



CAPITAL INVESTMENT ADVISORS



Client Information Sheet

Date/Time	Advisor	Level

Client Name	Birthday (Age)	Working/Retired
(H)		
(W)		
Email Address (Home)		
Email Address (Work)		
Phone Number		

How Capital and Goals/Objectives	
Children?	Grandchildren?

If Working.....		
Occupation	Income	Years Until Retirement
(H)		
(W)		

If Retired.....		
Pension	Social Security	Other Sources
(H)		
(W)		
Total Monthly Retirement Income		
Monthly Retirement Income Desired		

Real Estate		
Own/Rent	FMV/owe	Interest Rate? Payment?

Other Properties		

Debts (other than Real Estate)		

Insurance	Husband	Wife
Health		
Life		
Disability		
Long Term care		
Homeowner's up to date?		
Estate Documents up to date? (Referral)		

Investments	Husband	Wife
Cash Reserves		
401K		
Regular IRA		
Roth IRA		
Annuities		
Brokerage Accounts		
Other		

TOTAL

Suggested Ratio			
Date	Initial	Growth	Income