In order to determine your net worth and how your monthly expenses stack up against your income, you will need to complete this data collection form <u>and</u> the **Personal Client Data** form.

Taxes Withheld

Client A	Monthly	+	Annual
Federal	\$	\$	
State and Local	\$	\$	
Self-Employment	\$	\$	
Social Security	\$	\$	
Medicare	\$	\$	
Client B			
Federal	\$	\$	
State and Local	\$	\$	
Self-Employment	\$	\$	
Social Security	\$	\$	
Medicare	\$	\$	
TOTAL TAXES**	\$	\$	

^{*} If you enter a monthly amount it will be multiplied by 12 and added to the annual amount.

General Insurance

Policy Type	Policy Name	Policy Benefit	Annual Premium
Liability		\$	\$
Homeowner's		\$	\$
Medical		\$	\$
Auto (Total Value) \$		\$	\$

Interview Questions

Are all family members covered by health Insurance?

Notes:

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Disability Insurance							
List all disability insurance po	_	n personal	policies, incli	ude group	policies from	work, associations and o	ther sources.
Policy Name/# and Type (i.e. group)	., personal,		Insured		Annual	Premium	
DI1		□ CL-A	☐ CL-B		\$		
DI2		□ CL-A	□ CL-B		\$		
DI3		□ CL-A	□ CL-B		\$		
DI4		□ CL-A	□ CL-B		\$		
Long-Term Care Insu	rance						
List all LTC policies. Along w		ies, includ	le group polic	ies.			
Policy Name/#	In	sured		Owne	r	Annual Premium	
LT1	□ CL-A	□ CL-B	□ CL-A	□ CL-B	☐ Group	\$	
LT2	□ CL-A	□ CL-B	□ CL-A	□ CL-B	☐ Group	\$	
LT3	□ CL-A	□ CL-B	□ CL-A	□ CL-B	☐ Group	\$	
LT4	□ CL-A	□ CL-B	□ CL-A	□ CL-B	☐ Group	\$	
Notes:							
Declaration							
I declare that I have rebest of my knowledge.	viewed the inf	ormatio	n collected	in this o	data sheet a	ind that the investm	ent data is correct to the
Client A Print	ed Name				Signature		Date
Client B Print	ed Name				Signature		Date