

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



**LIFE FINANCIAL  
GROUP**

*Wealth Management from a Biblical Worldview*

# FAMILY INFORMATION FORM

HELPING FAMILIES LEAVE A LEGACY OF SIGNIFICANCE

## OUR COMMITMENT TO PRIVACY

*The Life Financial Group, Inc. is committed to maintaining the confidentiality, integrity, and security of personal information for current and prospective clients. All information listed herein is kept in strict confidence and not shared with anyone outside our firm unless required by law. We greatly value our clients' trust and carefully safeguard all financial and legal documents.*

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SECURITIES & ADVISORY SERVICES OFFERED THROUGH  
GENEOS WEALTH MANAGEMENT, INC. MEMBER FINRA & SIPC

## MEETING INFORMATION

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Advisor: \_\_\_\_\_  
 Goals For This Meeting: \_\_\_\_\_ Fee Charged: \_\_\_\_\_

### FOR MORE ACCURATE FINANCIAL AND INVESTMENT COUNSEL, PLEASE INCLUDE THE FOLLOWING INFORMATION

- |   |  |
|---|--|
| <input type="checkbox"/> A copy of your will and related estate planning documents<br><input type="checkbox"/> The last two years of federal tax returns (first 4 pages, 1040, Sch. A, B, C)<br><input type="checkbox"/> A copy of all investment statements and brokerage accounts | <input type="checkbox"/> A copy of all IRAs and employer retirements statements (401K, etc.)<br><input type="checkbox"/> Bank/credit union account information<br><input type="checkbox"/> All life insurance annual statements<br><input type="checkbox"/> A detailed listing of outstanding debts with payments and interest rates |
|---|--|

## FAMILY DATA

Marital Status:  Single     Married     Divorced     Widower/Widow    Wedding Anniversary: \_\_\_\_\_

CLIENT INFORMATION			
Name (First, Middle Initial, Last)		Social Security #	
Street Address	City	State	Zip
Home Phone #	Cell Phone #	Sex	Date of Birth
Email Address		Age	Parents Ages
Occupation	Years of Employment	Driver's License #	
Employer	Business Phone #	Citizenship	

SPOUSE INFORMATION			
Name (First, Middle Initial, Last)		Social Security #	
Home Phone #	Cell Phone #	Sex	Date of Birth
Email Address		Age	Parents Ages
Occupation	Years of Employment	Driver's License #	
Employer	Business Phone #	Citizenship	

CHILDREN INFORMATION						
First Name	Last Name	Sex	Date of Birth	Age	Marital Status	From Prev. Marriage?
1.						
2.						
3.						
4.						
5.						

## CONCERNS & OBJECTIVES

### GENERAL

- Do you anticipate any major lifestyle changes in the near future?  Yes  No  Uncertain  
If yes, please explain: \_\_\_\_\_
- Do you anticipate any future significant changes to your cash flow?  Yes  No  Uncertain
- Do you anticipate any major purchases in the near future?  Yes  No  Uncertain  
If yes, please explain: \_\_\_\_\_

### RETIREMENT PLANNING

- At what age do you plan on retiring? \_\_\_\_\_ Already Retired
- What annual income do you expect to need (in today's dollars) during retirement? \$ \_\_\_\_\_
- Do you plan on working during retirement?  Yes  No  Uncertain
- What is your estimated Social Security income at full retirement age? \_\_\_\_\_ Spouse: \_\_\_\_\_

### PROTECTION

- Do you (and your spouse) have long-term nursing care insurance?  Yes  No
- Do you have enough life insurance?  Yes  No  Uncertain
- Do you have an emergency cash fund?  Yes  No
- Do you have umbrella liability coverage?  Yes  No  Uncertain

### ESTATE PLANNING

- Do you expect or hope to receive an inheritance?  Yes  No  Uncertain
- Have you adequately considered estate taxes?  Yes  No  Uncertain
- Have you provided adequate estate liquidity for your heirs?  Yes  No  Uncertain
- Have you done any planning to avoid probate?  Yes  No  Uncertain
- Do you intend to give to a church or charity at your death?  Yes  No  Uncertain
- Is Christian schooling a desire for your children or grandchildren?  Yes  No  Uncertain

### QUESTIONS & CONCERNS

Please list any concerns, problems, or family needs you have.

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**LEGAL DOCUMENTS**

NONE

Date of Last Will: \_\_\_\_\_ Was it notarized? \_\_\_\_\_ Notes: \_\_\_\_\_

Date of Power of Attorney Document: \_\_\_\_\_ Medical Power of Attorney: \_\_\_\_\_

Do you have any of the following? Check all that apply.  Living Trust  Marital Bypass Trust  Other Trust Document

What is the purpose of your Trust Document? \_\_\_\_\_

Do you have a pre-nuptial or other marital agreement to protect children from a first marriage?  Yes  No  N/A

**FAMILY MEDICAL CONCERNS**

NONE

List all current medications and/or surgeries during the past 5 years.

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

**CHURCH AFFILIATIONS & PASTOR'S NAME**

NONE

Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

**EDUCATION & MISC. INFORMATION**

Client Education (check all that apply):  High School  College Degree  Graduate Degree

Spouse Education (check all that apply):  High School  College Degree  Graduate Degree

Are you affiliated or employed by a FINRA member brokerage firm?  Yes  No

**LAST TWO YEARS, FEDERAL INCOME TAX INFORMATION**

DO NOT FILE

Year	Adjusted Gross Income	Soc. Security Income	Dividends & Interest	IRA Contrib. or <Distrib.>	Total Taxes Paid	Tax Refund or <Owed>	Charitable Deductions
	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	

**Pastors:**

Are you receiving a W-2 or a 1099 tax form from your church?  W-2  1099

Have you opted out of Social Security?  Yes  No How many quarters did you pay into Social Security? \_\_\_\_\_

**REAL ESTATE DETAIL**

NONE

	Fair Market Value	Purchase Price	Mortgage Balance	Monthly Payment
Primary Residence	\$	\$	\$	\$
Second Home	\$	\$	\$	\$
Investment Property	\$	\$	\$	\$
Undeveloped Land	\$	\$	\$	\$
Other Assets	\$	\$	\$	\$

**U.S. GOV. SAVINGS BONDS – E / EE / H**

NONE

Total Face Value? \$ \_\_\_\_\_ How many bonds do you hold? \_\_\_\_\_ What is the oldest one? \_\_\_\_\_

\*U.S. Gov. Savings Bonds only earn interest for 30 years.

**MONTHLY INCOME (AFTER TAXES)**

	<i>Client</i>	<i>Spouse</i>
<i>Salary / Bonus, Etc. (before taxes)</i>	\$	\$
<i>Interest &amp; Dividends</i>	\$	\$
<i>Social Security Income</i>	\$	\$
<i>Retirement Income / Pension*</i>	\$	\$
<i>Other Income (List Source _____)</i>	\$	\$
<b><i>Combined (average) Monthly Income =</i></b>	<b>\$</b>	<b>\$</b>
<i>*Is there a survivor benefit for your spouse?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	<i>If so, how much? _____ %</i>	

**BANKING & CREDIT UNION INFORMATION**

	<i>Institution Name</i>	<i>Approximate Balance</i>	<i>How is it Titled?</i>
<i>Checking Account #1</i>		\$	
<i>Checking Account #2</i>		\$	
<i>Savings Account(s)</i>		\$	
<i>Money Market</i>		\$	
<i>CD(s)</i>		\$	

**INVESTMENT DETAIL**

NONE

**Titled** = Joint, Husband, Wife, UTMA (child's account), Trust Fund, Other

	<i>Details</i>	<i>Current Value</i>	<i>How is it Titled?</i>
<i>Individual Stocks</i>		\$	
<i>Brokerage Acct. #1</i>		\$	
<i>Brokerage Acct. #2</i>		\$	
<i>Mutual Funds</i>		\$	
<i>Roth IRA #1</i>		\$	
<i>Roth IRA #2</i>		\$	
<i>Regular IRA #1</i>		\$	
<i>Regular IRA #2</i>		\$	
<i>Annuity</i>		\$	
<i>401(k) #1</i>		\$	
<i>401(k) #2</i>		\$	

**LIFE & LONG TERM INSURANCE DETAILS**

NONE

<i>Name of Insured</i>	<i>Type*</i>	<i>Company</i>	<i>Insurance Amount</i>	<i>Annual Cost</i>	<i>Issue Date</i>	<i>Cash Value</i>
1.						
2.						
3.						
4.						

*\*Type = (Cash Value) Whole Life, Universal Life, Variable Life, (No Cash Value) Term, Long Term Nursing Care*

**DEBTS**NONE 

<i>Current Debts</i>	<i>Balance</i>	<i>Monthly Payment</i>	<i>Interest Rate</i>	<i>Purpose of Loan</i>
<i>Mortgage</i>	\$	\$	%	
<i>Home Equity Loan</i>	\$	\$	%	
<i>1<sup>st</sup> Auto</i>	\$	\$	%	
<i>2<sup>nd</sup> Auto</i>	\$	\$	%	
<i>Credit Card #1</i>	\$	\$	%	
<i>Credit Card #2</i>	\$	\$	%	
<i>Bank Loan</i>	\$	\$	%	
<i>Student Loan</i>	\$	\$	%	
<i>IRS – Unpaid Taxes</i>	\$	\$	%	
<i>Medical Bills</i>	\$	\$	%	
<i>Other</i>	\$	\$	%	
<i>Total</i>	\$	\$		

**RISK PROFILE – PERSON MOST RESPONSIBLE FOR INVESTMENT**

Please check the response that best describes you.

1. How much investing experience do you have with stocks, bonds, or mutual funds?

- None     A Little     Some     A Fair Amount     A Great Deal

2. To what extent do you actively follow the markets?

- None     A Little     Some     A Fair Amount     A Great Deal

3. What are your major objectives for your investments?

- Keep ahead of Inflation     Current/Future Income     Preserve Capital     Build Wealth for Future

4. What percent do you expect your portfolio to grow annually over the long term, 10+ years?

- 2-4%     5-7%     8-10%     11-13%     14% +

**WHAT YOU CAN EXPECT**

Thank you for your interest in a personal financial review. The information contained within this form will allow a qualified and experienced Financial Advisor to assist you with your financial goals. **The advisor will review your legal documents, taxes, investments, insurance, debt, and retirement income needs for you and your spouse (if applicable), and will provide a detailed list of recommendations. We look forward to being your trusted family advisor.**

**ADVISOR NOTES**


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