

Date _____
Referred by _____

| Contact Information | Client | Spouse/Partner |
|-----------------------------------|--------|----------------|
| Full Name | | |
| Birthdate | | |
| Social Security Number | | |
| Email Address | | |
| Primary Phone (Preferred Contact) | | |
| Optional Phone | | |
| Employer | | |
| Occupation | | |
| Work Address | | |
| Home Address | | |
| Date of Hire | | |
| Desired Retirement Date | | |

Important People (Parents, Children, Grandchildren):

| Name | Relationship | Birthdate | Dependent Y / N |
|-------|--------------|-----------|-----------------|
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

Document Checklist:

Gather what you can of this list and any other pertinent documents, let's talk:

- | | |
|--|---|
| <input type="checkbox"/> Most Recent Federal & State Tax Returns | <input type="checkbox"/> College Savings Plans |
| <input type="checkbox"/> Bank, Brokerage, Mutual Fund Statements | <input type="checkbox"/> Homeowner's, Auto, and Umbrella Policies |
| <input type="checkbox"/> Retirement Plan Statements/Social Security Statements | <input type="checkbox"/> Life, Disability, LTC Policies/Annuities |
| <input type="checkbox"/> Mortgage/Loan Statements | <input type="checkbox"/> Wills & Trusts/Estate Documents |
| <input type="checkbox"/> Two Recent Paystubs | <input type="checkbox"/> Business Ownership Documents |
| <input type="checkbox"/> Employee Benefit Information | <input type="checkbox"/> Budget/Expense Worksheet |

Future Auto Purchase Information:

| | | |
|---------------------------------|---------------------|------------|
| Client's Next Purchase: | Approximate Amount: | Frequency: |
| Spouse/Partner's Next Purchase: | Approximate Amount: | Frequency: |



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| Home/Mortgage Information: | HELOC? |
|----------------------------|------------------------|
| Original Amount: | Amount: |
| Date of First Payment: | Interest Rate: |
| Current Value of Home: | Total Monthly Payment: |
| Principal Remaining: | |
| Interest Rate: | |
| Total Monthly Payment: | |

| Annual Income: | Client | Spouse/Partner |
|--|--------------|----------------|
| Salary & Bonuses | | |
| Other Income 1 (gift, trust, rental income, etc.): | | |
| Other Income 2: | | |
| Other Income 3: | | |
| Total | | |
| Assets: | | |
| Current Amount In Retirement Accounts w/ Employer | | |
| Current Amount in IRA's (including Roth) | | |
| Bank/Cash/MM/CD/Checking/Savings | | |
| Total Brokerage/Taxable | | |
| Insurance and Annuities | | |
| Ownership/Partnership Share of Company (if sold today) | | |
| Other Real Estate | | |
| Other 1: | | |
| Other 2: | | |
| Total | | |
| Debts/Liabilities (include monthly payment, if possible): | Rate: | Rate: |
| Mortgage | | |
| Automobile Loans | | |
| Credit Cards | | |
| Education Loans | | |
| Investment Loans | | |
| Other Loan 1 (personal, business, boat, etc.): | | |
| Other Loan 2: | | |
| Total | | |



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Life Insurance and Annuities

| <i>Insured/Annuitant</i> | <i>Face Amount</i> | <i>Type</i> | <i>Company</i> | <i>Gross Cash Value</i> | <i>Loan Amount</i> | <i>Annual Premium</i> | <i>Beneficiary</i> | <i>Owner</i> |
|--------------------------|--------------------|-------------|----------------|-------------------------|--------------------|-----------------------|--------------------|--------------|
| _____ | \$ _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ |

Disability Insurance

| <i>Insured</i> | <i>Company</i> | <i>Disability Income</i> | <i>Benefit Period</i> | <i>Waiting Period</i> | <i>Amount of Premium</i> | <i>Individual Group Policy</i> |
|----------------|----------------|--------------------------|-----------------------|-----------------------|--------------------------|--------------------------------|
| _____ | _____ | \$ _____ | _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ | _____ | \$ _____ | _____ |

General Insurance

Are you and/or your spouse covered by the following insurance? Check appropriate. Please provide the declarations page for the policies you currently have in place.

| | <u>Client</u> | | <u>Spouse</u> | |
|---|---------------|-----|---------------|---------------------------|
| | Yes | No | Yes | No |
| Long-Term Care | ___ | ___ | ___ | ___ |
| Personal Umbrella Liability | ___ | ___ | ___ | ___ Coverage Limit? _____ |
| Professional Liability | ___ | ___ | ___ | ___ Coverage Limit? _____ |
| Automobile | ___ | ___ | ___ | ___ |
| Homeowner's/Renter's | ___ | ___ | ___ | ___ |
| Specified Personal Property (Valuables) | ___ | ___ | ___ | ___ |
| Other: _____ | ___ | ___ | ___ | ___ |