



Confidential Fact Sheet

Date: _____

Personal Information					
	Name	DOB	US Citizen	SS #	State of Residence
Client 1					
Client 2					

Contact Information					
	Cell Phone	Work Phone	E-Mail (Personal)	E-Mail (Work)	Fax
Client 1					
Client 2					

Preferred Method of Contact: E-Mail (Personal) E-Mail (Work) Cell Phone Work Phone Home Phone

	Address	Home Phone
Primary		
Secondary		

Goals and Objectives
1).
2).
3).
4).
5).



Confidential Fact Sheet

Employment Information			
	Occupation / Title	Employer	Projected Retirement Date
Client 1			
Client 2			

Children					
	Name	DOB	School Grade	SS #	Dependent / Married / Children
Child 1					

Funds Saved for College & Type (529, Coverdell, etc.):

Child 2					
---------	--	--	--	--	--

Funds Saved for College:

Child 3					
---------	--	--	--	--	--

Funds Saved for College & Type (529, Coverdell, etc.):

Child 4					
---------	--	--	--	--	--

Funds Saved for College & Type (529, Coverdell, etc.):

Existing Advisors				
	Name	Address	Phone	E-Mail
Attorney				
Accountant				
Insurance Agent				
Investment Advisor				