CLIENT PROFILE

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PERSONAL INFORMATION

FAMILY INFORMATION

Date ______________________

Your Name (exactly as it appears on your driver's license or other picture ID)

____ Nickname ____________________

Home Address ____________________________________ City ______________________

State _____ Zip ___________ County _______________ Home Phone _________________

E-mail address ___________________________________ Cell Phone _________________

Social Security Number ____________________________ Birthdate __________________

Employer _________________ Position _______________ Business Phone _____________

Date of Marriage __________________________________ U. S. Citizen _______ Yes _______ No

Spouse's Name (exactly as it appears on his/her driver's license or other picture ID)

____ Nickname ____________________

Social Security Number ____________________________ Birthdate __________________

E-mail address ___________________________________ Cell Phone _________________

Employer _________________ Position _______________ Business Phone _____________

U. S. Citizen _______ Yes _______ No

CHILDREN (*Show full legal names – attach additional sheet if necessary)*	PARENT*	BIRTHDATE

* Husband's child only (H), Wife's child only (W), Both Husband's and Wife's child (B)

ADVISERS	PHONE NUMBER
Accountant ____________________	____________________
Attorney ____________________	____________________
Primary Personal Banker ____________________	____________________
Stockbroker ____________________	____________________
Referred to our firm by ____________________	____________________

CASH

NAME OF INSTITUTION	TYPE*	OWNER**	AMOUNT
			$
			$
			$
			$
			$

*Checking Account (CA), Savings Account (SA), Certificates of Deposit (CD).
** Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).
Note: If account is in your name for benefit of a minor, please specify and give minor's name.

NOTES RECEIVABLE

NAME OF DEBTOR	DATE OF NOTE	DATE DUE	NOTE OWED TO*	CURRENT BALANCE OWED
				$
				$
				$

*Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).

REAL ESTATE

Where you have either a deeded or land contract interest ***(land or buildings that you own in partnership with someone else should be listed under the Partnership section):***

GENERAL DESCRIPTION AND/OR ADDRESS	OWNER*	FAIR MARKET VALUE	MORTGAGE BALANCE
		$	$
		$	$
		$	$
		$	$

* Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).
If property is owned either JT or TC with someone other than spouse, please furnish name and relationship.
Note: if two or more names are on deed or contract without stating type of ownership, please use "?".

SOLE PROPRIETORSHIP BUSINESS INTERESTS

NAME OF BUSINESS	DESCRIPTION OF BUSINESS	OWNER*	VALUE
____________	____________	______	$________
____________	____________	______	$________
____________	____________	______	$________

* Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).

PARTNERSHIP INTERESTS

PARTNERSHIP NAME	PERCENTAGE OF PARTNERSHIP INTEREST GENERAL PARTNER	LIMITED PARTNER	OWNER*	VALUE
____________	______	______	______	$________
____________	______	______	______	$________

* Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).

CORPORATE BUSINESS INTERESTS

Closely Held, Privately Owned Corporations *(Nonpublicly Traded)*

COMPANY	NUMBER OF SHARES	BUY/SELL AGREEMENT*	PERCENTAGE OWNERSHIP	OWNER**	VALUE
____________	______	______	______	______	$________
____________	______	______	______	______	$________
____________	______	______	______	______	$________

*Please put ✔ if a Buy/Sell Agreement Exists
** Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).
Note: If stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.

BONDS

DESCRIPTION *(U.S. Savings Bonds, corporate, municipal, etc.)*	OWNER*	FACE VALUE
____________________	______	$________
____________________	______	$________
____________________	______	$________

If bond is owned either JT or TC with someone other than spouse, please furnish name and relationship.
* Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP)

Note: Please put ✔ next to Bearer Bonds.

STOCK CERTIFICATES

Publicly Traded Corporations

Please list all stock ownership in publicly owned companies (*stock traded on an exchange or over the counter).* Stock owned in family or nonpublicly traded companies should be listed under the corporate business section. ***(Do not list each stock owned in a brokerage account. See Brokerage Accounts below.)***

COMPANY	OWNER*	NUMBER OF SHARES	FAIR MARKET VALUE
			$
			$
			$
			$
			$

* Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).
If stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.

BROKERAGE ACCOUNTS

Provide account information only. Please do not list each stock.

BROKERAGE COMPANY	BROKER	OWNER*	CURRENT ACCT VALUE
			$
			$
			$
			$

* Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).
If stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.

RETIREMENT PLANS

TYPE OF PLAN*	COMPANY	BENEFICIARY UPON YOUR DEATH (Primary & Contingent)	PERCENT VESTED	VALUE
				$
				$
				$
				$

* IRA, Pension (P), Profit-Sharing (PS), H.R. 10

OTHER ASSETS

PERSONAL EFFECTS
(Furniture, automobiles, jewelry, collectibles and other personal assets of more than nominal value)

____ $__________
____ $__________
____ $__________
____ $__________
____ $__________

ANTICIPATED INHERITANCES OR GIFTS

____ $__________
____ $__________
____ $__________

ANY OTHER ASSETS

____ $__________
____ $__________
____ $__________
____ $__________

LIFE INSURANCE POLICIES AND ANNUITIES

Company ____

Agent ______________________ Agent's Phone ______________________

Policy Number ______________ Type of Policy* __________ Who pays premium** ______

Insured ______________________ Owner ______________________

Primary beneficiary ______________________ Contingent beneficiary ______________________

Face amount $____________ Cash value $____________ Loans on Policy $____________

*Term, whole life, split dollar, group life, annuity
**Husband (H), Wife (W), Corporation (C)

Company ____

Agent ______________________________________ Agent's Phone ____________________________

Policy Number ______________________ Type of Policy* ______________ Who pays premium** ________

Insured _____________________________________ Owner ____________________________________

Primary beneficiary _____________________________ Contingent beneficiary __________________________

Face amount $__________________ Cash value $_________________ Loans on Policy $________________

Company ____

Agent ______________________________________ Agent's Phone ____________________________

Policy Number ______________________ Type of Policy* ______________ Who pays premium** ________

Insured _____________________________________ Owner ____________________________________

Primary beneficiary _____________________________ Contingent beneficiary __________________________

Face amount $__________________ Cash value $_________________ Loans on Policy $________________

Company ____

Agent ______________________________________ Agent's Phone ____________________________

Policy Number ______________________ Type of Policy* ______________ Who pays premium** ________

Insured _____________________________________ Owner ____________________________________

Primary beneficiary _____________________________ Contingent beneficiary __________________________

Face amount $__________________ Cash value $_________________ Loans on Policy $________________

Company ____

Agent ______________________________________ Agent's Phone ____________________________

Policy Number ______________________ Type of Policy* ______________ Who pays premium** ________

Insured _____________________________________ Owner ____________________________________

Primary beneficiary _____________________________ Contingent beneficiary __________________________

Face amount $__________________ Cash value $_________________ Loans on Policy $________________

*Term, whole life, split dollar, group life, annuity
**Husband (H), Wife (W), Corporation (C)

SUMMARY OF VALUES

ASSETS

	AMOUNTS*	
	HUSBAND	WIFE
Cash	$______	$______
Notes receivable	$______	$______
Real estate	$______	$______
Sole proprietorship business interests	$______	$______
Partnership interests	$______	$______
Corporate business interests	$______	$______
Bonds	$______	$______
Stock certificates	$______	$______
Brokerage accounts	$______	$______
Retirement plans	$______	$______
Other assets and personal effects	$______	$______
Life insurance face amounts	$______	$______
TOTAL ASSETS	**$______**	**$______**

*Joint Tenancy (JT), Tenancy in Common (TC) and Community Property (CP) values go half in husband's column, half in wife's column.

LIABILITIES

	AMOUNTS*	
	HUSBAND	WIFE
Loans payable	$______	$______
Accounts payable	$______	$______
Real estate mortgages payable	$______	$______
Contingent liabilities	$______	$______
Loans against life insurance	$______	$______
Unpaid taxes	$______	$______
Other obligations	$______	$______
TOTAL LIABILITIES	**$______**	**$______**

NET ESTATE	**$______**	**$______**

INDIVIDUALS OR INSTITUTIONS TO SERVE

	HUSBAND	WIFE
Initial Trustee · You may serve alone as your own Trustee.		
Initial Cotrustee · If you want someone to serve with you.		
Trustee(s), if I am disabled · You may want to name more than one.		
Trustee(s) upon my death · You may want to name more than one.		
Successor Trustee(s) · Individuals or institution to serve if your first choices cannot serve.		
Personal Representative (Executor under your Will) · Usually the same as the Trustees named to serve at your death.		
Health Care Power of Attorney Agent		
Agent's Address		
Agent's Phone Number		

	HUSBAND	WIFE
Health Care Power of Attorney Successor Agent	______________________	______________________
Successor Agent's Address	______________________	______________________
	______________________	______________________
Successor Agent's Phone Number	______________________	______________________
Financial Power of Attorney Attorney's Name	______________________	______________________
Financial Power of Attorney Successor Attorney's Name	______________________	______________________
Guardian(s) · For minors under the age of 18	______________________	______________________
	______________________	______________________

Special Needs and Considerations

Disabled or special needs beneficiaries ____

____

____

Prior marriages and any pre-marital agreements ____

____

____

Describe any other concerns or objectives

____

____

____

____