

ADV 2A and ADV2B Delivered: Yes: No:
 Form F806 sent to LPL: Yes: No:

Advisor

Advisor #	First Name	Last Name	Organization	Email	Phone

Client Defined Goals

Rate the importance of each item according to the following scale:

	Low	Med	High
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client

Name (First/Last)			
Date of Birth:		Special Needs?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Marital Status:		In Good Health?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Spouse

Name (First/Last)			
Date of Birth:		Special Needs?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
In Good Health?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

Contact Info

City:		State:	
Zip:			



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Salary & Bonus

Name	Salary	Bonus	Other	Social Security
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Children

First Name	Last Name	Date of Birth	Special Needs?	Financial Support?

Family Information - Notes:

Real Estate

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Purchase Year:				
Purchase Amount:				
Current Market Value:				
Owner:				



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Mortgages

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Mortgage Name:				
Institution Name:				
Payment:				
Original Loan Amount:				
Current Balance:				
Interest Rate:				

Personal Property

	Item #1	Item #2	Item #3	Item#4
Asset Name:				
Current Value:				
Basis:				
Loan amount				
Monthly Payment:				
Owner:				

Taxable: (Checking, Savings, Brokerage, other)

	Item #1	Item #2	Item #3	Item #4	Item #5
Owner:					
Asset Name:					
Institution Name:					
Holdings Value:					
Contributions/Savings					
Allocation:					
Stocks %					
Bonds %					
Cash %					



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Qualified Retirement: (401(k), IRA, Roth IRA, 403(b), 457, Pensions, SEP, Other)

	Item #1	Item #2	Item #3	Item #4	Item #5
Asset Name:					
Institution Name:					
Type					
Holdings Value:					
Beneficiary:					
Contributions:					
Matching:					
Allocation:					
Stocks %					
Bonds %					
Cash %					

529 Plans

	Item #1	Item #2	Item #3
Asset Name:			
Institution Name:			
Holdings Value:			
Owner			
Contributions			
Beneficiary:			

Stock Options / Grants: (Statements or screenshots needed)

	Item #1	Item #2	Item #3	Item #4	Item #5
Asset Name					
Ticker Symbol:					



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Annuities: (Fixed/Variable)

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Asset Name:					
Institution Name:					
Asset Type <i>(Fixed / Variable)</i> :					
Type of Funds <i>(Qualified, NQ, Tax Free)</i> :					
Holdings Value:					

Life Insurance/ LTC/ Disability

	Item #1	Item #2	Item #3	Item #4
Policy Name:				
Current Death Benefit:				
Current Cash Value:				
Policy Type <i>(Whole Life, VWL, Term, UL, VUL, Group, Other)</i> :				
Owner <i>(Client, Spouse, Joint, etc.)</i> :				
Insured <i>(Client, Spouse, Survivorship, etc.)</i> :				
Institution Name:				
Annual Premium:				

Insurance - Notes:



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Deferred Income

	Item #1	Item #2
Deferred Income Name:		
Type (Pension, Deferred Comp, Other Deferred) :		
Annual Amount:		
Contributions/Annual Amount Deferred		
Taxable? (Yes / No) :		
Starts (Retirement, at Death, Calendar Year, etc.) :		
Ends (Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration.) :		

Other Income

	Item #1	Item #2	Item #3	Item #4
Other Income Name:				
Annual Amount:				
Starts				
Ends				

Living Expenses

Current Spending	\$
Retirement Spending Goal:	\$
Not Sure: Take what you make, deduct what you save ----->	\$



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Education

Expense Name	Education For	Annual Amount	School Name	Starts	Ends

Wills / Trusts

	Client	Spouse
WILL	Yes <input type="checkbox"/> No <input type="checkbox"/> Last Updated:	Yes <input type="checkbox"/> No <input type="checkbox"/> Last Updated:
Revocable Living Trust:	Yes <input type="checkbox"/> No <input type="checkbox"/> Last Updated:	Yes <input type="checkbox"/> No <input type="checkbox"/> Last Updated:

Notes/Additional Information



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