



AT A GLANCE
CLIENT DATA SHEET

Identify the resources you have to fund your retirement. The Program will estimate your Living Expenses.

How did you hear about us? _____

Personal Information

	Client 1 (C1)		Client 2 (C2)	
Name (First, Middle, Last)				
Mailing Address (Street, City, State, Zip)				
Legal Address (Street, City, State, Zip) <small>*If different from mailing address</small>				
State of Residence				
Phone #	Home:	Cell:	Home:	Cell:
Fax #				
E-Mail Address				
Social Security #				
Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Driver's License	License #: State of Issuance: _____ Issue Date: _____ Exp. Date: _____		License #: State of Issuance: _____ Issue Date: _____ Exp. Date: _____	
Relationship Status	<input type="checkbox"/> Married <input type="checkbox"/> Domestic Partners <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Other _____			

Employment Information

	Client 1(C1)	Client 2 (C2)
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker
Income Estimate	\$	\$
Employer	Name/Address: Occupation/Type of Business:	Name/Address: Occupation/Type of Business:
Work #		
Title/Position		
Business Owner	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Family Information

Name of Children (First, Middle, Last)	Social Security #	Date of Birth

Investment Assets

Description	Client 1	Client 2
	Value	Value
Total Employer Retirement Plan	\$	\$
Total IRAs (401K, 403b, etc.)	\$	\$
Joint Taxable	\$	\$
Joint Non-Taxable	\$	\$

Professional Contacts

Please provide name:	FGG, Inc. use only:
<input type="checkbox"/> CPA	<input type="checkbox"/> Custodian
<input type="checkbox"/> Lawyer	<input type="checkbox"/> Solicitor

What issues are of most interest to you right now? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Income/Expense Management | <input type="checkbox"/> Investment Growth |
| <input type="checkbox"/> Education Funding | <input type="checkbox"/> Tax Planning |
| <input type="checkbox"/> Purchasing a home/trading up | <input type="checkbox"/> Saving for Vacations, Travel, Leisure |
| <input type="checkbox"/> Retirement Planning | <input type="checkbox"/> Wills, Trusts, Powers of Attorney |
| <input type="checkbox"/> Insurance Needs | <input type="checkbox"/> Health Care, Leaving Policies, other benefit |
| <input type="checkbox"/> Investment Analysis/Strategy | |