second-to-Die Insurance

(Attach your most recent statement and your policies.)

Company	Approximate Death Benefit	Approximate Cash Value	Annual Premium
1.	\$	\$	\$
2.	\$	\$	\$

FINANCIAL INFORMATION *continued***Auto Insurance**

(Attach your most recent statement and your policies.)

Company	Liability Coverage	Collision Deductible	Comprehensive	Medical Amount	Expiration Date	Annual Premium
1.	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$

Homeowner's Insurance

(Attach your most recent statement and your policies.)

Company	Dwelling	Personal Liability/Property	Medical	Expiration Date	Annual Premium
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$

Annuities

(Attach your most recent statement and your contracts.)

Name of Annuity Company	Name of Annuitant/Owner	Interest Rate	Approximate Value	Date Purchased
1.		%	\$	
2.		%	\$	
3.		%	\$	
4.		%	\$	
5.		%	\$	

Other Assets

Description	Name of Owner	Approximate Value
1.		\$
2.		\$
3.		\$

Household Cash Flow

Client 1's Wages and Bonuses:	\$	/YR	Source:
Client 2's Wages and Bonuses:	\$	/YR	Source:
Other Income:	\$	/YR	Source:
Other Income:	\$	/YR	Source:
What are your approximate annual expenses?	\$	/YR	

FINANCIAL INFORMATION *continued*

Liabilities

Source (e.g., credit cards, car payments)	Name of Owner	Interest Rate/ Finance Charge	Approximate Debt
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Comments: _____

The preceding information reflects an accurate picture of my financial position at this time.

Client 1 Signature

Date

Client 2 Signature

Date