



**New Client Information Kit** 

Client A	
Full Legal Name	
Nickname	Maiden Name
Gender: 0 Male 0 Female	Marital Status: 0 Single 0 Married 0 Divorced 0 Widowed
Address	
Mailing Address (if different)	
Cell Phone	Home Phone
Email Address	
	Date of Birth
Client B	
Full Legal Name	
Nickname	Maiden Name
Gender: 0 Male 0 Female	Marital Status: 0 Single 0 Married 0 Divorced 0 Widowed
Address	
	Home Phone
Email Address	
	Date of Birth

Date:

# **Children or Other Dependents**

Full Legal Name	Social Security #
Birth Date	Relationship
Full Legal Name	Social Security #
Birth Date	Relationship
D.U. I.V.	
Full Legal Name	
Birth Date	Relationship
Full Legal Name	Social Security #
Birth Date	Relationship
CPA	
Name	
Firm Name	
Phone	
Attorney	
Name	
Firm Name	
Phone	
<b>Outside Financial Institution</b>	
Name	
Name	
Name	
Name	

### **Income and Expenses**

C	li	eı	nı	f	Δ

Annual earned income	\$
Annual income from investments	\$
Other income (describe)	\$
Disability income	\$
Pension or retirement income	\$
Do you have an emergency fund?	0 Yes O No
(3-6 months of living expenses)	
Current emergency fund balance	\$
Current net take home pay	\$
Estimated monthly expenses **	\$
Client B	
Annual earned income	\$
Annual income from investments	\$
Other income (describe)	\$
Disability income	\$
Pension or retirement income	\$
Do you have an emergency fund?	0 Yes O No
(3-6 months of living expenses)	
Current emergency fund balance	\$
Current net take home pay	\$
Estimated monthly expenses **	\$

<sup>\*\*</sup> Or complete Monthly Living Expenses on the following page

		Monthly Amount (\$)
	Mortgage or rent	
	Homeowners or renters' insurance	
	Taxes	
	Electricity and gas	
	Phone and cell plan	
	Cable and internet	
Housing	Water, sewage, and waste	
Expenses	Furnishings and home decor	
	Home improvements	
	Pest control and home security	
	Lawn and garden care	
	Housekeeping and nanny	
	Homeowner's association	
	School tuition	
	Clubs or organizations	
	Day care	
Family Care	Alimony	
	Support of children or dependents	
	Supplies	
	Auto loan or lease payment	
	Gas	
	Maintenance	
Transportation	Auto insurance	
	Parking and public transportation	
Food and	Groceries	
Beverage	Dining out (restaurants, bars, and coffee shops)	
	Subtotal	

		Monthly Amount (\$)
	Clothing	
	Dry cleaning and laundry	
	Personal care (haircuts, nails, etc.)	
Personal Care	Toiletries	
	Gym and club memberships	
	Pet care and veterinarian expenses	
	Spending cash	
	Medical expenses	
	Dental expenses	
Health Care	Vision expenses	
and Insurance	Insurance premiums	
	Out-of-pocket expenses (prescriptions, therapies, etc.)	
	Organization, club, and membership fees	
<b>D</b>	Hobbies	
Recreation, Education, and	Entertainment (movies, theater, sporting events)	
Self-Improvement	Professional associations and classes	
Ť	Travel and vacations	
	Credit card	
Debt/Installment	Dues	
Payments	Subscriptions	
	Loans (personal, student, etc.)	
	Charitable donations - religious	
Charitable Donations	Charitable donations - other	
Donations	Gifts	
	Subtotal	
	Total	

## Assets

Cash and Cash Equivalents	
Checking accounts	\$
Savings accounts	\$
Money market funds	\$
Certificates of deposits (CDs)	\$
Life insurance cash value	\$
Other cash reserves	\$
Tangible Assets	
Residence	\$
Vacation home	\$
Furnishings	\$
Automobiles	\$
Rental real estate	\$
Land	\$
Art, jewelry, other valuables	\$
Investable Assets	
Stocks	\$
Mutual funds	\$
Annuities	\$
Limited partnerships	\$
Business interests	\$
US government bonds	\$
Municipal bonds	\$
Corporate bonds	\$
Notes receivable	\$

#### Liabilities

Description	Monthly Payment	•	Current Balance	Interest Rate
Home mortgage	\$	\$	Term	%
Other mortgage	\$	\$	Term	%
Home equity line of credit	\$	\$	Term	%
Automobile loans	\$	\$	Term	%
Student loans	\$	\$	Term	%
Bank loans	\$	\$	Term	%
Personal loans	\$	\$	Term	%

## Rental Real Estate Income and Expense

Description	Annual Income	Current Rental Status	Annual Expenses
	\$	Leased OVacantOTerm	\$
	\$	Leased OVacantOTerm	\$
	\$	Leased OVacantOTerm	\$
	\$	Leased OVacantOTerm	\$
	\$	Leased OVacantOTerm	\$
	\$	Leased OVacantOTerm	\$
	\$	Leased OVacantOTerm	\$
	\$	Leased OVacantOTerm	\$
	\$	Leased OVacantOTerm	\$

Student Name		
Years until Need	Years of Need	
Institution Name		
Annual Cost	Percent of Schooling to Fund	
Student Name		
Years until Need	Years of Need	
Institution Name		
Annual Cost	Percent of Schooling to Fund	
Student Name		
Years until Need	Years of Need	
Institution Name		
Annual Cost	Percent of Schooling to Fund	
Student Name		
Years until Need	Years of Need	
Institution Name		
Annual Cost	Percent of Schooling to Fund	
What education inflation rate do y	ou want to assume?	0/0
What is the balance of your current	nt education assets? $\$$	
How much are you funding annua	ally? \$	
How many years will your curre	ent funding continue?	
At what rate will your current fu	nding increase annually?	0/0

Colle	ect the below items and send in prior to our first meeting:
	Most recent financial statement
	Personal, corporation, or partnership tax returns (federal and state)
	Current Social Security benefit statements
	o (Must obtain from <a href="www.ssa.gov">www.ssa.gov</a> online – they no longer send printed statements)
	Most recent retirement plan statements (401(k), IRA, Roth IRA, Profit Sharing, Pension, Keogl
	Deferred Compensation, or Other Retirement Plans)
	Current statements for individual checking and savings accounts
	Savings bonds, certificates, other investments held in "paper" form
	Current statements of significant children's assets (529 or other education plans)
	Stock option agreements, stock incentive plans, restricted shares, other stock awards
	Mortgage documents and most recent statement for home, property, or business
	Insurance policies and most recent statements for insurance (life, health, auto, home, disability,
	long-term care, liability)
	Completed monthly living expenses worksheet (provided within)
Of	ther documents as noted below:
σ.	and documents as noted below.

Tell us more about you! Please share any additional information to help us tailor a plan specifically for you.
riease share any additional information to help us tanor a plan specifically for you.
One Monroeville Center, 3824 Northern Pike Ste. 950, Monroeville, PA 15146 O 412.702.9620 // T 844.833.2642 // F 866.501.4975
www.ironbridgewealth.com
Raymond James & Associates, Inc., member of New York Stock Exchange/SIPC