INITIAL MEETING INFORMATION

SANFORD FINANCIAL SERVICES
Independent Business

Date:___________________________

Personal Information

Name 1/DOB:	Name 2/DOB:
Home Address:	
Phone 1:	Phone 2:
Email 1:	Email 2:
Employer/Title:	Employer/Title:
Desired Retirement Date:	Desired Retirement Date:
Child 1/DOB:	Child 2/DOB:
Child 3/DOB:	Child 4/DOB:
Accountant/Firm:	Bank/Lender:
Attorney/Firm:	Other:

Dates: Will Prepared: Trust Documents: POA:

Assets and Income

Asset	Estimated Value ($)	Sources of Income	Annual Amount ($)
Cash (savings, checking, CDs, money mkt):		Wages/Salary 1:	
Non-Retirement Investments:		Wages/Salary 2:	
Retirement 1 (401k, IRA, Roth, 403b):		Social Security 1:	
Retirement 2 (401k, IRA, Roth, 403b):		Social Security 2:	
Real Estate (Estimated Value):		Pension 1:	
Other:		Pension 2:	

Loans/Outstanding Debts (Mortgage, Vehicle, Credit Card, Student Loan, Home Equity, etc.)

Loan Type	Amount Owed ($)	Interest Rate (%)	Term (Years)	Mo Payment ($)	Lender

Insurance

Type	Benefit Amount	Annual Premium	Year Purchased
Life Insurance 1:			
Life Insurance 2:			
Long Term Care 1:			
Long Term Care 2:			

General Issues

Special Situations (Family, marital, health, etc.):	Emergency Contact/POA & Phone#:
Anticipated Short-Term Cash Needs:	Top Financial Objective (12-18 months):
Investment Concerns:	Financial Concerns: