

A large, stylized, grey letter 'G' is positioned behind the company name. It has a thick, rounded stroke and a curved tail that loops back towards the top right.

# GREEN

## FINANCIAL RESOURCES, LLC

### CONFIDENTIAL CLIENT DATA FORM

*This information is for use in providing recommendations only  
and will not be shared with other parties.*

---

*Client Name*

*Date*

So that we may provide the most thorough review of your situation, *please provide in advance or have readily available during your meeting, statements for all financial/investment accounts including all 401k/403b accounts, insurance policies, Social Security statements, and anything else that might be relevant to our understanding of your complete financial situation.*

\*All recommendations made are based upon the information provided by you and other information disclosed in discussions. Any failure to provide complete information or to advise of material changes to retirement plans or financial situation may render such retirement planning recommendations invalid.

### Client A

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Planned Retirement Age: \_\_\_\_\_

Already retired? Yes No

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer\*: \_\_\_\_\_

*\*If retired, provide prior occupation and last employer*

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_

Yearly Income: \_\_\_\_\_ Annual Salary Increase: \_\_\_\_\_ %

Tax Bracket: (FED) (ST) Filing Status: \_\_\_\_\_

Life Expectancy\*: \_\_\_\_\_

*\*Unless stated, 85 will be assumed*

What are your average monthly expenses? \_\_\_\_\_

### Client B

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Planned Retirement Age: \_\_\_\_\_

Already retired? Yes No

Social Security #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer\*: \_\_\_\_\_

*\*If retired, provide prior occupation and last employer*

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_

Yearly Income: \_\_\_\_\_ Annual Salary Increase: \_\_\_\_\_ %

Tax Bracket: (FED) (ST) Filing Status: \_\_\_\_\_

Life Expectancy\*: \_\_\_\_\_

*\*Unless stated, 85 will be assumed*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

## GOALS

In the next five years, how much of your investments or savings do you plan on spending?

Year 1: \_\_\_\_\_ Year 2: \_\_\_\_\_

Year 3: \_\_\_\_\_ Year 4: \_\_\_\_\_

Year 5: \_\_\_\_\_

Monthly after-tax income desired at retirement in today's dollars? \_\_\_\_\_

Do you have a Financial Power of Attorney? Client A: Yes No Client B: Yes No

Do you have a Living Will/Healthcare Advance Directive? Client A: Yes No Client B: Yes No

Do you have a will? Client A: Yes No Client B: Yes No Year last updated: \_\_\_\_\_

Do you have any trusts? Yes No Please list: \_\_\_\_\_

Do you expect to support someone outside of normal dependent support (handicapped child, parent, etc.)?

Yes No Details: \_\_\_\_\_

Is an inheritance part of your overall financial planning?

Yes No Details: \_\_\_\_\_

# INVESTMENTS

**Type:** PS = Passbook Savings; MM = Money Market; TB = Treasury Bills; I = IRA; R = Roth; 4T = Traditional 401K; 4R = Roth 401(k); SI = SEP-IRA; T = TSA or 403B; S = Stock; MF = Mutual Funds; RE = Real Estate Investment Trust; B = Bonds; CD = CDs; O = Other (explain)

\* See back for real estate investments

Type	Company Name	Amount	Beneficiary	Yearly Contributions*

\*If your employer matches any contributions, please list amount along with your contribution

# INSURANCE/ANNUITIES

Please include copies of a recent statement and the original policy or contract.

**Type:** T = Term\*; U = Universal Life; V = Variable Life; VL = Variable Universal Life; W = Whole Life; VA = Variable Annuity; LT = Long-Term Car; DI = Disability; FA = Fixed Annuity

Company Name	Face Amount	Insured	Type	Premium	Loans Against	Monthly Benefit	Beneficiary

# PENSIONS & SOCIAL SECURITY

Client A/B	P/S	Start Year	End Year	Monthly Benefits	Increase? Y/N	Monthly Payments

# REAL ESTATE INVESTMENTS

**Type:** PR = Primary Residence; SR = Secondary Residence; RR = Rental Residential; RC = Rental Commercial;  
 O = Other  
**#:** F = First Mortgage; S = Second Mortgage

Type	#	location	Market Value	Balance	Term	Issue Date	Interest Rate	Monthly Payments	Income

# LIABILITIES/EXPENSES

Item/Company	Balance	Interest Rate	Minimum Payment	Current Payment
Auto 1				
Auto 2				
Auto 3				
Credit Card 1				
Credit Card 2				
Credit Card 3				
Student Loan				
Charitable Giving				
Other				
Overall estimated monthly expenses including all liabilities listed above =				

# OTHER IMPORTANT INFORMATION

---



---



---



---

**Roger S. Green, MSFS, ChFC, RICP®, CFP® CERTIFIED FINANCIAL PLANNER™ Professional**  
**Andrew Green, AIF®, CFP® CERTIFIED FINANCIAL PLANNER™ Professional**  
**R. Michael Green, MSF, CWS®, National Social Security Advisor (NSSA®) Certificate Holder, Investment Advisor Representative**  
**3700 Crestwood Parkway, Ste. 140, Duluth, GA 30096 | 770-931-1414 Fax: 770-931-8314 | GFRappt@RogerSGreen.com**  
*Securities and investment advisory services offered through Cetera Advisors LLC, member FINRA/SIPC, a broker/dealer and Registered Investment Adviser. Certain associates of Green Financial Resources, LLC (GFR) are Registered Representatives and Investment Advisor Representatives of Cetera Advisors LLC, which is otherwise not affiliated with GFR. CFP Board owns the marks CFP®, CERTIFIED FINANCIAL PLANNER™, and CFP® (with plaque design) in the U.S.*