

CONFIDENTIAL CLIENT PERSONAL AND FINANCIAL DATA SHEET
UNMARRIED COUPLES

DATE OF PREPARATION: _____

I. Client Information

Full Name: _____

Name as usually signed: _____

Home Address: _____

Home Phone: _____

Date of Birth/Age: _____

Citizenship: _____

Occupation: _____

Work Address: _____

Work Phone: _____

Do you have any partnership or cohabitation agreement in place?

II. Confidential Financial Data - or substitute a personal financial statement

ASSETS (use estimated current fair market value)	<u>Titled jointly</u>	Titled in _____'s <u>Name Only</u>	Titled in _____'s <u>Name Only</u>
Checking Accounts	\$ _____	\$ _____	\$ _____
Savings Accounts	_____	_____	_____
Certificates of Deposit	_____	_____	_____
Accounts and Notes Receivable	_____	_____	_____
Stocks	_____	_____	_____

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ASSETS (use estimated current fair market value)	<u>Titled jointly</u>	Titled in _____'s <u> Name Only </u>	Titled in _____'s <u> Name Only </u>
Bonds	_____	_____	_____
Business Interests (corporate, partnership or proprietorship)	_____	_____	_____
Life Insurance – Cash Value	_____	_____	_____
Interests under pension/ profit-sharing plan	_____	_____	_____
Deferred compensation arrangements	_____	_____	_____
Interests as beneficiary under trusts	_____	_____	_____
Residence	_____	_____	_____
Other Real Estate	_____	_____	_____
Automobiles	_____	_____	_____
Personal Effects	_____	_____	_____
Household and Personal Goods	_____	_____	_____
Fine Art Works	_____	_____	_____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____
 <u>LIABILITIES</u>			
Home Residence Mortgage	\$ _____	\$ _____	\$ _____
Other Real Estate Mortgages	_____	_____	_____
Miscellaneous Payables	_____	_____	_____

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ASSETS (use estimated current fair market value)	<u>Titled jointly</u>	Titled in _____'s <u> Name Only </u>	Titled in _____'s <u> Name Only </u>
Automobile Loans	_____	_____	_____
Other Loans	_____	_____	_____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____
Current Net Worth (total assets less total liabilities)	\$ _____	\$ _____	\$ _____
Anticipated Inheritances or gifts from third parties	\$ _____	\$ _____	\$ _____
INCOME			
Annual income from all sources	\$ _____	\$ _____	\$ _____

III. Professional Advisors (Write "N/A" if not applicable)

	<u>NAME/ADDRESS</u>	<u>COMPANY/TELEPHONE</u>
A. Accountant	_____ _____	_____ _____
B. Investment Broker	_____ _____	_____ _____
C. Life Insurance Agent	_____ _____	_____ _____
D. Trust Officer	_____ _____	_____ _____

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IV. Expected Beneficiaries

A.	<u>Name of Beneficiary</u>	<u>Date of Birth/Age</u>	<u>City & State of Residence</u>	<u>Married Yes/No</u>	<u>Beneficiary's Children If yes, give names and ages</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

B.	<u>Name of Other Persons, if any</u>	<u>Date of Birth/Age</u>	<u>City & State of Residence</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

C.	<u>Name of Charities, if any</u>	<u>Full Address</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

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V. Miscellaneous (Write "N/A" if not applicable)

A. If you have minor children and were to die while such children are still minors:

1. Your selections for primary and alternate guardians for your minor children would be:

	<u>Name</u>	<u>City & State of Residence</u>	<u>Relationship, if any</u>
a.	_____	_____	_____
b.	_____	_____	_____

2. When each of your minor children attained majority (age 18) would you want his or her share of your estate to be:

- a. distributed outright to the child; or
- b. retained in a trust fund to be administered for his or her benefit until a specified age?

CIRCLE either a or b. Circle neither if you are uncertain.

3. If you circled b, your selections for primary and alternate trustees of your child's trust would be:

	<u>Name</u>	<u>City & State of Residence</u>	<u>Relationship, if any</u>
a.	_____	_____	_____
b.	_____	_____	_____

B. Your selections for primary and alternate executors of your estate would be:

	<u>Name</u>	<u>City & State of Residence</u>	<u>Relationship, if any</u>
a.	_____	_____	_____
b.	_____	_____	_____

C. If you have an existing Will, please bring a copy of it with you to your appointment.

D. If you have a cohabitation agreement, please bring a copy with you to our meeting.

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E. If you were referred to us, please identify that individual in order that we may acknowledge the referral.

Name of Referror: _____

CLIENT LIFE INSURANCE SCHEDULE

<u>COMPANY</u>	<u>POLICY NO.</u>	<u>OWNER</u>	<u>INSURED</u>	<u>BENEFICIARY</u>	<u>FACE AMOUNT</u>	<u>TYPE – TERM OR WHOLE</u>	<u>ANNUAL PREMIUM</u>	<u>LOANS OUTSTANDING</u>
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CLIENT RETIREMENT BENEFITS

(include governmental retirement benefits, if known, and individual retirement arrangements)

<u>PARTICIPANT</u>	<u>PROVIDER</u>	<u>EXPECTED LIFETIME BENEFIT</u>	<u>EXPECTED SURVIVORSHIP BENEFIT</u>	<u>CURRENT VALUE OF IRA OR PROFIT-SHARING ACCOUNT</u>
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NOTE: ALL INFORMATION SUPPLIED ON THESE PERSONAL AND FINANCIAL DATA SHEETS SHALL BE TREATED AS STRICTLY CONFIDENTIAL.