



Field Financial Strategies, LLCSM

Live Confidently.

Client Information			
Name Client A:		Name Client B:	
Date of Birth:	Sex: M / F	Date of Birth:	Sex: M / F
Email:		Email:	
Phone:		Phone:	
Employer Name:		Employer Name:	
Occupation:		Occupation:	
Work Address:		Work Address:	
How long have you worked with this employer?		How long have you worked with this employer?	
Current residential address:			
Rent or Own:		Marital/Tax Filing Status:	
Family Information Name and Date of Birth			
Child:		Child:	
Child:		Child:	
Others dependent on you or your spouse:			
Professional Advisors			
Attorney Name:		Business Name:	
Accountant Name:		Business Name:	
Insurance Agent Name:		Business Name:	
Other Name:		Business Name:	
Do you have a will/trust already established?			
What previous advisor relationships have you had in the past? What did you like/not like?			

Assets and Liabilities			
Asset Type	Client A	Client B	Joint
Cash:			
Checking	\$	\$	\$
Savings	\$	\$	\$
CD's/ Annuities	\$	\$	\$
Investments/Securities:			
Brokerage	\$	\$	\$
Brokerage other: non-retirement incl. Crypto etc.	\$	\$	\$
529 (Educational)	\$	\$	\$
IRA (Traditional/ Roth/SEP/Simple)	\$	\$	\$
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IRA (Traditional/ Roth/SEP/Simple)	\$	\$	\$
Current Retirement (401K/403b/457)	\$	\$	\$
Current Retirement (401K/403b/457)	\$	\$	\$
Former Retirement (401K/403b/457)	\$	\$	\$
Former Retirement (401K/403b/457)	\$	\$	\$
Other	\$	\$	\$
Personal:			
Primary Residence	\$	\$	\$
Additional Real Estate	\$	\$	\$
Auto(s)	\$	\$	\$
Other (Jewelry/Antiques etc.)	\$	\$	\$
Other	\$	\$	\$
Liabilities:			
Primary Mortgage/Residence	\$	\$	\$
Mortgage/Other	\$	\$	\$
Auto Loan(s)	\$	\$	\$
Credit Card(s)	\$	\$	\$
Student Loan(s)	\$	\$	\$
Other Debt Obligations	\$	\$	\$

Business Interests: Please list all business interests in which you are part/full owner.

Business Name 1:

Ownership share (client A) %:

Ownership share (client B) %:

Business Type: (Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Prof. Corp):

Pass Thru (Yes or no)

Business Name 2:

Ownership share (client A) %:

Ownership share (client B) %:

Business Type: (Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Prof. Corp):

Pass Thru (Yes or no)

Business Name 3:

Ownership share (client A) %:

Ownership share (client B) %:

Business Type: (Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Prof. Corp):

Pass Thru (Yes or no)

Business Name 4:

Ownership share (client A) %:

Ownership share (client B) %:

Business Type: (Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Prof. Corp):

Pass Thru (Yes or no)