



## **Intake Form**

### Personal Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### Spouse Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you own a business?: Y/N

Business Name: \_\_\_\_\_ Ownership Percentage: \_\_\_\_%

Function of Business: \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_

Total Retirement Assets: \$ \_\_\_\_\_

Total Real Estate Assets: \$ \_\_\_\_\_

Total Investment Assets: \$ \_\_\_\_\_

Total Business Assets: \$ \_\_\_\_\_

Do you currently have restricted stock units or stock options?: Y/N

Do you currently have updated estate planning documents?: Y/N

Life Insurance Death Benefit: \_\_\_\_\_ (Spouse #1) \_\_\_\_\_

Disability Benefit (Monthly): \_\_\_\_\_ (Spouse #1) \_\_\_\_\_

Long-Term Care Benefit Y/N

*(continued on next page)*



**FINANCIAL &  
INSURANCE  
SERVICES**

Primary Financial Concerns:

1. \_\_\_\_\_
2. \_\_\_\_\_

Primary Financial Goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you have a current active CPA?      Y/N

Do you have a current attorney?      Y/N

If yes, what specialty/specialties?: \_\_\_\_\_