

## REAL ESTATE INVESTMENTS

**Type:** PR = Primary Residence; SR = Secondary Residence; RR = Rental Residential; RC = Rental Commercial;

O = Other

**#:** F = First Mortgage; S = Second Mortgage

Type	#	location	Market Value	Balance	Term	Issue Date	Interest Rate	Monthly Payments	Income

## LIABILITIES/EXPENSES

Item/Company Name	Balance	Interest Rate	Minimum Payment	Current Payment
Auto 1 Company Name				
Auto 2 Company Name				
Auto 3 Company Name				
Credit Card 1 Company Name				
Credit Card 2 Company Name				
Credit Card 3 Company Name				
Student Loan Company Name				
Other Company Name				
Overall estimated monthly expenses including all liabilities listed above =				

## OTHER IMPORTANT INFORMATION

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LUDWIG & ASSOCIATES, LTD.

Certified Public Accountant

Integrated Tax & Wealth Management

## CONFIDENTIAL CLIENT DATA FORM

*This information is for use in providing recommendations only and will not be shared with other parties.*

\_\_\_\_\_  
*Client Name*

\_\_\_\_\_  
*Date*

***So that we may provide the most thorough review of your situation, please include your most recent STATEMENTS, POLICIES, AND LAST TWO YEAR'S TAX RETURNS; or bring them with you to our meeting***

\* All recommendations made are based upon the information provided by you and other information disclosed in discussions. Any failure to provide complete information or to advise of material changes to retirement plans or financial situation may render such retirement planning recommendations invalid.

# CLIENT INFORMATION

Date: \_\_\_\_\_

## Client A

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Preferred E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer\*: \_\_\_\_\_  
*\*If retired, provide prior occupation and last employer.*

Yearly Income: \_\_\_\_\_ Annual Salary Increase: \_\_\_\_%

Tax Bracket: (FED) \_\_\_\_\_ (ST) \_\_\_\_\_ Filing Status: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Planned Retirement Age: \_\_\_\_\_

Life Expectancy\*: \_\_\_\_\_  
*\*Unless stated, 85 will be assumed.*

## Client B

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Work Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Preferred E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer\*: \_\_\_\_\_  
*\*If retired, provide prior occupation and last employer.*

Yearly Income: \_\_\_\_\_ Annual Salary Increase: \_\_\_\_%

Tax Bracket: (FED) \_\_\_\_\_ (ST) \_\_\_\_\_ Filing Status: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Planned Retirement Age: \_\_\_\_\_

Life Expectancy\*: \_\_\_\_\_  
*\*Unless stated, 85 will be assumed.*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

# GOALS & ASSETS

In the next five years, how much of your investments or savings do you plan on spending?

Year 1: \_\_\_\_\_ Year 2: \_\_\_\_\_

Year 3: \_\_\_\_\_ Year 4: \_\_\_\_\_

Year 5: \_\_\_\_\_

Do you have a Financial Power of Attorney? Client A:  Yes  No Client B:  Yes  No

Do you have a Living Will/Healthcare Advance Directive: Client A:  Yes  No Client B:  Yes  No

Do you have a will? Client A:  Yes  No Client B:  Yes  No Year last updated: \_\_\_\_\_

Do you have any trusts? \_\_\_\_\_  Yes  No

Please List types and, if funded, verify amounts: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Client A already retired?  Yes  No

Client B already retired?  Yes  No

Monthly after-tax income desired at retirement in today's dollars? \_\_\_\_\_

# INVESTMENTS

**Type:** PS = Passbook Savings; MM = Money Market; TB = Treasury Bills; I = IRA; R = Roth; P = 401K;

SI = SEP-IRA; T = TSA or 403B; S = Stock; MF = Mutual Funds; RE = Real Estate Investment Trust; B = Bonds;

CD = CDs; O = Other (explain)

\*See back for real estate investments

Type	Company Name	Amount	Beneficiary	Yearly Contributions*

\*If your employer matches any contributions, please list amount along with your contribution.

# INSURANCE/ANNUITIES

Please include copies of a recent statement and the original policy or contract.

**Type:** T = Term\*; U = Universal Life; V = Variable Life; VL = Variable Universal Life; W = Whole Life;

VA = Variable Annuity; LT = Long-Term Care; DI = Disability; FA = Fixed Annuity

Company Name	Face Amount	Insured	Type	Premium	Loans Against	Monthly Benefit	Beneficiary

\*If term insurance, please provide termination date of coverage.

# PENSIONS & SOCIAL SECURITY

Client A/B	P/S	Start Year	End Year	Monthly Benefits	Increase? Y/N	Monthly Payments