



freeman, CPA PLLC

Financial Services for Your Business and Family

Investment Services Client Data Sheet

Client Name(s) _____

Basic Information:

	Spouse 1:	Spouse 2:	Dependents:			
Name	_____	_____	Name	DOB	Name	DOB
Date of Birth	_____	_____	1. _____	_____	5. _____	_____
Risk Tolerance Score	_____	_____	2. _____	_____	6. _____	_____
Employment Status	_____	_____	3. _____	_____	7. _____	_____
Income Tax Bracket	_____	_____	4. _____	_____	8. _____	_____

Sources of Income:

Type:	Description:	Owner Name:	Yrly Amount:	Owner Name:	Yearly Amount:
Salary / Wages	_____	_____	_____	_____	_____
Business Interests	_____	_____	_____	_____	_____
Interest Income	_____	_____	_____	_____	_____
Dividend Income	_____	_____	_____	_____	_____
Royalties	_____	_____	_____	_____	_____
Rental Property	_____	_____	_____	_____	_____
Social Security	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____

Currently Held Assets:

Type:	Description:	Owner Name:	Mkt/Cash Value	Cost Basis	Tax Status			
					Taxable	Deferred	Exempt	Educ.
House	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle #1	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle #2	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property #1	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property #2	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advisory Account	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
401-K / IRA Account #1	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
401-K / IRA Account #2	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuity Account	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance / LTC	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Insurance	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Investments	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings / Emergency	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Interests:	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outstanding Liabilities:

Type:	Description:	Borrower:	Outstanding Balance:	Annual Payment	Interest Rate
Mortgage Loan #1	_____	_____	_____	_____	_____
Mortgage Loan #2	_____	_____	_____	_____	_____
Vehicle #1 Loan	_____	_____	_____	_____	_____
Vehicle #2 Loan	_____	_____	_____	_____	_____
Education Loans	_____	_____	_____	_____	_____
Credit Card Debt	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____

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Future Goals:

- Short Term Goals (3-5yrs) –**
 Debt Settlement
 Home Purchase / Mortgage
 Home Improvement
 Motor / Recreational Vehicles
 Vacation / Travel
 Medical / Long Term Care
 Savings / Emergency
 Individual Investments
 Business Ventures
 Life Insurance
 Charitable Giving
 Other Goals:
 Other Goals:

	Ideal Goal	
Yrly Spending:	_____	Total Value: _____
Yrly Spending:	_____	Total Value: _____
Yrly Spending:	_____	Total Value: _____
Estimated Value:	_____	
Yrly Spending:	_____	Total Value: _____
Policy Value:	_____	
Yrly Contrib.	_____	Total Value: _____
Yrly Contrib.	_____	Total Value: _____
Estimated Value:	_____	
Policy Value:	_____	
Yrly Spending:	_____	Total Value: _____
_____	_____	_____
_____	_____	_____

	Acceptable Goal	
Yrly Spending:	_____	Total Value: _____
Yrly Spending:	_____	Total Value: _____
Yrly Spending:	_____	Total Value: _____
Estimated Value:	_____	
Yrly Spending:	_____	Total Value: _____
Policy Value:	_____	
Yrly Contrib.	_____	Total Value: _____
Yrly Contrib.	_____	Total Value: _____
Estimated Value:	_____	
Policy Value:	_____	
Yrly Spending:	_____	Total Value: _____
_____	_____	_____
_____	_____	_____

- Long Term Goals (6+ yrs) –**
 Retirement
 Education
 Vacation / Travel
 Additional Property
 Motor / Recreational Vehicles
 Charitable Giving
 Life Insurance
 Medical / Long Term Care
 Business Ventures
 Estate / Legacy Goals
 Other Goals:
 Other Goals:

	Ideal Goal	
Yearly Income:	_____	Total Value: _____
Yearly Income:	_____	Total Value: _____
Yrly Spending:	_____	Total Value: _____
Estimated Value:	_____	
Estimated Value:	_____	
Yrly Spending:	_____	Total Value: _____
Policy Value:	_____	
Policy Value:	_____	
Estimated Value:	_____	
Yearly Income:	_____	Total Value: _____
_____	_____	_____
_____	_____	_____

	Acceptable Goal	
Yearly Income:	_____	Total Value: _____
Yearly Income:	_____	Total Value: _____
Yrly Spending:	_____	Total Value: _____
Estimated Value:	_____	
Estimated Value:	_____	
Yrly Spending:	_____	Total Value: _____
Policy Value:	_____	
Policy Value:	_____	
Estimated Value:	_____	
Yearly Income:	_____	Total Value: _____
_____	_____	_____
_____	_____	_____

Priorities: Check all that you are willing to sacrifice to achieve each goal. Check nothing if you would make no sacrifices. Rank each goal by priority level.

	Retire Later	Reduce Retirement Spending	Reduce Estate	Take More Risk	Save More	Priority Ranking
To achieve our early retirement age(s), we prefer to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To achieve our ideal retirement spending, we prefer to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To achieve our ideal estate goal, we prefer to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To reduce the investment risk in our portfolio, we prefer to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We would like to reduce our savings amount: to achieve this, we prefer to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To meet our education funding goals, we prefer to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To meet our other goals, we are willing to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Notes:
