

Personal Profile

Purpose: Insurance Mortgage Estate Planning Retirement College Planning Others: _____

General Information

Client Name:		Spouse Name:	
SSN:	DOB:	SSN:	DOB:
Home Address:		Tel:	
Citizenship:	Visa Type & No.:	Citizenship:	Visa Type & No.:

Employment Information

Employer Name:		Occupation:		Employer Name:		Occupation:	
Address:				Address:			
Work Tel:		Years:		Work Tel:		Years:	

Dependent Information

Name:		DOB:		Name:		DOB:	
Name:		DOB:		Name:		DOB:	

Income			Expenses:		
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Annual Salary	Client:	Spouse:	Living Necessities	Client:	Spouse:
Other Income			Other Expenses		
Total			Total		

Assets

Liquid Assets:	Non-Liquid:	Total:
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Liabilities

	Lender:	Balance:	Interest Rate:	Monthly Payment:
Mortgage – 1 st				
Mortgage – 2 nd				
Mortgage – Others				
Auto Loan				
Auto Loan				
Credit Card				
Credit Card				
Credit Card				
Credit Card				
Other Loan				

Insurance				
Do you have Life Insurance?	Provider:	Death Benefit:	Insured:	
Yes No	Monthly Premium:			
Do you have Health Insurance?	Provider:	Group		Individual
Yes No	Monthly Premium:	HMO	PPO	Other
Do you have Long Term Care Insurance?	Provider:	Insured:	Monthly Benefit:	
Yes No	Monthly Premium:	Benefit Period:	Elimin. Period:	

Asset Distribution

Investment / Asset Name	Balance	Monthly Contribution	Employer Match	Rate of Return (RoR)
Mutual Funds / Stocks / Bonds				
Bank Savings / CDs				
Employer-sponsored Qualified Plans				
IRA / SEP-IRA				
Annuities				
Savings Bonds				
Cash Value Life Insurance				
Roth IRA				