





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

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: _____

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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?	Bene ciary (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

Debt / Loans

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: _____