

# Client Review Worksheet

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Date of Review: \_\_\_\_\_

**All information provided is kept strictly confidential.  
Please provide the most recent copy of a statement for each account during meeting.**

## Bank Accounts and Money Market Accounts

Account/Asset Name	Current Value	Monthly Deposit	Maturity (if applicable)	Interest Rate	Purpose

## Retirement Accounts

Account/Asset Name	Account Type (401K, 403B, Roth IRA, etc)	Current Value	Monthly Out-of-Pocket Contributions	Monthly Company Match

## Non-Retirement Investment and Education Accounts

Account/Asset Name	Account Type (Investment, 529, etc)	Value	Monthly Deposits	Purpose

**Real Estate**

Asset Name	Type (Residence, investment, L.P.)	Value	Monthly Net Income

**Personal Assets (including autos, boats, furnishings, collections, etc.)**

Asset Type	Value

**Liabilities**

Company	Type (mortgage, home equity, credit card, student loan, etc)	Interest Rate	Monthly Payment	Balance

**Life Insurance**

Company	Name of Insured	Death Benefit	Cash Value (if applicable)	Monthly Premium

## Disability Insurance

Company	Name of Insured	Monthly Benefit	Benefit Period (6 months, to age 65, etc)	Monthly Premium

## Long Term Care Insurance

Company	Name of Insured	Monthly Benefit	Benefit Period (5 yrs, lifetime, etc)	Monthly Premium

## Estate Planning

- Do you have a current will and/or trusts in place?  Yes  No
- Do you have powers of attorney for financial decisions in place?  Yes  No
- Do you have healthcare directives in place?  Yes  No
- Do you currently participate in a gifting strategy or charitable giving?  Yes  No

## Business Owners

- What is the approximate current market value of your business? \$ \_\_\_\_\_
- Do you have a business continuation strategy in place?  Yes  No
- Do you offer a company retirement plan?  Yes  No
- Do you provide group health insurance for your employees?  Yes  No
- Do you provide other group benefits for your employees?  Yes  No
- Do you provide financial education for your employees?  Yes  No

## Annual Income

Name of Recipient	Income Source (salary, pension, Social Security, rental income, etc)	Did you receive an increase in pay in the last 12 months?	Monthly Income (Before Taxes)

What are your total monthly expenses? \$\_\_\_\_\_ If possible, please provide a copy of your current budget.

Did you receive or do you anticipate any bonuses or additional income?  Yes  No

Did you bring your most recent Social Security and pension benefit statements?  Yes  No

## Income Taxes

Did you receive a federal income tax refund for the previous year, or did you owe? How much?  Refund  Owed \$\_\_\_\_\_

Did you receive a state income tax refund for the previous year, or did you owe? How much?  Refund  Owed \$\_\_\_\_\_

## Concerns & Actions

Would you be interested in increasing management on some of your accounts?  Yes  No

Would you be interested in completing a process to clearly track the progress you have made towards your financial goals?  Yes  No

Are you interested in an analysis of your investments?  Yes  No

Have there been significant changes in your income or expenses in the last year?  Yes  No

Have there been any changes in your personal situation?  Yes  No

Do you anticipate any major purchases in the near future? If yes, please provide details.  Yes  No

\_\_\_\_\_

\_\_\_\_\_

Are there any other concerns you would like to address? Please provide details:

\_\_\_\_\_

\_\_\_\_\_

Have you ever heard on Biblically Responsible Investing?  Yes  No  Uncertain

Would you be interested in learning more about Biblically Responsible Investing?  Yes  No  Uncertain

## Children and Dependents

Child/Dependent's Name	Relation, if any (child, parent, etc)	Date of Birth

## Additional Advisors

Attorney Name	City, State	Phone No.
CPA or Tax Preparer	City, State	Phone No.
Property & Casualty	City, State	Phone No.
Other Advisor	City, State	Phone No.
Other Advisor	City, State	Phone No.

## Leisure Activities

**Please share some activities you enjoy in your spare time.**

- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> Golf    | <input type="checkbox"/> Jewelry Shows    | <input type="checkbox"/> Gardening           |
| <input type="checkbox"/> Tennis  | <input type="checkbox"/> Landscaping      | <input type="checkbox"/> Auto Shows          |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Poker            | <input type="checkbox"/> Cooking/Baking      |
| <input type="checkbox"/> Museums | <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Interior Decorating |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Motorcycles      | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Travel           | <input type="checkbox"/> Other _____         |

## Referrals

Name	Address	Phone No.