



2150 Highway 35, Suite 250
Sea Girt, NJ 08750
Phone: 732.580.8039
www.seaclearfinancial.com
ktrageser@seaclearfinancial.com

IN PREPARATION FOR OUR COMPLIMENTARY INTRODUCTORY MEETING

1. **We need to learn about you** — In order to determine how we might best serve you, we'll start out by reviewing your financial goals, your current circumstances, your concerns and what you would like to accomplish through our relationship.
2. **You need to learn about us** — We always want you clearly understand what you can expect from us and what the benefits are of choosing Sea Clear Financial Planning, LLC.

FINANCIAL GOALS & CONCERNS

Establishing the goals that you value most for your life is where we begin. Only once those goals are clearly identified can we begin the process of financial planning. *Please mark yes or no if these goals are important to you:*

1. **Cash Flow Planning** – to clearly understand the income and expenses of your household in order to determine what is truly available for discretionary spending or savings. Yes No
2. **Insurance Planning** – to clearly understand the benefits and limitations of your current home, auto, umbrella, long term disability and long term care insurance. Yes No
3. **Investment Planning** – to clearly understand your current investment portfolio and if necessary work towards a more manageable, well diversified, consolidated portfolio that better correlates to your risk tolerance, goal, and time horizon. Yes No
4. **Retirement Planning** – to clearly identify what age you may want to be financially independent and set up a systematic savings plan to achieve this goal. Yes No
5. **Estate Planning** – to clearly document your wishes for your assets should you become incapacitated or die. Yes No
6. **Education Planning** – to clearly create a plan to fund your child's or children's college education.
Yes No NA

What are your financial goals (debt mgmt./insurance/investments/retirement/estate/education/taxes)?

What are your biggest financial concerns (debt /insurance/investments/rtmt./estate/education /taxes)?

BASIC INFORMATION ABOUT YOU

	Client	Co-Client
Full Legal Name:		
Preferred Name:		
Home Street Address:		
Home City, State, Zip:		
Home Phone:		
Cell Phone:		
Preferred Contact E-mail Address:		
Current Age & Birth Date:		

	Name	Date of Birth	Current Grade in School
First Child:			
Second Child:			
Third Child:			
Remaining Children:			

	Client	Co-Client
Employer Name:		
Employer Full Address:		
Occupation:		
Salary / Self Employment Income:		
Bonus:		
How often do you get paid? i.e. weekly, biweekly, 2x month		

	Client	Co-Client
Monthly Rental Income:		
Monthly Pension Income:		
Monthly Social Security Income:		
Other Income:		

OVERVIEW OF YOUR FINANCIAL SITUATION

(PLEASE PROVIDE ESTIMATED BALANCES)

Liquid Assets	Client or Joint	Co-Client	Location / Bank Name
Checking Account			
Savings Account			
Money Market Account			
CD Account			

Investment Assets	Client or Joint	Co-Client	Location / Bank Name
Taxable Investment Account			
Taxable Investment Account			
Taxable Investment Account			
Stock Options / Restricted Stock Accounts / Company Stock			

Retirement Assets	Client	Co-Client	Location / Bank Name
Rollover IRA			
Roth IRA			
Traditional IRA (contributing)			
SEP IRA			
Current 401(K) Plan			
Current 457(B) / Def Comp Plan			
Current 403(B) Plan			
Old Retirement Plan at a Previous Employer			
Pension			
Annuity			

Education Funding Assets	Client	Co-Client	Location / Bank Name
529 Plans			
UGMA/ UTMA Accounts			

Primary Use Assets	Year Purchased	Estimated Cost	Estimated Current Value
Primary Home			
Secondary Home / Investment Property			
Land			
1 st Automobile			
2 nd Automobile			
Personal Property			
Other Property			

Liabilities	Client or Joint	Co-Client	Location / Bank Name
Primary Residence Mortgage			
Secondary Residence Mortgage			
Home Equity Loan			
Auto Loan #1			
Auto Loan #2			
Law/Medical/ School Loan			
401(K) Plan Loan			
457(B) Plan Loan			
403(B) Plan Loan			
Pension Loan			
Credit Card Debt (Total)			
Other Liability			
Other Liability			

RETIREMENT PLANNING INFORMATION

	Client	Co Client
Are you retired?		
If not retired, what age would you like to retire?		
Where do you plan to live in rtmt?		

INSURANCE PLANNING INFORMATION

	Client	Co Client
Do you have Group Employee Life Insurance?		
Do you have Private Individual Life Insurance?		
Do you have Group Employee Long Term Disability Insurance?		
Do you have Private Long Term Disability Insurance?		
Do you have Long Term Care Insurance?		
Do you have Umbrella Insurance?		

ESTATE PLANNING INFORMATION

	Client	Co Client
Do you have a will?		
Do you have a living will?		
Do you have a power of attorney for healthcare decisions?		
Do you have a power of attorney for financial decisions?		

CASH FLOW PLANNING INFORMATION

	Client	Co Client
Can you comfortably meet your financial obligations?		
Are you comfortable with the amount of debt you carry?		
Are you comfortable with the amount you save?		
Do financial issues cause stress in your life?		

EDUCATION PLANNING INFORMATION

	Client	Co Client
Do you have a method in place to fund or supplement college?		
How much would you like to give each child annually for college?		