



Ballimore-Washington

FINANCIAL ADVISORS

Initial Consultation Form

Areas of Interest

- Pre-Retirement Planning (*More than 5 years to retirement)
- Retirement Planning
- Investments
- Estate Planning
- Charitable giving
- Taxes
- Insurance
- Other: _____

How You Found Us

- Referred by BWFA client: _____
- Referred by Employee: _____
- APL Federal Credit Union
- APL Retirement Seminar
- NAPFA
- TD Ameritrade
- Attorney or CPA: _____
- Phonebook
- Internet/Website
- Newspaper/Magazine
- 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
_____	_____		
_____	_____		
_____	_____		

Employer Information

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

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
Do you have Policies for:	Y/N	Y/N
Long-Term Disability?	<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"/>
Umbrella Liability?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Estate Planning

	Client	Co-Client
Do you have documentation for:	Y/N	Y/N
Wills?	<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"/>
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)
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

