



Date:	
Purpose For Call/Meeting:	
Assigned Financial Advisor:	
Source:	
Referred By:	

Client Profile Form

BASIC PROFILE INFORMATION

Client #1	Response		
Full Name		<input type="checkbox"/>	Primary Household Contact
Address			
Home Phone		<input type="checkbox"/>	Primary Household Phone
Cell Phone		<input type="checkbox"/>	Primary Household Phone
Email Address		<input type="checkbox"/>	Primary Household Email
Date of Birth			
Social Security Number			
Are you a US Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
ID Information:	Number:	State:	Expiration:

SPOUSAL PROFILE INFORMATION

Client #2	Response		
Full Name		<input type="checkbox"/>	Primary Household Contact
Address			
Home Phone		<input type="checkbox"/>	Primary Household Phone
Cell Phone		<input type="checkbox"/>	Primary Household Phone
Email Address		<input type="checkbox"/>	Primary Household Email
Date of Birth			
Social Security Number			
Are you a US Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
ID Information:	Number:	State:	Expiration:

DEPENDENTS

Dependent #1	Response
Name	
Date of Birth	
Social Security Number	
Relationship	

Dependent #2	Response
Name	
Date of Birth	
Social Security Number	
Relationship	

Dependent #3	Response
Name	
Date of Birth	
Social Security Number	
Relationship	

EMPLOYMENT & INCOME INFORMATION

	Response
Employer (Even if Retired)	
Employer's Full Address	
Occupation / Title	
Annual Salary or Income	
Source of Income, if retired	
Employed Since	
Desired Retirement Age (if still working)	
Work Phone Number	

SPOUSAL EMPLOYMENT & INCOME INFORMATION

	Response
Employer (Even if Retired)	
Employer's Full Address	
Occupation / Title	
Annual Salary or Income	
Source of Income, if retired	
Employed Since	
Desired Retirement Age (if still working)	
Work Phone Number	

FINANCIAL INFORMATION

Financials	Response
Estimated Net Worth	
Liquid Net Worth (excludes home)	
Total Liabilities / Debts	
Federal Tax Bracket, if known	0 -15% <input type="checkbox"/> 16-25% <input type="checkbox"/> 26-30% <input type="checkbox"/> 31-35% <input type="checkbox"/> > 35% <input type="checkbox"/>

ASSETS

Property	Response
Residence: Own or Rent?	
<i>If Own, what is the mortgage?</i>	
<i>If Own, approx. home value?</i>	
Number of Years There?	
Do you own other property	
<i>If yes, what is the mortgage/?</i>	
<i>If yes, approx. home value?</i>	

ASSET INFORMATION	OWNER	APPROX VALUE
Bank Checking		
Bank Savings		
Other Bank Assets		
Investment Account 1		
Investment Account 2		
Investment Account 3		
Retirement Account 1		
Retirement Account 2		
Retirement Account 3		
Company Stock Options		
Annuities		
Other Assets		

Client #1: Are you currently contributing to your retirement plan? What % or \$: _____ Is there a matching contribution? _____

Client #2: Are you currently contributing to your retirement plan? What % or \$: _____ Is there a matching contribution? _____

Are you currently contributing to a 529 plan? How much \$: _____

LIABILITIES & LIVING EXPENSES

DEBT INFORMATION	DETAILS
Credit Cards	
Car Loans	
Student Loans	
Home Equity Loans	
Other Debt	
Annual Living Expenses (Besides Debts (Mortgage, Loans, Etc))	

INSURANCE INFORMATION

ASSET INFORMATION	CLIENT #1 VALUE	CLIENT #1 TERM	CLIENT #2 VALUE	CLIENT #2 TERM
Do you have life insurance?				
Do you have long-term care insurance?				
Do you have disability insurance?				

ESTATE PLANNING

LEGAL INFORMATION	Yes or No / DETAILS
Will	
Trust	
Healthcare Directives	
Power of Attorney	
Final Expenses	

PROFESSIONAL ADVISORS

ADVISOR	NAME	LOCATION	WANT A REFERRAL?
Accountant / CPA:			
Trust & Estate Attorney:			
Other:			

ADDITIONAL INFORMATION:

Initial Questions

- What do you hope to achieve from this process?
- Tell me what keeps you up at night?
- What's important to you about your money?
- Do you have a household budget?
- What goals have you set for yourself now or would like to achieve?
- Have you worked with a financial planner before?
- What's the most important thing we need to achieve?
- What or who else should be involved in this process?
- Do you feel you're on track to meet your financial goals?
- What do you feel is your most pressing financial concern right now?
- What kind of legacy do you want to leave for your family?
- Who are you financially responsible for and who is it important that you're able to assist?
- What plans have you made in the event that you become disabled?
- Tell me about your philanthropic intentions.
- What do you want your retirement to look like?
- What kind of retirement lifestyle do you want?
- What do you enjoy doing outside of your career?
- If you're not on track, what are you willing to change to get on track? What won't you change?

Initial Meeting Notes

Next Steps:

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For Office Use Only:

	Add to R/T (Role & Tags)	KWM Onboarding W/F	Send Agreement	Virtue Access	Present Plan/Open Accounts	Implement Plan/Acct	Update Tags/Status in R/T (Client, KWM Onboarding Tag)	Update Client Segmentation & Annual Review Tag	Confirm Client Interest Form Info
Client									
Spouse									