INTEGRATED FINANCIAL STRATEGIES
Guidance for Life

Mark L. Smith, CFP®
Jason T. Arbetter, CFP®
Andrew M. Cronk, CFP®

FINANCIAL INFORMATION WORKSHEET

56757 Grand River Avenue | PO Box 374 | New Hudson | Michigan 48165 | Telephone (248) 932-9329 | IFS-LTD.COM

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PERSONAL INFORMATION

Please provide a copy of your drivers license and a copy of the most recent statement for investment accounts you intend for Integrated Financial Strategies to manage. Please feel free to call our office if you need assistance.

Client

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other ______

Name ____
Last First Middle

Date of Birth ______ / ______ / ________ Social Security # ________ - ______ - __________
(MM/DD/YYYY)

E-Mail Address ____

(_____) _____ - ________ (_____) _____ - ________ (_____) _____ - ________
Home Phone Cell Phone Business Phone

Drivers License #____________________ State _____ Expiration ________ Issue ________
(MM//DD/YYYY) (MM/DD/YYYY)

Address ____
Street (Apartment/Suite/etc.) City/State Zip

Occupation ______________________ Employer ______________________

Employer Address____
Street (Apartment/Suite/etc.) City/State Zip

Spouse/Joint Investor/Trusted Contact

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other ______

Name ____
Last First Middle

Date of Birth ______ / ______ / ________ Social Security # ________ - ______ - __________
(MM/DD/YYYY)

E-Mail Address ____

(_____) _____ - ________ (_____) _____ - ________ (_____) _____ - ________
Home Phone Cell Phone Business Phone

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Address ____
Street (Apartment/Suite/etc.) City/State Zip

Occupation ______________________ Employer ______________________

Employer Address____
Street (Apartment/Suite/etc.) City/State Zip

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PERSONAL INFORMATION (Continued)

Children/Beneficiaries

Name	DOB(MM/DD/YYYY)	Gender	Social Security #
______________________	___ / ___ / ____	☐M ☐F	____ - ___ - ______
______________________	___ / ___ / ____	☐M ☐F	____ - ___ - ______
______________________	___ / ___ / ____	☐M ☐F	____ - ___ - ______
______________________	___ / ___ / ____	☐M ☐F	____ - ___ - ______

FINANCIAL OBJECTIVES

Financial Needs

Please number in order of importance.

______ Funding Children's Education ______ Maximum Tax Advantage ______ Income Now

______ Cash Management ______ Income at Retirement (at age _____) ______ Travel

______ Other ____________________ ______ Other ____________________

Financial Data

Present monthly income (before taxes)	$
Amount you could save each month	$
Taxable annual income last year	$
Approximate annual expenses	$

Retirement Data

Social Security	$
Pensions	$
Investments	$
Other	$

Total Monthly Retirement Income	$

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FINANCIAL RESOURCES

Cash Reserves (Checking, Savings, Money Market, Certificates of Deposit, etc.)

Bank	Type of Account	Amount	Interest Rate
		$	%
		$	%
		$	%

Stocks, Mutual Funds, ETFs, etc.

# of Shares	Company Name	Current Value
		$
		$
		$
		$
		$
		$

Bonds (Government, Municipal, Corporate)

# of Bonds	Company Name	Current Value
		$
		$
		$

Annuities (Fixed or Variable)

Annuitant	Company	Type (Circle One)	Current Value
		Variable Fixed	$
		Variable Fixed	$
		Variable Fixed	$

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FINANCIAL RESOURCES (Continued)

401k, Profit Staring, Pension Plan

Annual Employee Contribution	$
Annual Employer Contribution	$
Vested Amount	$
Non-Vested Amount	$

Limited Partnerships and REITs

Investment Name	Current Value
	$
	$
	$

Real Estate (Residence, Second Home, Industrial, Commercial, Land)

Type	Original Cost	Current Value	Mortgage Balance	Mortgage Rate	Terms	Payments	Property Tax
	$	$	$	%		$	$
	$	$	$	%		$	$
	$	$	$	%		$	$
	$	$	$	%		$	$
	$	$	$	%		$	$
	$	$	$	%		$	$

If you did not have enough room to list all of your assets above (bonds, stocks, mutual funds, real estate, annuities, etc.), please feel free to write them on the notes page on the last page of this form or submit additional information on a separate sheet of paper.

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PERSONAL ASSETS

Type	Description	Value
Household Furnishings		$
		$
		$
Automobiles		$
		$
		$
Boats, Campers, etc.		$
		$
		$
Fur and Jewelry		$
		$
		$
Collections (stamps, coins, etc.)		$
		$
		$
Others (please describe)		$
		$
		$

LIABILITIES

Current Liabilities (To be paid off in less than 12 months)

Type	Payment Amount	Approximate Payoff Date (MM, YYYY)	Interest Rate	Loan Balance
Credit Card Balances	$		%	$
Current Personal Loans (describe)	$		%	$
	$		%	$

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LIABILITIES (Continued)

Long Term Liabilities (other than real estate and business mortgages)

Type	Payment Amount	Approximate Payoff Date (MM, YYYY)	Interest Rate	Loan Balance
Business Loans	$		%	$
Automobile Loans	$		%	$
Personal Loans (describe)	$		%	$
	$		%	$

INSURANCE COVERAGE

Life Insurance

Insured	Company	Face Amount	Cash Value	Annual Premium
		$	$	$
		$	$	$
		$	$	$

Other Insurance (Medical, Disability, Automobile, Umbrella, UTC, and Homeowners)

	Insured	Company	Deductable	Annual Premium
Medical			$	$
			$	$
Disability			$	$
			$	$
Automobile			$	$
			$	$
Homeowners			$	$
			$	$
Long Term Health Care			$	$
			$	$
Umbrella			$	$

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COLLEGE EDUCATION

Number of children you expect to send to college ____________________

Name of Child to Attend	Date to Accomplish	Estimated Annual Cost
		$
		$
		$
		$

ADDITIONAL INFORMATION

____ (_____) _____ - ______

Your Attorney — Phone Number

____ (_____) _____ - ______

Your Accountant — Phone Number

Do you have a will? ☐ Yes ☐ No Dated: ______________
(MM/DD/YYYY)

Does your spouse have a will? ☐ Yes ☐ No Dated: ______________
(MM/DD/YYYY)

Do you have a trust? ☐ Yes ☐ No Dated: ______________
(MM/DD/YYYY)

Does your spouse have a trust? ☐ Yes ☐ No Dated: ______________
(MM/DD/YYYY)

Do you expect to receive any: ☐ Gifts ☐Trusts ☐Inheritance

Estimated Amount: $____________________

Do you plan on any business or occupational changes in the near future ☐ Yes ☐ No

If yes, Explain________________________________ When ______________

Do you expect any major changes in your income in the near future? ☐ Yes ☐ No

If yes, explain ____

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NOTES

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