



Confidential Fact Sheet

Date: _____

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

Contact Information (Circle Preferred Method of Contact)				
	Cell Phone	Work Phone	E-Mail (Personal)	E-Mail (Work)
Client 1				
Client 2				

	Address	Home Phone
Primary		
Secondary		

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

Children					
	Name	DOB	School Grade	SS #	Dependent / Married / Children
Child 1					
Child 2					
Child 3					
Child 4					

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

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

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