

PLEASE RETURN THIS FORM:

eweir@iifinancial.com

Fax: 512-900-7665



INITIAL CLIENT PROFILE

Today's Date: _____

Personal and Confidential. The information provided will help guide our initial conversations and will help establish the foundation for our relationship. Please complete this form in its entirety to the best of your ability and make note of any questions you may have.

PERSONAL INFORMATION

	CLIENT	SPOUSE/PARTNER
Name (Last, First):		
Marital status:		
Birthdate:		
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
State of Primary Residence:		
Job/Title:		
Employer:		
Email Address:		
Physical Address:		
Preferred Phone # / Location:		
Preferred Contact Method:		

DEPENDENT INFORMATION

(Please list children, grandchildren, parents, and anyone else financially dependent on you.)

NAME	BIRTHDATE	GENDER	RELATIONSHIP
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

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CURRENT INCOME

(Please include salaries, expected bonuses, commissions, pensions, annuity income, alimony, Social Security, rental income, etc.)

Description	CLIENT		SPOUSE/PARTNER	
	Amount (Pre-Tax)	Source	Amount (Pre-Tax)	Source
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

CURRENT SAVINGS

Please provide your best estimate how much you are saving each year to your 401(k), SEP, 403(b), IRA, Taxable Accounts, Roth IRA, etc.

DESCRIPTION	ANNUAL AMT.	INTO ACCOUNT	OWNER
	\$		
	\$		
	\$		
	\$		

LIABILITIES

(Enter current amounts for debts, mortgages, loans, credit cards, etc.)

DESCRIPTION	TOTAL AMOUNT	CLIENT	SPOUSE/PARTNER	JOINT
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

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ASSETS

Please list the total value of all investments based on the "Tax Category." You may input the detailed ownership OR simply the "Total Value of Investments".

TAX CATEGORY	TOTAL VALUE	CLIENT	SPOUSE/PARTNER	JOINT
Taxable (Checking, Savings, Brokerage)	\$	\$	\$	\$
Retirement (401k, 403b, Annuities)	\$	\$	\$	\$
Tax-Exempt (Roth, Roth 401k, 529)	\$	\$	\$	\$

PLANNING PROTECTIONS IN PLACE

	CLIENT			SPOUSE/PARTNER		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Disability Income Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Long-Term Care Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Medicare	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Estate Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES

(Please list any information you feel is relevant to your financial situation that has not been covered yet – stock options, business ownership, inheritance, etc.)
