





## APPOINTMENT SCHEDULED:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## THE MOST IMPORTANT THINGS TO BRING TO YOUR APPOINTMENT:

-  Most recent **account statements** from:
  - Banks, savings & loans and credit unions
  - Mutual funds and brokerage firms
  - Insurance companies
  - Employer savings plans
  - And retirement income sources
  
-  Most recent **tax returns**
  
-  **Estate planning documents**
  - ex: Trust, Will, Durable power of attorney
  
-  Optional: Homeowners Insurance Policy

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## Financial Planning Information

Please complete prior to your appointment. If you are not sure about an answer, leave it blank. Please remember to sign and date the last page and to bring your most recent tax return and account statements.

Client Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_  
.....

Spouse Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_  
.....

Home Phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
.....

How did you hear about Chatterton & Associates?

Seminar  Email \_\_\_\_\_

Referred by \_\_\_\_\_  Other \_\_\_\_\_

## Household Cash Flow

Client's Wages: \$ \_\_\_\_\_ /Yr. Source: \_\_\_\_\_

Spouse's Wages: \$ \_\_\_\_\_ /Yr. Source: \_\_\_\_\_

Other Income 1: \$ \_\_\_\_\_ /Yr. Source: \_\_\_\_\_

Other Income 2: \$ \_\_\_\_\_ /Yr. Source: \_\_\_\_\_

What are your approximate annual expenses: \$ \_\_\_\_\_

Are you concerned about possible nursing home expenses?  Yes  No

Planned retirement date: \_\_\_\_\_ or if retired, date retired: \_\_\_\_\_

Spouse's planned retirement date: \_\_\_\_\_ or if spouse retired, date retired: \_\_\_\_\_

Do you have a current Will?  Yes  No Living Trust?  Yes  No

Date: \_\_\_\_\_ Last amended: \_\_\_\_\_

## Bank, Saving & Loan and Credit Union Account (Non-IRA)

*Please bring your most recent statements.  
 Complete the following information only if statements are NOT available.*

Name of Institution	Type of Account (Checking, Savings, CD)	Interest Rate	Maturity Date	Approximate Balance

## IRA Accounts and Other Retirement Accounts

*Please bring your most recent statements.  
 Complete the following information only if statements are NOT available.*

Location of Account (Bank, Broker, Employer)	Type of Account (401(k), IRA, TSA, etc.)	Husband or Wife?	Beneficiary (Primary/ Contingent)	Approximate Market Value
		H / W	P: C:	
		H / W	P: C:	
		H / W	P: C:	
		H / W	P: C:	

## Brokerage Accounts

*Please bring your most recent statements.  
 Complete the following information only if statements are NOT available.*

Location of Account (Bank, Broker, Employer)	Titling (Trust, Joint, Stock, Bond)	Approximate Market Value

## Promissory Notes, First Trustees and Trust Deeds

*Where someone is paying you on a Note.*

Name of Debtor	Interest Rate	Approximate Balance of Note

## Residence, Time Shares and Other Real Estate Owned

*Please bring your most recent mortgage/ home equity loan statements.*

Property Address	Type (Residence, Rental, land, Time Shares)	Original Cost	Approx. Value	Loan Value(s) Outstanding	Loan Interest Rate	Loan Term/ Payment Amount

## Life Insurance

*Please bring your most recent statements.  
 Complete the following information only if statements are NOT available.*

Name of Company	Name of Insured	H/W	Policy Type	Length of term	Approx. Death Benefit	Annual Premium	Beneficiaries

## Annuities

*Please bring your most recent statements/policies.  
 Complete the following information only if statements are NOT available.*

Name of Company	Annuitant or Owner	Interest Rate	Approximate Value	Date Purchased

## Other Assets

*Autos, Collectibles, Savings Bonds, etc.*

Name/ Type of Asset	Approximate Market Value	Loan Against

## Other Debts

*Credit Card, Auto loans, School loans, Line of credit.*

Name/ Type of Debt	Approximate Value	Interest

## Your Financial Goals

1. Do you feel you have achieved financial security through retirement?  Yes  No
2. How much investment income would you like to generate annually? \_\_\_\_\_
3. Which is more important (circle one):    Asset Growth            or            Capital Preservation
4. Do you plan to leave any portion of your estate to charity?  Yes  No
5. Do you need to make any special financial provisions for any member of your family?  
 Yes  No    If yes, who: \_\_\_\_\_

What are your primary financial concerns (list in order of importance)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*I/we agree that this information reflects an accurate picture of my financial position at this time.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_