If you have any questions while preparing this form, please feel free to contact a member of our Financial Planning Department for help (412) 227-3200 or 1 (800) 900-4492

Referred By Whom? ______________________________ Name of Seminar? ______________________________

Location of Seminar? ______________________________ Seminar Beginning Date ______________________________

PERSONAL DATA: FIRST NAME M.I. LAST NAME	SEX	BIRTH DATE
CLIENT A	Male	
CLIENT B	Male	

HOME ADDRESS	
Street City State Zip	
Home Phone	Email
Client A: Business Phone ( )	Client B: Business Phone ( )
Accountant Name (For our information only. No contact will be made.)	Attorney Name (For our information only. No contact will be made.)

EMPLOYEE DATA: CLIENT A	EMPLOYEE DATA: CLIENT B
Self Employed? ☐ Yes ☐ No	Self Employed? ☐ Yes ☐ No
Occupation	Occupation
Employer's Name ________ years	Employer's Name ________ years

CHILDREN

	NAME	BIRTH DATE	WILL ATTEND COLLEGE - Y/N	YEAR TO BEGIN	# YEARS	CURRENT $ SET ASIDE*	MONTHLY ADDITIONS (IF ANY)
Oldest Child			No				
Child 2			No				
Child 3			No				

*Includes statements for children's accounts or money earmarked for children's education.

What are you hoping to gain from having a financial plan done now?

Have you ever worked with a financial advisor before? No

Is there anything of importance that we should know while preparing the plan? (i.e. Is any amount of personal savings/investments earmarked for an upcoming expense?)

REAL ESTATE PROFILE DETAIL

TYPE OF PROPERTY	OWNER A/B	$ MARKET VALUE	$ MORTGAGE BALANCE	$ MONTHLY PAYMENT. (PRINC. & INT.)	INTEREST RATE %	$ PROPERTY TAXES
1. Home (first mortgage)						
Home (second mortgage)						
2. Recreation property						
3. Total Investment, rental or Business property						

OTHER PERSONAL ASSETS
(Estimated values are fine)

Vehicles $ _______________

Home Furnishings $ _______________

Tangible Assets* $ _______________

Other _______________ $ _______________

* Investment items such as gold and silver bullion or coins, investment quality diamonds, and other .

OTHER DEBT

	CURRENT BALANCE	INTEREST RATE	MONTHLY PAYMENT
Auto loan		%	
Auto loan		%	
Credit cards (all)		%	
Student loan		%	
Student loan		%	
Other debt		%	

MONTHLY CASH FLOW

INCOME DATA DETAIL (ANNUAL)

Helpful Tip: Instead of completing this section, simply enclose your most recent paystub and 1040 return.

Filing Status: (check one) ☐ Married/joint ☐ Single ☐ Head of Household ☐ Married/Separate

PRESENT INCOME (PRE-TAX)	$ CLIENT A	$ CLIENT B
Salary, commissions and bonus		
Net Income from self-employment		
Net Rental Income (attach schedule E)		
Social security benefits		
Retirement plan withdrawal		
Other income (specify)		

Do you currently have a cash flow surplus at the end of each month? ☐ Yes ☐ No

If so, approximately how much? ____________________

And where does it go? ____________________

INVESTMENT DETAIL

Please include a recent statement showing the security detail in each account.
(Confidential information, such as social security numbers and specific account numbers, are not necessary.)

Accounts include:

- Personal savings accounts and cash reserves
- Variable and fixed annuities
- Personally owned mutual funds and brokerage accounts
- Company sponsored retirement plans
- IRAs

What are you currently saving each month into each of these accounts?

	CASH RESERVES	INVESTMENT ACCOUNTS	COMPANY RETIREMENT PLANS	IRA	ROTH IRA
Client A					
Client B					
Joint					

Please complete separate questionnaire to determine your risk tolerance.

RETIREMENT

At what age would you like to retire? Client A ______________ Client B ______________

Will you work during retirement? ☐ Yes ☐ No

Indicate anticipated earnings and for how long. Client A ______________ Client B ____________________

MONTHLY SPENDABLE INCOME DESIRED AT RETIREMENT

☐ 1) Amount desired in today's Dollars $_______________ OR ☐ 2) If unsure of needs, we will estimate based on your current standard of living.

Any defined benefit pension income expected:

Client A: Amount $ ___________ / month Client B: Amount $ ___________ / month

At what age will this income start? Client A: ___________ Client B: ___________

ESTATE INFORMATION

Do you have a will? ☐ Yes ☐ No Last Updated ____________________ Do you have a ☐ Living will ☐ Power of attorney

Are there beneficiaries other than family? ☐ Yes ☐ No Who __________________

Type of will (check one): ☐ Simple, all to surviving spouse ☐ Two-part marital deduction trust

☐ Other type of trust ____

INSURANCE

Please provide statements for life, disability and long-term care insurance where applicable. Also include employer coverage. If statements are not available, please provide the information below for each policy. Attach separate sheet, if necessary.

LIFE INSURANCE

Owner ______________________________ Insured ______________________________

Beneficiary ______________________________ Death Benefit ______________________________

Cash Surrender Value ______________________________ Annual Premium ______________________________

Policy Loans ______________________________

DISABILITY INSURANCE

Insured ______________________________ Monthly Benefit ______________________________

Waiting Period ______________________________ Annual Premium ______________________________

LONG-TERM CARE INSURANCE

Insured ______________________________ Daily Benefit ______________________________

Elimination Period ______________________________ Maximum Benefit Period ______________________________

Inflation Rider % ______________________________ Annual Premium ______________________________

Submit This Form Print