

1. Client Information

Client Name		Co-Client Name	
Date of Birth		Date of Birth (Co-Client)	
Retirement Target Date / Age		Retirement Target Date / Age (Co-Client)	
Email		Email (Co-Client)	
Phone		Phone (Co-Client)	

2. Dependents

Children or others relevant to your planning — leave blank if none

Name	Date of Birth	Relationship	Notes / Other Information

3. Planning Goals

e.g., "Purchase a new car"

Goal #	Brief Description	Target Date	Est. Cost / Amount
Goal 1			
Goal 2			
Goal 3			

Additional Goals / Notes

4. Income Sources

Annual amounts

Income Source	Client (Annual)	Co-Client (Annual)	Notes / Variability
Salary / W-2			
Self-Employment / Business			
Annual Bonus (Target)			
Equity Comp (RSU / ISO / Other)			
Rental Income			
Social Security			
Pension / Annuity			
Other Income			

5. Annual Savings & Contributions

Enter a \$ amount, or a % of salary if the exact amount is unknown

Account Type	Client (\$ or %)	Co-Client (\$ or %)	Employer / Notes
Pre-Tax 401(k) / 403(b)			
Roth 401(k) / 403(b)			
ESPP			
HSA			
529 Plan(s)			
Taxable Brokerage / Investment Account			
Cash / Bank Savings			
Other			

6. Investment & Retirement Accounts

Account Type	Owner	Approx. Balance	Notes / Investment Details
401(k) / 403(b)			
401(k) / 403(b)			
Traditional / Rollover IRA			
Roth IRA			
Taxable Brokerage			
Taxable Brokerage			
Taxable Brokerage			
ESPP / Company Stock			
HSA			
529 / Education Savings			
529 / Education Savings			
529 / Education Savings			
Other			

7. Real Estate & Property

Property	Approx. Value	Notes / Purchase Date / Plans
Primary Residence		
Rental Property		
Vacation / Second Home		
Other		

8. Liabilities

Liability	Balance	Rate	Monthly Pmt	Notes
Mortgage		0.00%		
Student Loan		0.00%		
Auto Loan		0.00%		
Credit Card		0.00%		
HELOC		0.00%		
Personal / Other Loan		0.00%		

Estimated Net Worth

Auto-calculated from Sections 6–8

Total Assets (Sec. 6 + 7)

Total Liabilities (Sec. 8)

Net Worth

9. Insurance & Risk Management

For disability, note the benefit amount or % of salary

Coverage	Client Benefit	Co-Client Benefit	Notes / Policy Details
Life Insurance			
Disability Insurance			
Long-Term Care			
Umbrella Liability			
Homeowners / Renters			
Auto Insurance			
Other			

10. Estate Planning

Do you currently have a Revocable / Living Trust in place?

Yes ☐ No ☐

If yes, last reviewed / updated

Attorney / Firm (optional)

11. Monthly Expenses

Average monthly amounts — for annual bills, divide by 12

Expense Category	Monthly Amount	Notes
Housing & Home		
Housing (Rent / Mortgage)		
Property Taxes		
Utilities (Electric, Gas, Water, Internet)		
Household Supplies		
Insurance & Health		
Insurance (Home, Auto, Health, Life)		
Healthcare (Out-of-Pocket, Prescriptions)		
Everyday Living		
Food / Groceries		
Transportation (Fuel, Maintenance, Transit)		
Phone		
Clothing		
Family		
Child Expenses (Childcare, Activities, Tuition)		
Pet Expenses		
Lifestyle & Giving		
Entertainment / Dining Out		
Hobbies		
Subscriptions (Streaming, Memberships)		
Travel		
Charitable Giving		
Other		
Other:		
Other:		
Other:		
Other:		

Total Expenses

Auto-calculated from the amounts above

Total Monthly Expenses

Estimated Annual Expenses (Monthly × 12)

12. Additional Information

Anything helpful to know before the meeting — upcoming purchases, career changes, liquidity needs, concentrated stock, tax or family concerns

Questions or Topics You'd Like to Discuss at the Meeting

Thank you for taking the time to complete this worksheet — your advisor will review and clarify details with you at your meeting.