

# Client Information Worksheet

2200 N. Richmond St., Suite 200

Appleton, WI 54911

Phone: 920-785-6010 Fax: 920-227-0521

www.EndowmentWM.com



How did you hear about Endowment Wealth Management, Inc.?

Client Information			
Client Legal Name:	Co-Client Legal Name:		
SS#: DOB:	DOB:		
Drivers Lic#:	Drivers Lic#:		
Con	ntact Information		
Home Address:	Mail Address:		
	(If different)		
	Years at address:		
Home Phone:	Fax:		
Client Cell:	Co-Client Cell:		
Client E-Mail:	Co-Client E-Mail:		
Emplo	oyment Information		
Client Job Title:	Co-Client  Job Title:		
Employer:	Employer:		
Address:			
Phone:			
Fax:	Fax:		
E-Mail:	E-Mail:		



## Children/Dependents

1.	Full Name:	Birth Date:
	SS#:	Sex: Age:
2.	Full Name:	Birth Date:
	SS#:	Sex: Age:
3.	Full Name:	Birth Date:
	SS#:	Sex: Age:
4.	Full Name:	Birth Date:
	SS#:	Sex: Age:
	G	randchildren
5.	Full Name:	Birth Date:
	SS#:	Sex: Age:
6.	Full Name:	Birth Date:
	SS#:	Sex: Age:
7.	Full Name:	Birth Date:
	SS#:	Sex: Age:
8.	Full Name:	Birth Date:
	SS#:	Sex: Age:
	Annual	Income Information
	Aiiiuai	income information
Client	<u>.</u>	Co-Client
Annual Salary:		
	income:	
	al Distribution	Annual Distribution
from l	ousiness:	from business:



Other Significant Annual Income: Please describe source:		icant me: ribe source:
Investm	nent Experience	
Client Investment Experience:     (Check One)  None Limited Experience Experienced Very Experienced	Experie	One) I Experience
Currer	nt Investments	
List all regular investments you are curre	ntly making on a reg	gular basis:
Client Type: Monthly Additions  Retirement Plan: Mutual Funds: Other (describe): Other (describe):	Mutual Funds Other (descri	Monthly Additions  lan: s: be): be):
	sonal Goals	
<ol> <li>Retirement Goals</li> <li>At what age do you plan to retire?</li> <li>Will you sell any significant assets before retirement?</li> <li>Monthly pension amount at retirement?</li> <li>Pension indexed for inflation?</li> <li>What will your Social Security Benefit be?</li> </ol>	Client	Co-Client

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•	What are your retirement goals?
2.	Education Goals  What percent of education expenses will you pay for your children?  How much do you expect to pay each school year?  Do you have 529 educational accounts for the children's education? Which ones?  Are you making monthly additions to these accounts? How much?
3. •	Charitable Goals  Do you have special charitable goals you want to pursue? Please describe.
	Would you be interested in learning about a family foundation account?
<b>4.</b> •	Special Purchases or Sales  Do you have special purchases or sales of property? Please describe.
5. •	Sale of Business  Do you plan to sell a business now or in the near future? Please describe.
6. •	Career Change Are you or your spouse contemplating a career change? Please describe.



7. •	Legal Changes  Are you or your spouse contemplating any legal changes in your life? Please describe.				
8.	Investment Changes  Do you have any specific investments you wish to make or change? Please describe.				
9. •	Other Goals  Do you have other goals you feel may have an impact on your wealth plan?				
	Insurance Information				
1	Life Insurance Information (Include Employer Coverage)  S. Co. Insured Permanent or term Face Amt Cash Value Annual Premium Loan Amt				
3					
	Primary Beneficiary(ies) on Life Insurance Name(s) Relationship Percent				
1					
2					
3					
4					



### Contingent Beneficiary(ies) on Life Insurance

	tingent benen				Percent
1					
2					
3					
4					
		oility Insura	nce		
	<u>Client</u>		<u>(</u>	Co-Client	
	Short Term	Long Term	] [	Short Term	Long Term
Monthly Benefit					
Percent taxable			-		
					I
	<u>Um</u>	brella Liabili	<u>ty</u>		
Liability Coverage Amt.	\$	Cost of	f coverage?	\$	
	<u>Loi</u>	ng-Term Car	<u>e</u>		
Insurance Co. Ins	sured Bene	efit per Day	Annual 1	Premium	Pay to Age
1					,
2.					
3					
4					



# Monthly Expense Information

Approximate Monthly Expenses: \$  (Note: do not include debt payments, insurance premiums or itemized deductions.)				
Mortgage Information A mortgage typically represents a client's largest expense. Please provide the following:				
Primary Residence	Additional Residence			
Current value of home \$	Current value of property \$			
Original mortgage amount:	Original mortgage amount			
Balance on mortgage:	Balance on mortgage			
Monthly principal & Interests:	Monthly principal & interest:			
Interest rate &term:	Interest rate & term:			
Term left on mortgage:	Term left on mortgage:			
Property Taxes:	Property Taxes:			
<u>Home Equity Loan</u>				
Original amount \$	Balance on loan			
Monthly payment	Interest rates & term			
Term left on loan				



## Net Worth Statement as of \_\_\_\_\_ (date)

<u>Assets</u>	<b>Liabilities &amp; Net Worth</b>
<u> Cash &amp; Equivalents</u>	<u>Liabilities</u>
Cash & Checking \$	Mortgage Balance \$
CD's	2 <sup>nd</sup> Mortgage Balance
Money Market Accts	other Mortgage
Other	Automobile Loans
Total Cash & Equiv. \$	Credit Card Debt
	Education Loans
<u>Invested Assets</u>	Personal Loans
Stocks	Taxes Outstanding
Bonds	Loan Guarantees
Hedge Funds	Other Liabilities:
Mutual Funds	<del></del>
Life Ins. (cash value)	<del></del>
Limited Partnerships	·
Business Ventures	·
Retirement Plan	<del></del> '
IRA	
Roth IRA	
Annuities	
Real Estate	
Other	<del></del>
Other	<u>Total Liabi lities \$ </u>
Total Invested Assets \$	
	NET WORTH
	(Assets less liabilities)
	(Assets less habilities) \$
<u>Fixed Assets</u>	
Residence \$	
Vacation Home	
Automobiles	
Jewelry	
Personal Property	
Other Property	
Total Fixed Assets \$	TOTAL LIABLITIES
	& NET WORTH \$
	and worth
TOTAL ASSETS	
TOTAL ASSETS \$	

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#### **Current Advisor**

A.,	Name	Company	Address	Phone
Attorney				
Tax Accounta	nt			
Stock Broker				
Financial Plan				
Insurance Age				
		ou with a complete finar al documentation to yo		sis, we request you
LEGAL TAX Estate plans, wills, trust, powers of attorney, healthcare POA, Etc. Last 2 tax-year returns personal and business Most recent copy of salary statement and benefit plans Bank statements, mutual fund, brokerage and other statements Social Security, 401 (k), IRA and other retirement plan statements LIFE INSURANCE MISCELLANEOUS Life policies, annuity policies, billing statements Any other information you believe is pertinent to your goals				olans er statements plan statements
Are you defen	Are you defendant in any legal action or suits? If so, please describe.			



#### Acknowledgement

I acknowledge that the information provided in this questionnaire is true and correct. Endowment Wealth Management, Inc. shall not be required to verify any information received from me. I understand that Endowment Wealth Management, Inc. will rely on this information when making its recommendations. I retain absolute discretion over all implementation decisions and am free to accept or reject any recommendation from Endowment Wealth Management, Inc. I also acknowledge that I have received the most current Form ADV Part 2A and 2B and Privacy Notice from Endowment Wealth Management, Inc.

Client Signature	DATE	
Co-Client Signature	DATE	