Pre-Consultation Assessment & Evaluation

Thank you for your interest in allowing us to assist you in your financial goals. Please complete the following checklist so that we can better address your financial concerns prior to our initial consultation.

Personal Information

First Name ______________________ Spouse Name______________________
Last Name ______________________ Last Name ______________________
Nickname ______________________ Nickname ______________________
Date of Birth _____/_____/__________ Date of Birth _____/_____/__________

Phone(_____)__________________ Phone (_____)__________________
Email ____________________________ Email ____________________________

Dependents/Children

Name__________________________________ Age________
Name__________________________________ Age________
Name__________________________________ Age________

Financial Goals

What financial concerns cause you to seek financial planning assistance?

____
____
____

When do you want to retire?____
What are your major financial goals?____
____
____
____

Do you have any special circumstances which worry you?______________________
____
____

Estate Planning - Do you have any of the following:

A current will?________________When was it signed?________________
Durable Power of Attorney:________________Medical Power of Attorney:___________
Living Will/Medical Directive:_______________
Trust? If so what kind(s)?____

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You may fax this form to (210) 579-6615 or email to advisor@fladvisors.com

Risk Management

Do you have blanket ("umbrella") liability insurance?______________________________

Do you have disability insurance?______________________Through work?__________

Do you have life insurance?______________________How much?_________________

What kind(s)?____

Do you have long-term care insurance?____

Financial Status Annual Household Income

_______	$75,000 and under	_______	$75,000 - $100,000	_______	$100,000 - 250,000
_______	$250,000 - $500,000	_______	$500,000 - $1,000,000	_______	$1,000,000 and up

Approximate Net Worth *(*net worth = total assets (not including home and automobile) less total debts)*

$________________

Have you filed for Social Security?___________If so, at what age(s)?________________

Are you eligible for any pensions?____

If so, how much and when are you eligible?______________________________________

Asset & Debt Information

Asset Type *(Combined)*	**Current Value**	**Asset Type *(Combined)***	**Current Value**
Cash (Money Mkt/Savings)	$	Retirement Accounts	$
Non-Qualified Stocks	$	Business Interests	$
Non-Qualified Bonds	$	College Savings	$
Annuities	$	Valuable Personal Property	$
	$		$

Debts	**Current Value**	**Loan Amount**	**Interest Rate**	**Payment**
Personal Residence	$	$	%	$
Automobile 1	$	$	%	$
Automobile 2	$	$	%	$
Credit Cards	$	$	%	$
Student Loans	$	$	%	$
	$	$	%	$

Were you referred by someone? ___________________________________

If not, how did you hear about us? ___________________________________

Today's Date __________/_____/_____

Additional information that may be needed. It is recommended to bring this information if readily available:

- Copy of prior year tax return
- Bank statements and/or financial portfolio
- Insurance policies
- Social Security and/or pension statements
- Copy of valid driver's license
- Estate planning documents *(will, trusts, etc, if applicable)*