



Pre-Appointment Form

We are looking forward to getting together with you. If you have any questions or require assistance prior to your visit, please call our office at 309.263.1333.

Please bring the following items with you to your visit:

- All brokerage firm statements
- All life insurance and annuity policies
- All IRA and retirement account statements
- Tax returns for the past two years
- Social Security Statement (download at <https://www.ssa.gov/myaccount/statement.html>)

CONTACT INFORMATION

Name

First _____

Last _____

Nickname (if applicable) _____

Date of Birth _____

Working At/Retired From _____

Current/Former Occupation _____

Retired?

Yes

No

Semi

Cell Phone _____

Email Address _____

Spouse Name

First _____

Last _____

Nickname (if applicable) _____

Date of Birth _____

Working At/Retired From _____

Current/Former Occupation _____

Retired?

Yes

No

Semi

Cell Phone _____

Email Address _____

Home Phone _____
Street Address 1 _____
Street Address 2 _____
City _____
State/Province/Region _____
Postal Code _____
Country _____

Were you referred to us?

- Yes
- No

Who referred you? _____

FAMILY

Number of Children _____
Number of Grandchildren _____

Do any of your children or grandchildren have special needs?

- Yes
- No

Are any of your children or grandchildren listed as joint owners on any of your accounts/assets?

- Yes
- No

Family Notes:

Legal Items

Which of the following legal documents do you have in place? (check all that apply)

- Will(s)
- Powers of Attorney (POA) – Assets
- Powers of Attorney (POA) – Health
- Living Will
- Living Trust

Which of the following items do you have in place? (check all that apply)

- Umbrella Policy
- Long-Term Care Insurance
- Death Benefit Life Insurance
- Life Insurance

CASH FLOW

Please list **monthly income** from each source.

Pension

You _____

Current? Yes No Start Date: _____

Your Spouse _____

Current? Yes No Start Date: _____

Survivor Options

You _____

Your Spouse _____

Social Security

You _____

Current? Yes No Start Date: _____

Your Spouse _____

Current? Yes No Start Date: _____

Wages

You _____

Your Spouse _____

Other Income (2nd Job, Farm Income, Rental Income, etc.)

You _____

Source(s) _____

Total _____

Other Income (2nd Job, Farm Income, Rental Income, etc.)

Your Spouse _____

Source(s) _____

Total _____

Are these amounts net or gross?

(*net = after all deductions*)

Net

Gross

How much are your monthly expenses?

Here are some common expenses: mortgage/rent, food, gas, car loan, insurance, utilities, gifts/donations, medical, taxes, etc.

Total _____

Is your current cash flow sufficient and comfortable?

Yes

No

Do you live off interest your investment dollars earn?

- Yes
- No

Do you anticipate any significant changes in cash flow?

- Yes
- No

Are you planning any major lifestyle changes?

- Yes
- No

Do you foresee any large purchases greater than \$5,000 within the next three years?

- Yes
- No

Do you contribute to charity?

- Yes
- No

LIFE EVENTS

In the near future I expect to: (check all that apply)

- Buy a home
- Sell a home
- Improve a home
- Retire
- Care for a parent
- Start or expand a business
- Pay off debt
- Start a part-time job
- Help fund education costs for a family member
- Sell a property
- Receive an inheritance
- Purchase a property
- Other

ASSETS

Check the accounts you currently hold and list the total amount in the box provided. If you can, please bring the latest statement for your visit.

Bank / Credit Union Accounts
\$ _____

Mutual Funds / Stocks / Bonds
\$ _____

Brokerage Accounts
\$ _____

IRAs / 401(k) / 403(b) / Keoghs / TSAs
\$ _____

CDs
\$ _____

Business Interest
\$ _____

Annuities
\$ _____

Life Insurance
\$ _____

Long-Term Care Insurance
\$ _____

Promissory Notes / Contract for Deed
\$ _____

Other Assets
\$ _____

Property
Home Value
\$ _____

Autos and Personal Property
\$ _____

Rental/Additional Properties
\$ _____

Additional Assets

Description _____
Balance Owed \$ _____
Pay-Off Date _____

Description _____
Balance Owed \$ _____
Pay-Off Date _____

Description _____
Balance Owed \$ _____
Pay-Off Date _____

ADDITIONAL INFORMATION

If you're not already retired, when do you want to retire? List age or year.

You _____ Your Spouse _____

How did you acquire your wealth? _____

How involved would you like to be with your investments?

- Little
- Somewhat
- A Lot

What are you more concerned about?

- Growing your assets
- Protecting what you already have

CONCERNS

Which of the following are your top three concerns?

- Losing too much money in the stock market
- Paying too much in taxes
- Considering retirement and if I/we can afford to
- Not having a reliable income plan for retirement
- Giving away life savings due to a catastrophic illness
- Outliving nest egg
- Uncertainty about stock market
- Start a part-time job
- Leaving a legacy to children and/or grandchildren
- Need direction with 401(k) and/or IRA accounts
- Other

OBJECTIVES

Which of the following describes your risk tolerance when it comes to retirement assets?

- Conservative
- Moderate
- Aggressive

What are your financial objectives? (check all that apply)

- Income Now
- Tax-Deferred Growth
- Guarantees Provided
- Pass Assets to Beneficiaries
- Growth Potential
- Other

INTERESTS AND HOBBIES

What are your passions and favorite pastimes?

NOTES:

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