



VICTORY

Financial Planning

A Registered Investment Advisor

Please email or fax in your completed form.

Email: Mary@VictoryFinancialPlanning.com

GOALS:	1)	Date:
	2)	Next Appointment:
	3)	
	Client A	Client B
FULL NAME		
Nickname		
	DRA: DRI: \$ mo/net	DRA: DRI: \$ mo/net
Age / DOB		
SSN		
Driver's License	#: Issued: Exp:	#: Issued: Exp:
Email		
Street		
City, State, ZIP		
Phone		
Employer	Yrs:	Yrs:
ER Address		
Occupation		
Gross Annual		
Children	Age, DOB & SSN	Address
1		
2		
3		
4		

LIABILITIES / DEBT

Home: Own	FMV:	Bal:	HELOC:	Rate %:	Pymt: \$	/mo PITI
Home: Rent	\$ Do you have renters insurance?					
Car 1						
Car 2						
Credit Card						
Other						

ASSETS

Employer Retirement Plans:						
Plan 1						
Plan 2						
Prior Employer Plans:						
Plan 1						
Plan 2						
Emergency Fund						
Other Savings						
IRA - Traditional						
IRA - Roth						
CD						

INSURANCE

Health						
DI						
LTC						
Life						
Umbrella						

Miscellaneous

Health/Meds		
Parents: living? health? Age?		
Taxes		
<i>Estate Planning:</i>		
Will or Trust		
POA - Biz & Med		
Living Will		

NOTES: *What else should we know?*