



Confidential Discovery



First Name

Last Name

Date

First Name

Last Name

First Name

Last Name

Date of Birth

Primary Residence State

Email

Phone Number

Gender

Employment Status

- Full-Time
- Homemaker
- Part-Time
- Retired
- Self-Employed
- Student
- Unemployed

Marital Status

- Single
- Partner
- Domestic Partner
- Divorced
- Separated
- Widowed

What is most important to you?

First Name (Spouse/Partner)

Last Name

Relationship

Date of Birth

Gender

Employment Status

- Full-Time
- Homemaker
- Part-Time
- Retired
- Self-Employed
- Student
- Unemployed

First Name (Dependents)

Last Name

Relationship

Date of Birth

Gender

Notes

Protection

Emergency Savings

 Emergency Fund

Debt Reduction

 Business Loan Car / Vehicle Loan Credit Card Debt Home Equity Loan Medical Debt Mortgage Loan Student Loans Other Debt

Get Covered

 Health Insurance Property & Casualty Insurance Disability Income Insurance Long-Term Care Insurance Life Insurance

Accumulation

Retirement

 Save for Retirement Needs

Education Funding

 Save for Education Expenses

Lifestyle Purchase

 Boat Car / Vehicle Home Renovation Major Event Real Estate Travel / Vacation Wedding Other Lifestyle Purchase

Preservation

Income Strategies

 Retirement Income Strategies

Charitable Giving

 Fund Charitable Giving

Estate Planning

 Leave a Legacy Own RentProperty Value (If own) Monthly rent amount (If rent)

Address

Address 2 (Optional)

City

State

Zip

Mortgage Balance

Years Remaining

Monthly Payment

Interest Rate

Company / Servicer

Home Equity Loan Bal.

Years Remaining

Monthly Payment

Interest Rate

Company / Servicer

Do you expect any changes in your housing situation in the next 3-5 years?

 No Yes

If you were financially set, what would you want your life to look like?

Job Holder

Job / Income Type

I work for someone else I work for myself This is a non-work income

Employer / Source

Industry (Optional)

Role

Annual Pre-tax Income

Annual Pre-tax Bonus

Job Holder

Job / Income Type

I work for someone else I work for myself This is a non-work income

Employer / Source

Industry (Optional)

Role

Annual Pre-tax Income

Annual Pre-tax Bonus

Job Holder

Job / Income Type

I work for someone else I work for myself This is a non-work income

Employer / Source

Industry (Optional)

Role

Annual Pre-tax Income

Annual Pre-tax Bonus

Do you expect any significant compensation change? No Yes

Filing Status: Single Married filing jointly Married filing separately

Is Client 1 a US Citizen? No Yes Is Client 2 a US Citizen? No Yes

Your **Federal** and **State** tax rates will be calculated from the income information you have provided.

Enter your **Local** Tax Rate if you have one

If you know your total effective tax rate you may enter it here

Notes

Assets

Asset Name	Asset Type	Financial Institution	Current Balance	Interest Rate	Savings Amount	Savings Frequency	Pre-tax	Owner		
								C1	C2	Jnt
							<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Liabilities

Liability Name	Liability Type	Company / Servicer	Current Balance	Interest Rate	Monthly Payment	Years Left	Owner		
							C1	C2	Jnt
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Future Income

Future Income Name	Income Source	Income Start Year	Income Start Age	Income Frequency	Income Amount	Payout Duration	Owner		
							C1	C2	Jnt
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes

Protection - Disability Ins.

Policy Nickname	Carrier	Monthly Benefit	Employer Offered	Elimination Period	Benefit Period	Monthly Premium	Insured C1	Insured C2
			<input type="checkbox"/>				<input type="radio"/>	<input type="radio"/>
			<input type="checkbox"/>				<input type="radio"/>	<input type="radio"/>

Protection - Long-Term Care Ins.

Policy Nickname	Carrier	Daily Benefit	Employer Offered	Lifetime Benefit Maximum	Home Care Daily Maximum	Elim. Period	Benefit Period	Monthly Premium	Insured C1	Insured C2
			<input type="checkbox"/>						<input type="radio"/>	<input type="radio"/>
			<input type="checkbox"/>						<input type="radio"/>	<input type="radio"/>

Protection - Life Ins.

Policy Nickname	Policy Sub-type	Carrier	Death Benefit	Employer Offered	Cash Value	Pay For Period	Premium Amount	Premium Mode	Insured C1	Insured C2
				<input type="checkbox"/>					<input type="radio"/>	<input type="radio"/>
				<input type="checkbox"/>					<input type="radio"/>	<input type="radio"/>
				<input type="checkbox"/>					<input type="radio"/>	<input type="radio"/>
				<input type="checkbox"/>					<input type="radio"/>	<input type="radio"/>
				<input type="checkbox"/>					<input type="radio"/>	<input type="radio"/>

What would be a meaningful amount that you would be comfortable setting aside to accomplish your long-term goals?

Additional Monthly Savings

Is there someone you can think of who would benefit from a financial check-up?

First Name

Last Name

Email

Phone

Notes