



A. FAMILY STATUS			
Your Full Name	Date of Birth	Spouse's Full Name	Date of Birth
Child's Full Name	Date of Birth	Child's Full Name	Date of Birth
Child's Full Name	Date of Birth	Child's Full Name	Date of Birth
Primary Res. (Street & #)	CITY	STATE	ZIP
Home Telephone	Cell Phone	Email address	

NOTES / COMMENTS

B. OCCUPATION / INCOME / FUTURE EXPECTATIONS			
Your Position	Employer	Work Phone	
Desired Retirement Age: _____	Cur. Base Salary (\$)	Ann. Salary Inc. (%)	Bonus (\$)
Spouse's Position	Employer	Work Phone	
Desired Retirement Age: _____	Cur. Base Salary (\$)	Ann. Salary Inc. (%)	Bonus
Cur. Tax Bracket (%)	Retirement Tax Bracket (Est %.)	Inflation (Est. %)	Credit Score

NOTES / COMMENTS

Check box if provided

- Recent pay stub for each person
- Recent income tax return

C. REAL ESTATE / MORTGAGES					
	Fair Market Value	Purchase Price	Original Amount Financed / Refi	Purch. / Refi Date	Add'l Mo. Pymnt
Primary Residence					
2nd Home					
Other Real Estate					

NOTES / COMMENTS

Check box if provided

- Mortgage statement for each property

D. SAVINGS & INVESTMENTS (Checking/Savings, Securities, Mutual Funds, Annuities, etc.)			
Investment	Institution	Contribution (Withdrawal) (\$)/ yr.	Anticipated Annual return %

NOTES / COMMENTS

Check box if provided

- Most Recent Statement for each account

E. RETIREMENT ACCOUNTS (IRA, 401k, SEP, Pension, etc.)

Investment Type	Institution	Contribution (Withdrawal) (\$)/ yr.	Company Match	Anticipated Annual Return %

Check box if provided

Most Recent Statement for each account

NOTES / COMMENTS

F. CASH VALUE LIFE INSURANCE

Check box if provided

Most Recent Statement for each account. Please indicate the following if it is not indicated on the statement: purchase date, annual premium, outstanding loans, current cash value, death benefit, named insured, and beneficiary.

NOTES / COMMENTS

G. DEFINED BENEFITS (Corp. Benefit Plans, Social Security, etc.)

Check box if provided

Most Recent Statement for each account

NOTES / COMMENTS

H. PROTECTION (auto, homeowners or renters, major medical, disability, long term care, umbrella, term life, etc.)

Check box if provided

Most Recent Statement for each account. Please indicate the following if it is not indicated on the statement: annual benefit, cost of living adjustment, benefit start age and end age, deductible, benefit/coverage.

NOTES / COMMENTS

I. INSTALLMENT LOANS (AUTO, PERSONAL LOANS, COLLEGE LOANS, HELOCs, etc.)

Check box if provided

Most Recent Statement for each account

NOTES / COMMENTS

J. CREDIT / DEBIT (Credit Cards if balance carried, checking credit lines, etc.)

Check box if provided

Most Recent Statement for each account

NOTES / COMMENTS

K. OTHER FUTURE EXPENSES OR INCOME (College, Weddings, Inheritance, etc.)

Source / Description of Future Expense or Income	Anticipated Cost / Value	Age of Anticipated Event

NOTES / COMMENTS

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