

1. Client Information

Client Name

Co-Client Name

Retirement Target Date / Age

Retirement Target Date / Age (Co-Client)

2. 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

3. 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			

4. 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			

5. Investment & Retirement Accounts

Add a line if you need more rows

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			
Bank Account			
Bank Account			
Other			

6. Real Estate & Property

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

7. 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 5–7

Total Assets (Sec. 5 + 6)	Total Liabilities (Sec. 7)	Net Worth

8. 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			

9. Estate Planning

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

Yes ☐ No ☐

If yes, last reviewed / updated

Attorney / Firm (optional)

10. 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 keeping your information current — your advisor will review this with you at your meeting.