

Personal and Financial Data

First Person: _____	Second Person: _____
Sex: _____ Birth date: _____ Retirement Age: _____	Sex: _____ Birth date: _____ Retirement Age: _____
Social Security #: _____	Social Security #: _____
Marital Status: _____ Home Phone #: _____	Marital Status: _____ Home Phone #: _____
Business/Cell Phone: _____	Business/Cell Phone: _____
Street: _____	Street: _____
City: _____ ST: _____ Zip Code: _____	City: _____ ST: _____ Zip Code: _____
e-mail: _____	e-mail: _____
Are you or your parents Veterans? _____	Are you or your parents Veterans? _____

PERSONAL FOCUS AREAS THAT APPLY TO YOU

- | | | |
|--|--|---|
| <input type="checkbox"/> Comprehensive financial plan | <input type="checkbox"/> Grow retirement savings | <input type="checkbox"/> Increase retirement income |
| <input type="checkbox"/> Provide college funds for children | <input type="checkbox"/> Life insurance review | <input type="checkbox"/> Long-term care insurance |
| <input type="checkbox"/> Borrow funds for college educations | <input type="checkbox"/> Protect earned income if disabled | <input type="checkbox"/> Cash flow / debt management |
| <input type="checkbox"/> Avoid probate costs and delays | <input type="checkbox"/> Establish /review estate plan | <input type="checkbox"/> Portfolio review |
| <input type="checkbox"/> Minimize estate taxes | <input type="checkbox"/> Maximize inheritance assets | <input type="checkbox"/> Home loan review |
| <input type="checkbox"/> Discuss program of gifting | <input type="checkbox"/> Stock option planning | <input type="checkbox"/> Sell highly appreciated assets |

BUSINESS FOCUS AREAS THAT APPLY TO YOU

- | | | |
|---|--|--|
| <input type="checkbox"/> Establish a continuation / succession plan | <input type="checkbox"/> Sell, buy or start a business | <input type="checkbox"/> Key employee/partner protection |
| <input type="checkbox"/> Deferred compensation | <input type="checkbox"/> Equalize estate for heirs | <input type="checkbox"/> Buy insurance through business |

CHILDREN / DEPENDENTS

Name	Dependent of	Birth Date	Years of College	Annual Cost Today	Wedding Date/Cost	Current Savings Amount	Money Earmarked for this Goal	Concerns or Special Needs

PERSONAL PROPERTY

Specific Asset Name <small>(Home, Boat, Business, Vacation Home)</small>	Owner	Type <small>(Residence, Personal Use, Business)</small>	Purchase Date	Current Value	Future Sale Date / Replace?

INVESTMENTS

Description <small>(401k, IRA, Pension)</small>	Owner	Type <small>(Mutual Fund, Stock, Bond)</small>	Current Value	Monthly / Annual Savings	Beneficiary <small>(Primary & Contingent)</small>	Goal for Account

INSURANCE				
Description – (Type)	Insured	Company	Expiration date	Amount
Life Insurance				
Disability Insurance				
Long Term Care				
Home Owners				
Auto				
Umbrella				

INCOME				
Description	Person	Annual Amount	Applicable Period (Start Date - End Date)	Rate of Increase (Percentage)
First Person's Salary				
Second Person's Salary				

ESTATE PLANNING					
Person	Will /date	Trust name & date	ILIT date	Living Will / Health Care POA	Durable POA

Estate Attorney Name & Address & Phone:

DEBTS										
Description	Owner	Start Date	Original Principal	Principal Balance Remaining	Interest Rate	Interest Only / Principal & Interest	Loan Period (Years)	Payment Frequency	Additional Payments / Final Payoff	Frequency / Payoff Date

TAX INFORMATION				
Date of last tax return				
CPA Name & Address & Phone: _____				

MESSAGE TO ELLEN FOR DISCUSSION AND/OR REVIEW DURING MEETING:

INTERNAL USE : VERIFY COPIES RECEIVED				
Description	Date	Score	Type of Investor	Spending Plan on File
Investment Questionnaire				Y N

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