



# Wealth Assessment Form

DATE: \_\_\_\_\_

## FAMILY PROFILE

CLIENT INFORMATION		SPOUSE INFORMATION	
FIRST NAME	LAST NAME	FIRST NAME	LAST NAME
DOB	SEX M      F	DOB	SEX M      F
PHONE	EMAIL ADDRESS	PHONE	EMAIL ADDRESS
ADDRESS	CITY	STATE	ZIP
CHILD	DOB	CHILD	DOB

## INCOME

CLIENT INFORMATION		SPOUSE INFORMATION	
EMPLOYER	POSITION	EMPLOYER	POSITION
ANNUAL SALARY (GROSS) \$	BONUS \$	ANNUAL SALARY (GROSS) \$	BONUS \$
OTHER INCOME \$	SOURCE	OTHER INCOME \$	SOURCE
ESTIMATED RETIREMENT AGE		ESTIMATED RETIREMENT AGE	
SOCIAL SECURITY MONTHLY BENEFIT AT FULL RETIREMENT AGE \$		SOCIAL SECURITY MONTHLY BENEFIT AT FULL RETIREMENT AGE \$	
TOTAL DESIRED RETIREMENT INCOME \$	EXPECTED INFLATION %	RETIREMENT TAX BRACKET %	CURRENT MONTHLY EXPENSES \$

## PROPERTY AND MORTGAGE

	RESIDENCE TYPE	MONTHLY PAYMENT	CURRENT HOME VALUE	MORTGAGE BALANCE	INTEREST RATE
Primary Residence		\$	\$	\$	%
Other Property		\$	\$	\$	%

## QUALIFIED ACCOUNTS (401k, IRA, SEP, etc.)

INVESTMENT TYPE	CURRENT ACCOUNT BALANCE	ANNUAL CONTRIBUTIONS	OWNER
	\$	\$	
	\$	\$	
	\$	\$	

## CURRENT ASSETS (CD's, Mutual Funds, Money Markets, Stocks, Bonds, Listed Securities, etc.)

INVESTMENT TYPE	CURRENT ACCOUNT BALANCE	ANNUAL CONTRIBUTIONS	OWNER
	\$	\$	
	\$	\$	
	\$	\$	

## LIFE INSURANCE

NAME INSURED	COMPANY	TYPE	FACE AMOUNT	YEAR OF PURCHASE	ANNUAL CONTRIBUTION	CURRENT CASH VALUE	OUTSTANDING LOANS
			\$		\$	\$	\$
			\$		\$	\$	\$

## DEFINED BENEFITS (Annuities, Corporate Benefit Plans, Pension, etc.)

OWNER	BENEFIT PROVIDER	BENEFIT START AGE	BENEFIT END AGE	SURVIVOR BENEFIT	ANNUAL BENEFIT	COLA
				%	\$	%
				%	\$	%

## CURRENT LIABILITIES (Auto, Personal Loans, College Loans, Credit Card Debt, etc.)

OWNER	LIABILITY	BALANCE	MONTHLY PAYMENT	INTEREST
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%

## FUTURE CASH NEEDS (New Car, Wedding, Home Remodeling, Travel, etc.)

DESCRIPTION EVENT	ANTICIPATED COST/VALUE	EXPECTED EVENT AGE	WILL THIS EVENT RECUR?	HOW OFTEN WILL IT RECUR?
	\$		Y N	years
	\$		Y N	years

## ADDITIONAL COMMENTS

What are the most important financial goals that you would like to accomplish? Please prioritize.

#1 - \_\_\_\_\_

#2 - \_\_\_\_\_

#3 - \_\_\_\_\_

Will there be any other advisors involved in the decision making process (CPA, Attorney, etc.)?

Additional Notes: