



## SHORT FORM PERSONAL INFORMATION

PLEASE RETURN TO OUR OFFICE PRIOR TO YOUR MEETING

**CLIENT INFORMATION:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SPOUSE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PH: (\_\_\_\_) \_\_\_\_-\_\_\_\_ EMAIL: \_\_\_\_\_  
 CELL PH: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**CONTACT PERSON:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SPOUSE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PH: (\_\_\_\_) \_\_\_\_-\_\_\_\_ EMAIL: \_\_\_\_\_  
 CELL PH: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**PRIMARY CONCERN:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FAMILY INFORMATION:**

CHILDREN:	NAMES	GRANDCHILDREN
1		
2		
3		
4		

**INCOME/ASSETS:**

ESTIMATED ANNUAL INCOME: \_\_\_\_\_

DOES CLIENT OWN HOME?    YES    NO                      MORTGAGE?    YES    NO

TAX VALUE: \_\_\_\_\_      EST. BALANCE: \_\_\_\_\_

OTHER REAL ESTATE?    YES    NO

IN NORTH CAROLINA    YES    NO

RENTAL                      YES    NO

RAW LAND                    YES    NO

EST. VALUE OF ALL IRAS, 401K, 403B RETIREMENT PLANS: \_\_\_\_\_

EST. VALUE OF ALL NON-IRA ACCOUNTS(SAVINGS, STOCKS, ETC.): \_\_\_\_\_

OTHER: \_\_\_\_\_

**LIABILITIES:**

ESTIMATED VALUE OF ALL OTHER LIABILITIES: \_\_\_\_\_