

INITIAL CONSULTATION FORM

Areas of Interest

- | | |
|---|--|
| <input type="checkbox"/> Pre-Retirement Planning (*More than 5 years to retirement) | <input type="checkbox"/> Charitable giving |
| <input type="checkbox"/> Retirement Planning | <input type="checkbox"/> Taxes |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Other: _____ |

How You Found Us

- | | |
|---|---|
| <input type="checkbox"/> Referred by BWFA client: _____ | <input type="checkbox"/> TD Ameritrade |
| <input type="checkbox"/> Referred by Employee: _____ | <input type="checkbox"/> Attorney or CPA: _____ |
| <input type="checkbox"/> APL Federal Credit Union | <input type="checkbox"/> Phonebook |
| <input type="checkbox"/> APL Retirement Seminar | <input type="checkbox"/> Internet/Website |
| <input type="checkbox"/> NAPFA | <input type="checkbox"/> Newspaper/Magazine |
| | <input type="checkbox"/> Other: _____ |

Personal Information

Client

Full Name _____
Date of Birth _____
Retirement Year _____
Status of your health? _____
Home Phone _____
Client Work Phone _____
Client Email _____

Mailing Address

Co-Client

Full Name _____
Date of Birth _____
Retirement Year _____
Status of your health? _____
Co-Client Work Phone _____
Co-Client Email _____

Professional Advisors (if applicable)

Attorney _____
Accountant _____
Insurance Agent _____
Investment Advisor _____
Financial Planner _____

Children / Grandchildren

Name	Date of Birth	Child	Grandchild
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Employer Information

Employer	Position	Years	Salary
Client: _____	_____	_____	\$ _____
Co-Client: _____	_____	_____	\$ _____

Better Solutions. Better Service.

Summary of Financial Information

Income and Assets

Current Year Income \$ _____
 Includes: Y/N
 Pension
 Social Security
 Prior Year Income \$ _____

Account Type	Balance / Value
Cash/Checking/Savings	\$ _____
Taxable Investments	\$ _____
Retirement Assets: Current employer's 401k,403b	\$ _____
All other retirement accounts	\$ _____
Personal Residence	\$ _____
Other Real Estate: _____	\$ _____
Pending Inheritance: _____	\$ _____

Liabilities

Account Type	Balance
Consumer Debt	\$ _____
Auto Loans	\$ _____
Home Mortgages	\$ _____
Other Mortgages	\$ _____
Other Debts _____	\$ _____

Stock Options

Company 1 Name	Company 2 Name
_____	_____
<input type="checkbox"/> Qualified <input type="checkbox"/> Nonqualified	<input type="checkbox"/> Qualified <input type="checkbox"/> Nonqualified
Number of Shares _____	Number of Shares _____
Approximate Value (In the money) \$ _____	Approximate Value (In the money) \$ _____

Insurance and Estate Planning Documents

Insurance	Client	Co-Client	Estate Planning	Client	Co-Client
Do you have Policies for:	Y/N	Y/N	Do you have documentation for:	Y/N	Y/N
Long-Term Disability?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Wills?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Long-Term Care?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Trusts?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Umbrella Liability?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Advance Medical Directives?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			Power of Attorney?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Life Insurance

Insured Name(s):	Type (Term, Whole Life, Universal)	Insurance Amount	Insurance Company	Beneficiary Name(s)
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

(Please use page 3 if more space is needed)

