Client Information

Client Name:

Client Name:

Advisor Name:

Taylor & Williams, Inc.
Brent Williams

Date (mm/dd/yy):

Client Information

Base Family

		(co-client if different)
Last Name:		
Marital Status *(e.g., married, divorced, single)*:		
Number of Dependents:		
Address:		
City:		
State:		
Country:		
Zip Code:		
Home Phone Number:		

Basic

	Client	Co-client
Given Name:		
Gender:		
Date of Birth *(mm/dd/yy/)*:		
Social Security Number:		
Occupation		
Fax # *(co-client if different)*:		
Business # *(co-client if different)*:		
E-mail:		

Name of Child or Dependent	Gender	Date of Birth

Advisors

Advisory Type *(Accountant, etc.)*	Full Name	Address	Business #
Accountant			
Attorney			

Assets

House & Mortgage

(Non-income producing property only - income producing property is entered under Real Estate.)

House

Description	Purchase Amount	Ownership (client, co-client, joint, community property)	Purchase Date	Market Value	Growth Rate

Mortgage (Non-income producing property only - income producing property is entered under Real Estate.)

	Mortgage 1	Mortgage 2	Mortgage 3
Description *(e.g., first mortgage on 123 Main St.)*:			
Original Principal:			
Ownership *(client, co-client, joint)*:			
Start Date:			
Interest Rate:			
Amortization *(years)*:			
Payment Frequency *(e.g., weekly, monthly)*:			
Outstanding Principal Amount *(if available)*:			
Outstanding Principal Date *(relates to above)*:			
Insured *(life on mortgage. both or none)*:			
Insured *(disability on mortgage. both or none)*:			

Accounts

(Use a separate sheet to enter additional assets.)

Name (identify investment)	Ownership (client, co-client)	Type (e.g., IRA, 401k, other)	Market Value	Cost Basis	Qualified Basis (if applicable)	Rate of Return*	Standard Deviation (if applicable)

Liabilities

	Liability 1	Liability 2	Liability 3	Liability 4	Liability 5
Description:					
Owner *(client, co-client, joint)*:					
Life Insured *(yes / no)*:					
Disability Insured *(yes / no)*:					
Amortization Period *(or end date)*:					
Start Date:					
Principal Amount:					
Principal Date *(as of)*:					
Payment Type *(e.g., interest only, PI)*:					
Payment Frequency *(e.g., weekly, monthly)*:					
Interest Rate:					

Insurance

Life Insurance

(Use a separate sheet to enter additional policies.)

	Policy 1	Policy 2	Policy 3
Description:			
Premium Payer *(e.g., client, co-client, joint, or other)*:			
Type *(e.g., term, universal)*:			
Insured (e.g., client, co-client, joint 1st to die, *other)*:			
Effective Date:			
Policy Owner *(e.g., client, co-client, joint, or other)*:			
Beneficiary *(e.g., client, co-client, joint 1st to die, other)*:			
Premium Frequency *(e.g., monthly)*:			
Premiums*:			
Death Benefit*:			
Coverage Ceases *(age or date)*:			
Cash Surrender Value*:			

Disability Insurance

(Use a separate sheet to enter additional policies.)

	Policy 1	Policy 2	Policy 3
Description *(group LTD, group STD, individual disability)*:			
Insured Member:			
Effective Date:			
Monthly Benefit:			
Taxable *(yes / no)*:			
Index for Benefit Amount:			
Waiting Period:			
Benefit Paid Until *(years or age)*:			
Monthly Premium:			

Estate Planning

Existing Wills

	Client	Co-client
Is there a Will? *(yes or no)*:		
What date was the Will last updated on?:		
Where is the Will located? *(safety deposit box, etc.)*:		

Existing Trusts

Irrevocable Trust Information (established trusts) *(Use this section to enter basic information regarding any Irrevocable Trusts that the client has established.)*

	Trust 1	Trust 2	Trust 3
Trust Name *(Irrevocable Trust)*:			
Market Value *(start of year)*:			
Crummey Trust *(yes / no)*:			
Cost Basis:			
Percent Income to Spouse:			
Percent Income to Heirs:			
Percent Trust Tax Rate:			

CST Information *(Use this section to enter basic information regarding any Credit Shelter Trusts that has been created.)*

Trust Name *(Credit Shelter Trust)*:	
Market Value *(start of year)*:	
Crummey Trust *(yes / no)*:	
Cost Basis:	
Return Rate:	
Percent Income to Spouse:	
Percent Income to Heirs:	
Percent Heirs Tax Rate:	
Beneficiaries *(Income)*:	
Beneficiaries *(Remainder)*:	

ILIT Information *(Use this section to enter basic information regarding any Irrevocable Life Insurance Trusts that the client has established.)*

	Trust 1	Trust 2	Trust 3
Trust Name *(Irrevocable Life Insurance Trust)*:			
Insured:			
Premium Payer:			
Death Benefit:			
Current CSV:			
Beneficiaries *(Income)*:			
Beneficiaries *(Remainder)*:			