



## Client Information & Balance Sheet

**Name:**

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**Home Address:**

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**Home Phone:**

**Office Phone:**

**Cell Phone:**

**Email Address:**

**Spouse Email Address:**

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**Preferred Method of Communication:**

**Mail**

**Email**

**Do you have a will?**

**If yes, when was it last updated?**

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**Date:**

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**Total Net Worth:**

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**Family Information**

Full Name	Date of Birth	Social Security #	Relationship	Notes

**Bank Accounts**

Bank Name	Account Type	Titling	Beneficiary	Fair Market Value
Total Bank Accounts:				

**Brokerage Accounts**

Brokerage Firm	Account Type	Account Owner	Beneficiary	Fair Market Value
Total Brokerage Accounts:				

**Individual Retirement Accounts**

Investment Firm	Account Type	Account Owner	Beneficiary	Fair Market Value
Total Individual Retirement Accounts:				

**Employer Sponsored Plans**

Type (401k, Profit Sharing, Defined Benefit, Deferred Compensation, etc.)	Employer	Participant	Beneficiary	Fair Market Value
Total Employer Sponsored Plans:				

**Insurance**

Policy Type & Policy Owner	Beneficiary	Death Benefit	Loans on Policy	Cash Value
Total Insurance (Net Face Amount):				

**Real Estate**

Type of Property and Location	Titling	Fair Market Value	Mortgage Amount	Value (Net of Mortgage)
Total Real Estate:				

**Business Interests**

Business Name/Industry	Titling	Ownership %	Entity Type	Fair Market Value
Total Business Interests:				

**Other Investments**

Business Name/Industry	Titling	Ownership %	Entity Type	Fair Market Value
Total Other Investments:				

**Unsecured Debts (Credit Cards, Auto Loans, etc.)**

Lender Name	Type	Balance Outstanding
Total Unsecured Debt:		

**Debt Owed to You**

Borrower	Type	Balance Outstanding
Total Debt Owed to You:		

**Contacts**

Relationship	Name	Firm	Phone	Email
Attorney				
Insurance Broker				
Realtor				
Accountant				
Broker/Investment Advisor				
Other				

Notes

Meeting Review Checklist
Balance Sheet Update
Most Recent Will
Most Recent Trust Documents
Insurance Policy Statements
-Life Insurance, Client, Spouse, Other
-Medical Insurance
-Disability Insurance
401k/Employee Benefits Review
Elder Care Issues/Planning
Education/College Planning
Adult Children
Philanthropy
Life Events
Other