



General Client Information

First Name:		Last Name:	
Street Address:			
City:		State:	Zip Code:
Daytime Tel:	Evening Tel:		Mobile Tel:
E-mail Address:		Preferred Method of Communication:	
Birth Date:	Occupation:		
Spouse/Partner First Name:		Spouse/Partner Last Name:	
Spouse/Partner Daytime Tel:	Spouse/Partner Evening Tel:	Spouse/Partner Mobile Tel:	
Spouse/Partner E-mail Address:		Spouse/Partner Preferred Method of Communication:	
Spouse/Partner Birth Date:	Spouse/Partner Occupation:		

Children's Names:

Children's Birth Dates:

1.	
2.	
3.	
4.	

Parent's Names:

Parent's Ages:

1.	
2.	
3.	
4.	



Simple Financial Statement

Client Name	Date	
Annual Income	You	Spouse/Partner
Salary & Bonuses		
Interest & Dividends		
Other Income (gift, trust, rental income, money owed to you, etc.)		
Annual Income Total		
Annual Savings (how much you save per year)	You	Spouse/Partner
Retirement Plan Contributions (401K, IRA, etc.)		
Other Savings		
Annual Savings Total		
Assets (what you own)	You	Spouse/Partner
Current/Average Amount in Checking Accounts		
Current Amount in Savings Accounts/Money Market Accounts		
Current Amount in Retirement Accounts		
College Savings Accounts		
Certificates of Deposit (CDs)		
Total Stocks/Bonds/Mutual Funds		
Insurance and Annuities (cash value)		
Home Value		
Ownership or Partnership share of company (if sold today)		
Other Real Estate		
Automobiles, boat		
Other assets (jewelry, artwork, collections, etc.)		
Assets Total		
Debts/Liabilities (what you owe to others)	You	Spouse/Partner
Credit Cards		
Mortgage(s)		
Automobile Loans		
Education Loans		
Investment Loans		
Life Insurance Loans		
Other Loans (personal, business, boat, etc.)		
Debts/Liabilities Total		

Financial Satisfaction Survey

Client Name _____

Date _____

Directions: The statements below will help you to think about and assess how satisfied you are with many aspects of your financial life. Select and record your level of satisfaction for each statement.

I am satisfied...

		Not Satisfied 1	2	Moderately Satisfied 3	4	Very Satisfied 5
1.	...with my ability to meet my financial obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	...with the income my current job or career provides me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	...with my spending habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	...with the level of debt I carry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	...with the "extras" that I am able to buy for myself and/or loved ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	...with the level and quality of insurance protection I currently have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	...with the amount of money that I save and invest on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	...with my current investment choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	...that I am on track to build a sufficient retirement nest egg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	...with the level of employee benefits I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	...with my style of personal bookkeeping and financial record management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	...with my ability to provide financial help to family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	...with my estate plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	...with my level of charitable giving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	...with the level of financial education I have attained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	...with how I respond emotionally to my personal finance issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	...with my ability to communicate about my financial matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	...with the feelings I have about my money life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	...that financial issues do not cause stress or strain in the relationships that are important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	...with the working relationships I have with my financial service providers (i.e., insurance agent, banker, broker, financial planner, accountant).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life Transition Survey

Client Name _____

Date _____

Directions: In each section, select the transitions that you are currently experiencing and those you are likely to experience in the future. In addition, check transitions in the short to mid-term and long-term columns that you either hope to experience or anticipate with concern.

Work Life Transitions

		Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1.	Change in career path	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	New job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Job loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Job restructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Education / retraining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Sell or close business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Transfer family business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Gain a business partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Lose a business partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Downshift / simplify work life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sabbatical / leave of absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Start or purchase a business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Retire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Phase into retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Life Transitions

		Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1.	Purchase a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Sell a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Relocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Purchase a vacation home / timeshare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Re-evaluate investment philosophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Experience investment gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Experience investment loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Debt concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Consider investment opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Receive inheritance or financial windfall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Sell assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Life Transitions

		Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1.	Change in marital status (marriage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Change in marital status (divorce)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Change in marital status (widowhood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Expecting or adopting a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Hire child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Child entering adolescence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Child with special needs (disabilities, medical/dental problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Child w/pre-college expenses (private school, tutor, lessons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Child going to college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Child getting married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11.	Empty nest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Family special event (Bat/Bar Mitzvah, anniversary party, trip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Helping and/or gifting grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Concern about aging parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Concern about health of spouse/partner or child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Family member needs caregiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Concern about personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Provide for long-term care (parent, spouse/partner, or self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Disability / hospitalization (self or family member)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Death of family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legacy Life Transitions

		Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1.	Increase charitable giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Give special financial gifts to children/grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Give parental pension (monthly stipend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Develop an estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Change estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Develop an end of life plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes