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| Richard G. Hana, CLU, ChFC, AIF® Mary L. Cousineau, CRPC, AIF® Stephanie A. Williams, FPQP® office@HFGwealthadvisors.com  [www.HFGwealthadvisors.com](http://www.HFGwealthadvisors.com) | HFG Wealth Advisors3206 Sawgrass Village Circle Ponte Vedra Beach, FL 32082phone: 904.285.7900fax: 904.285.7556 |



1. **CONFIDENTIAL CLIENT INFORMATION**

*Legal* Name: DOB: Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

Best way to contact:

*Legal* Name: DOB: Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

Best way to contact:

Home Phone #:

Mailing Address:

Physical (legal) Address:

Marital Status: Number of Dependents:

1. **EMPLOYMENT INFORMATION**

Client Employers Name & Address:

Work Phone: Occupation:

Best time to call: Best day to call:

Best way to contact:

Spouse Employers Name & Address:

Work Phone: Occupation:

Best time to call: Best day to call:

Best way to contact:

Annual Income: Federal Tax Bracket:

Net Worth: Investable Assets:

(exclusive of residence)

1. **BENEFICIARY INFORMATION – over the age of 18 -**

Primary Beneficiary:

Relationship:

DOB: SSN: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %:

Address:

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contingent Beneficiary:

Relationship:

DOB: SSN: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %:

Address:

|  |  |  |  |
| --- | --- | --- | --- |
| INCOME*From all sources* | ESTIMATED NET WORTH*Excluding primary residence* | INVESTABLE/LIQUID ASSETS*Including cash and securities* | FEDERAL TAX BRACKET |
| UNDER $25,000 | UNDER $50,000 | UNDER $50,000 | 0%–15% |
| $25,000–$50,000 | $50,000–$100,000 | $50,000–$100,000 | 16%–25% |
| $50,001–$100,000 | $100,001–$500,000 | $100,001–$500,000 | 26%-30% |
| $100,001–$250,000 | $500,001–$1M | $500,001–$1M 31%-35% |
| $250,001–$500,000 | $1M–$5M | $1M–$5M Over 35% |
| OVER $500,000 | OVER $5M | OVER $5M |
| $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ACCOUNT FUNDING SOURCE | ANNUAL EXPENSES  | SPECIAL EXPENSES | TIME FRAME |
|  | *Recurring*  | *Future & nonrecurring* | *Required for special expenses* |
| ASSET APPRECIATION | UNDER $50,000 | $0–$50,000 | 0–2 YEARS |
| BUSINESS REVENUE | $50,000–$100,000 | $50,001–$100,000 | 3–5 YEARS |
| INHERITANCE | $100,001–$250,000 | $100,001–$250,000 | 6–10 YEARS |
| LEGAL/INSURANCE SETTLEMENT | $250,001–$500,000 | OVER $250,000 | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SALE OF ASSETS | OVER $500,000 | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| SAVINGS FROM EARNINGS | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **HOUSEHOLD QUESTIONS**

Do you have a current will? Y , signed N

Do you have a current living trust? Y , signed N

Do you have a current durable power of attorney? Y , signed N

Do you own life insurance? Y N

Do you own individual stocks? Y N

Do you own mutual funds? Y N
Do you own bonds? Y N

Do you own your own business? Y N

What is your (planned) retirement date?

How did you hear about us?

Rank the following products/services in order of importance to you, with “1” being the most important:

 Estate Planning Trust Planning

 Tax Planning Budgeting

 College Funding Retirement Planning

 Life Insurance Disability Insurance

 Debt Management Long-Term Care Insurance

 Socially Responsible Investing Nursing Home Expenses

 Accumulation of Wealth Regular Portfolio Reviews

 Alternative Investments (limited partnerships, REITs, etc.)

1. **POST RETIREMENT INCOME**

Annual Income Required: *Planned* Major Purchases:

Social Security (what age to begin?):

 62: FRA: 70:

Ex-Spouse annual primary insurance amount:

Pension Plan Distribution:

Deferred Compensation:

Trust Income:

Alimony:

Rental Income:

Other: