
INFORMATION COLLECTION DOCUMENT

*Details broad financial information that is necessary to
coordinate your overall financial plan.*



MAINSTREET
financial group

www.mainstreetfinancialadvisor.com

6784368760

Personal Information

CLIENT

CO-CLIENT

Name

Email

Cell Phone

Age You Would Like to Retire

Social Security #

Date of Birth

Drivers License

Issue:

Exp:

Marginal Tax Rate

Male

Married

Female

Single

Employer Name

Employed

Retired

Self-Employed

Unemployed

Student

Homemaker

Occupation

Employer Phone

Years with Employer

Employer Address

Home Address

Name

Email

Cell Phone

Age You Would Like to Retire

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Marginal Tax Rate

Male

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Student

Homemaker

Occupation

Employer Phone

Years with Employer

Employer Address

Home Phone

Legacy & Estate

BENEFICIARY INFORMATION

Name	%	Date of Birth	Social Security #	Relationship
		/ /	- -	<input type="radio"/> Primary <input type="radio"/> Contingent
		/ /	- -	<input type="radio"/> Primary <input type="radio"/> Contingent
		/ /	- -	<input type="radio"/> Primary <input type="radio"/> Contingent
		/ /	- -	<input type="radio"/> Primary <input type="radio"/> Contingent

ESTATE PLANNING

Client Will?	<input type="radio"/> Yes <input type="radio"/> No	Date Last Reviewed		Client POA?	<input type="radio"/> Yes <input type="radio"/> No	Date Last Reviewed	
Co-Client Will?	<input type="radio"/> Yes <input type="radio"/> No			Co-Client POA?	<input type="radio"/> Yes <input type="radio"/> No		

Trust Name (1)	Irrevocable?	Date of Trust
		/ /

Trustee	Tax ID #	Date Last Reviewed
		/ /

Trust Name (2)	Irrevocable?	Date of Trust
		/ /

Trustee	Tax ID #	Date Last Reviewed
		/ /

Income & Expenses

EARNED/OTHER INCOME

Include salaries, bonuses, rental income, and any other income sources

	Source 1	Source 2	Source 3
Description			
Start \$/year	\$	\$	\$
Start Date	/ /	/ /	/ /
End Date	/ /	/ /	/ /
Cost of Living Increase Assumption	%	%	%

PENSION BENEFITS

	Pension 1	Pension 2	Pension 3
Description			
Lump Sum Value	\$	\$	\$
Eligible to Start	/ /	/ /	/ /
Single Life \$/year	\$	\$	\$
Joint Life \$/year	\$	\$	\$
Survivor \$/year	\$	\$	\$
Cost of Living Increase	%	%	%

SOCIAL SECURITY BENEFITS

	\$/year at Normal Retirement Age	Spousal \$/year	Survivor \$/year	Cost of Living Adjustment	Receiving Benefits
Client	\$	\$	\$	%	<input type="radio"/> Yes <input type="radio"/> No
Co-Client	\$	\$	\$	%	<input type="radio"/> Yes <input type="radio"/> No

RECURRING EXPENSES

Include any expenses expected to continue in the future

Pre Retirement	Spending Need	Cost of Living Increase Assumption
Post Retirement	Spending Need	Cost of Living Increase Assumption

NON-RECURRING EXPENSES

Include one-time expenses such as college, liabilities, or discretionary wants

Description	Amount	Date Needed	# Years Needed	Importance (1=low, 5=high)
	\$			
	\$			

CURRENT CONTRIBUTION SUMMARY

Total all contributions being made into your qualified, non-qualified, and college accounts

	Retirement Account	Non-Retirement	Employer Match	College Account 1	College Account 2
Contributions Per Year	\$	\$	\$	\$	\$
End Date					

On a Scale of 1-5, How Willing Are You to Increase Your Saving? (1=less, 5=more) 1 2 3 4 5

Assets & Liabilities

INVESTMENT ASSETS *Include all brokerage, retirement, and college savings accounts but exclude real estate and life insurance cash value*

Financial Institution	Account Type	Owner	Value	Annual Additions or Withdrawals	Current Risk (1=low, 5=high)

OTHER ASSETS *Include property, real estate, business interest, and any other items with significant value*

Description	Value	Tax Basis	Annual Taxes	Owner

LIABILITIES *Include all debts and liabilities including mortgages, credit cards, lines of credit, auto loans, etc.*

Description	Institution Name	Balance	Payoff Date	Interest Rate	Monthly Payment

Insurance

LIFE INSURANCE

Permanent/Cash Value

Insured	Insurance Company	Death Benefit	Annual Premium	Cash Value	Surrender Value	Variable?
						<input type="radio"/> YES <input type="radio"/> NO
						<input type="radio"/> YES <input type="radio"/> NO
						<input type="radio"/> YES <input type="radio"/> NO

DISABILITY INSURANCE

Insured	Insurance Company	Benefit Amount	Elimination Period	Annual Premium

HEALTH & LTC INSURANCE

Insured	Insurance Company	Type of Coverage	Deductible	Annual Premium

LIABILITY INSURANCE

Insurance Company	Type of Coverage	Limit of Coverage	Annual Premium

Other Advisors

	Name	Firm Name
Estate Attorney		
CPA/Accountant		
Insurance Agent		
Bank Relationship		
Other		

AUTHORIZATION

Client Name (Print)

Co-Client Name (Print)

Client Signature

Date

Co-Client Signature

Date



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