



403 10<sup>th</sup> St. NW  
 Watertown, SD 57201  
 Office: 605-882-3680  
 Fax: 413-513-2421  
[www.mfservicesinc.com](http://www.mfservicesinc.com)

**CLIENT INFORMATION SHEET**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Spouse \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_  
 Number of Children \_\_\_\_\_ Names and Ages \_\_\_\_\_  
 \_\_\_\_\_ Any Grandchildren? \_\_\_\_\_

**Do you have the Following?**

Will?  No  Yes Date \_\_\_\_\_ Living Trust  No  Yes Dated \_\_\_\_\_  
 Power of Atty. (financial)  No  Yes Dated \_\_\_\_\_ Long Term Care Ins.  No  Yes  
 Power of Atty. (health)  No  Yes Dated \_\_\_\_\_ Daily benefit: \_\_\_\_\_  
 \_\_\_\_\_ Elim. Period: \_\_\_\_\_  
 Declaration of Guardian  No  Yes Dated \_\_\_\_\_ Umbrella Liab. Ins.  No  Yes

**Assets:**

Either bring your latest account statements for review or record individual assets by name

<u>Type of Asset/ Account</u>	<u>Name of Fin. Institution</u>	<u>Owner</u>	<u>Approximate Value</u>
Home _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Current Advisors:**

(Check all that apply)  Accountant \_\_\_\_\_  Attorney \_\_\_\_\_  
 Financial Advisor \_\_\_\_\_  Insurance Agent \_\_\_\_\_  
 Stock Broker \_\_\_\_\_

**Taxes:**

Please bring you last year's tax return.

**Debt:**

1. \_\_\_\_\_ Amt. Owed \_\_\_\_\_ Payoff Date \_\_\_\_\_  
2. \_\_\_\_\_ Amt. Owed \_\_\_\_\_ Payoff Date \_\_\_\_\_

**Approximate household cash flow**

Husband – Social Security \_\_\_\_\_ Wife – Social Security \_\_\_\_\_  
Husband – wages \_\_\_\_\_ Wife – wages \_\_\_\_\_  
Husband – pension \_\_\_\_\_ Wife – pension \_\_\_\_\_  
Interest \_\_\_\_\_ Dividends \_\_\_\_\_ Other Income \_\_\_\_\_

**Total Approximate Income** \_\_\_\_\_

**What are you approximate annual expenses?** \_\_\_\_\_

Are you comfortable with your current cash flow?       No       Yes       Don't know  
Do you expect any significant changes in cash flow?       No       Yes       Don't know  
Are you anticipating any major life style changes?  
    i.e. marriage, moving, buying another home?       No       Yes       Don't know  
Do you expect to make any large purchases within  
    the next three years?       No       Yes       Don't know

**Please circle 1 through 5 on each below, "1" being most concerned and "5" being no concern:**

	<u>Most Concerned</u>	<u>Very Concerned</u>	<u>Some what</u>	<u>Not very</u>	<u>Not at all</u>
I want to make sure my money lasts throughout my lifetime:	1	2	3	4	5
I would like to pay less in taxes:	1	2	3	4	5
I am concerned about capital gains tax:	1	2	3	4	5
I would like to ensure that my primary residence is protected:	1	2	3	4	5
I would like to ensure that my assets are protected from losses:	1	2	3	4	5
I would like to protect myself and my family from catastrophic long term care costs:	1	2	3	4	5
I would like more income:	1	2	3	4	5
I want to pass on as much as possible to my children/heirs:	1	2	3	4	5

**What is currently your biggest concern?** \_\_\_\_\_

**What do you hope to accomplish?** \_\_\_\_\_