Basic Planning Information



Information provided is held in the strictest confidence. Please provide as much information as possible at this time. Check the "N/A" box if the item is "Not Applicable". Please bring copies of all investment, pension & retirement plan statements and your tax return to the initial meeting. Please return this form via email (or fax to 951-693-9907.)

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Description No	'A Client	N/A	Spouse
Full Name			
Nickname			
Date of Birth			
Employment Information			
Gross income (before taxes)			
Net Income (take home pay) Paid how often?			
Employer Name Occupation			
Employment Date Address			
City			
Zip Code Business Phone			
Business Email			
Fax			
	Personal Information		
Address			
City			
Zip Code Mobile Phone Home Phone			
Personal Email			
Wedding Anniversary Date			
	Estate Planning & Risk Managen	nent	
Name of Family Trust	8 8		
Date of Trust / Will(s)			
Life Insurance (Employer)			
Life Insurance (Personal)			
Long Term Care (LTCi) Amount			
Disability Insurance Amount			
	Investment & Planning Concer	ns	
Please rank the followi	ng items from most important (1) t	to least important (9).	
1 2 3 4 5 6 7 8 9		1 2 3 4	5 6 7 8 9
	Fear of Loss		
	Rate of Return		
	Inflation		
ent	Taxes		Spouse
Client	Leave an Inheritance		ous
$\mathbf{\sigma}$	Living Comfortably		se
	Liquidity (access to funds)		
	Simplify Account Management	t	
	Advanced Planning Strategies		