	CLIENT	SPOUSE
Name:		
Address:		
Daytime Phone:		
Evening Phone:		
Email:		
Social Security No:		
Date of Birth:		
Place of Birth:		
Occupation (most recent, if retired)**:**		
Employer Name:		
Employer Address:		

Child's Name	Birth Date	Social Security Number	Financially Independent?

Documents to Bring Along to Initial Meeting:

- ☐ Copies of statements for each investment account (brokerage accounts, mutual funds, annuities, etc.)
- ☐ Details and statement copies for employer-sponsored benefit programs (401(k), 403(b), 457, etc.)
- ☐ Most recent federal income tax return
- ☐ Estate planning documents (wills, trusts, power of attorney, etc.)
- ☐ Summary of insurance policies currently in force
- ☐ Year-to-date pay stubs
- ☐ Summary of real estate holdings

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970.204.1376 voice / 970.207.9701 fax

☐ Current mortgage and/or other debt information

Please note that all information discussed during our meetings is held in the strictest confidence. Copies of these documents will only be retained should you decide to engage our firm.

CHAPEL & COLLINS
WEALTH MANAGEMENT
An Independent Registered Investment Adviser

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ASSETS	Client	Spouse	Joint
Taxable Investments & Savings			
Retirement Accounts (IRA, 401k, 403b)			
Real Estate Value			
Personal Property (Cars, Furniture, Jewelry)			
Other Assets:______________________			

LIABILITIES			
Mortgage Balance			
Credit Card/Consumer Debt Balance			
Other Liabilities:____________________			

SOURCES OF INCOME	Client	Spouse	Joint
Income from Employment			
Portfolio Withdrawals			
Social Security			
Pension			
Other Income:_____________________			
TOTAL INCOME			

EXPENSE ESTIMATES	Amount	Circle One
Housing (mortgage, rent, HOA fees)		annual/monthly
Utilities (electric, gas, telephone, internet, water, sewer)		annual/monthly
Household (cleaning, maintenance, improvements)		annual/monthly
Food (groceries & dining out)		annual/monthly
Transportation (car loan, train tickets, etc.)		annual/monthly
Clothing		annual/monthly
Recreation & Entertainment (gym, movies, theater)		annual/monthly
Vacations		annual/monthly
Medical Expenses (prescriptions, etc)		annual/monthly
Cash		annual/monthly
Other Expense:__________________________________		annual/monthly
Insurance (health, life, disability, long term care)		annual/monthly
Retirement Plan Savings (401k, 403b, IRA, etc.)		annual/monthly
Savings/Investments In Other Than Retirement Plans		annual/monthly
Other Investment:________________________________		annual/monthly
TOTAL EXPENSE ESTIMATE		**annual/monthly**

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Retirement & Capital Accumulation

Ideally, I would like to retire at age _____ , but if needed to meet other more important financial goals, would be willing to work to age_____ (use "now" if already retired).

My spouse will retire at the same time as I do: **Yes** or **No**. If No, my spouse will retire at age _____, but if needed to meet other more important financial goals, would be willing to work to age _____.

I have a good sense of how much income I will need in retirement to be comfortable: **Yes** or **No**. If Yes, our ideal annual spending budget is $__________, but in no case less than $__________.

□ I would like to include Social Security income estimates in my planning **or**
□ I would prefer to not be dependent on Social Security income in retirement.

It is important for me to leave an estate to my heirs: **Yes** or **No**. If Yes, the ideal amount I would like to leave is $__________, but would be willing to leave at little as $_________ if necessary to meet other more important goals.

Other goals that are important to me include:

□ Funding college costs for ___ students. I would like to plan for ___ years of **Public** or **Private** education each.

□ Generating income from my portfolio to spend now. Ideally, I would like $__________ per month.

□ Other:____

□ Other:____

General Status of Financial Planning

I feel adequately insured in all areas (life, disability, health, auto, property, umbrella, long term care): **Yes** or **No**

My estate planning documents (wills, trusts, power of attorney, etc.) are adequate and up to date: **Yes** or **No**

I have major expenses upcoming within the next five years: **Yes** or **No**

My most pressing financial concerns at this time are:

____

____

____

The main reason(s) I am looking for assistance from a wealth management firm like yours is (are):

____

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Experience

Please circle your level of experience, if any, with the following types of investments.

	Experience			
Equities/Individual Stocks	*None*	*Limited*	*Moderate*	*Extensive*
Bonds	*None*	*Limited*	*Moderate*	*Extensive*
Options/Futures	*None*	*Limited*	*Moderate*	*Extensive*
Mutual Funds	*None*	*Limited*	*Moderate*	*Extensive*
Annuities	*None*	*Limited*	*Moderate*	*Extensive*
Margin Trading	*None*	*Limited*	*Moderate*	*Extensive*

Investment Objective

Based on your previous investment experiences and current investments, please select the primary objective and risk tolerance that you feel best describes your current investments.

Objective: ___ Capital Preservation ___ Income ___ Growth ___ Speculation

Risk Tolerance: ___ Low ___ Medium ___High

Additional comments to amplify the information provided in this Confidential Data Form:

____

____

____

____

Signed: ____ Date:_________________________

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CONFIDENTIAL DATA FORM

Signed: ____ Date:_______________________

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