



### 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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