

Personal Financial Inventory

CLIENT PROFILE

This section gives you the opportunity to complete a Personal Financial Inventory. This comprehensive review will allow you to put all your relevant financial information in one place. It will also help your financial professional to prepare a plan to meet both your personal financial and retirement goals.

Personal Items

Full Name _____
First MI Last

Social Security # _____

Spouse's Full Name _____
First MI Last

Spouse's Social Security # _____

Do you have a birth certificate? ☐ Yes ☐ No **Spouse?** ☐ Yes ☐ No

Where is it located? _____

Where is your spouse's located? _____

Are you a Veteran? ☐ Yes ☐ No

Are any Veteran benefits available to you? _____

Do you or your spouse belong to any organization where any benefits would be available to you? _____

Do you have a will? ☐ Yes ☐ No

If yes, when was it last updated? _____

Where is your will located? _____

Who is the Executor of Your Estate?

Name _____
First MI Last

Address _____
Line 1 Line 2

City State Zip Code

Phone Number _____ **Email Address** _____

Successor or Contingent Executor

Name _____
First MI Last

Address _____
Line 1 Line 2

City State Zip Code

Phone Number _____ **Email Address** _____

Children

Name _____
First MI Last

Address _____
Line 1 Line 2

City State Zip Code

Social Security # _____

Phone Number _____ **Email Address** _____

Name _____
First MI Last

Address _____
Line 1 Line 2

City State Zip Code

Social Security # _____

Phone Number _____ **Email Address** _____

Name _____
First MI Last

Address _____
Line 1 Line 2

City State Zip Code

Social Security # _____

Phone Number _____ **Email Address** _____

Name _____
First MI Last

Address _____
Line 1 Line 2

City State Zip Code

Social Security # _____

Phone Number _____ **Email Address** _____

If necessary, attach additional pages for other children.

Who is Your Attorney?

Name _____
First MI Last

Address _____
Line 1 Line 2

City State Zip Code

Phone Number _____ **Email Address** _____

Who is Your Tax Professional (Accountant, Tax Preparer)?

Name _____
First MI Last

Address _____
Line 1 Line 2

City State Zip Code

Phone Number _____ **Email Address** _____

Where is Your Main Bank Account?

Bank _____

Branch _____

Address _____
Line 1 Line 2

City State Zip Code

Phone Number _____ **Email Address** _____

Contact Person(s) _____

Type of Account and Account Numbers

Savings _____

Checking _____

Certificates _____

Loans _____

Other Bank Account(s)

Bank _____

Branch _____

Address _____

Line 1

Line 2

City

State

Zip Code

Phone Number _____ **Email Address** _____

Contact Person(s) _____

Type of Account and Account Numbers

Savings _____

Checking _____

Certificates _____

Loans _____

Who is Your Financial Professional (Stockbroker, Insurance, etc.)?

Name _____

First

MI

Last

Address _____

Line 1

Line 2

City

State

Zip Code

Phone Number _____ **Email Address** _____

Name _____

First

MI

Last

Address _____

Line 1

Line 2

City

State

Zip Code

Phone Number _____ **Email Address** _____

Companies Where Financial Assets are Held

Name _____
First MI Last

Address _____
Line 1 Line 2

_____ City State Zip Code

Type of Asset _____

Account No. _____ **Phone Number** _____

Name _____
First MI Last

Address _____
Line 1 Line 2

_____ City State Zip Code

Type of Asset _____

Account No. _____ **Phone Number** _____

Name _____
First MI Last

Address _____
Line 1 Line 2

_____ City State Zip Code

Type of Asset _____

Account No. _____ **Phone Number** _____

Name _____
First MI Last

Address _____
Line 1 Line 2

_____ City State Zip Code

Type of Asset _____

Account No. _____ **Phone Number** _____

Name _____
First MI Last

Address _____
Line 1 Line 2

_____ City State Zip Code

Type of Asset _____

Account No. _____ **Phone Number** _____

Name _____
First MI Last

Address _____
Line 1 Line 2

City State Zip Code

Type of Asset _____

Account No. _____ **Phone Number** _____

Name _____
First MI Last

Address _____
Line 1 Line 2

City State Zip Code

Type of Asset _____

Account No. _____ **Phone Number** _____

Name _____
First MI Last

Address _____
Line 1 Line 2

City State Zip Code

Type of Asset _____

Account No. _____ **Phone Number** _____

Name _____
First MI Last

Address _____
Line 1 Line 2

City State Zip Code

Type of Asset _____

Account No. _____ **Phone Number** _____

Name _____
First MI Last

Address _____
Line 1 Line 2

City State Zip Code

Type of Asset _____

Account No. _____ **Phone Number** _____

If necessary, attach additional pages for other accounts.

Vehicle Titles

Type of Vehicle _____

Name _____

Title Located _____

Type of Vehicle _____

Name _____

Title Located _____

Type of Vehicle _____

Name _____

Title Located _____

Type of Vehicle _____

Name _____

Title Located _____

Type of Vehicle _____

Name _____

Title Located _____

Type of Vehicle _____

Name _____

Title Located _____

Type of Vehicle _____

Name _____

Title Located _____

If necessary, attach additional pages for other vehicle titles.

Safety Deposit Box

Bank

Branch

Address

Line 1

Line 2

City

State

Zip Code

Phone Number

Signatories

Inventory

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

Item Description

If necessary, attach additional pages for other inventory items.

Final Arrangements (Funeral, Cemetery, Special Requests, Prepaid Arrangements, etc.)

Special Dispensation (Gifts, Special Items Not Included in Will or Trusts)

Notes

Credit Cards

If you lose a credit card, you'll want to contact the issuer immediately. List all your cards below — credit cards, department store cards, gas cards, and other charge accounts.

Name of Company _____

Address _____

Line 1

Line 2

City

State

Zip Code

Account Number _____ **Expiration Date** _____

Phone Number _____

Name of Company _____

Address _____

Line 1

Line 2

City

State

Zip Code

Account Number _____ **Expiration Date** _____

Phone Number _____

Name of Company _____

Address _____

Line 1

Line 2

City

State

Zip Code

Account Number _____ **Expiration Date** _____

Phone Number _____

Name of Company _____

Address _____

Line 1

Line 2

City

State

Zip Code

Account Number _____ **Expiration Date** _____

Phone Number _____

Name of Company _____

Address _____

Line 1

Line 2

City

State

Zip Code

Account Number _____ **Expiration Date** _____

Phone Number _____

Your path *To and Through Retirement*[®]
begins here.

Talk to your financial professional to learn more
or contact us at 800.888.2461.