



**Paul R. Rigney
& Associates**
ASSET PRESERVATION SPECIALIST

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Please complete this form prior to your appointment. If you are unsure of something, leave it blank. It is fine to approximate amounts. Please remember to bring in your most recent tax return.

Client Name: _____ **Nickname:** _____

Date of Birth: _____ **Age:** _____

Spouse's Name: _____ **Nickname:** _____

Date of Birth: _____ **Age:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____

Cell Phone: _____ **Cell Phone:** _____

Please circle

Do you have a current will? Yes No

Do you have a living trust? Yes No

Are you concerned about possible Nursing Home Expenses? Yes No

Balance in Banks, Savings and Loans & Credit Unions
(Non-IRA) i.e., Checking, Savings, Money Market

Name of Institution	Type of Account	Maturity Date	Interest Rate	Balance (Approximate)
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$

IRA Accounts and Other Retirement Accounts

Account Type & Location (Bank, Broker, Employer)	Type (401K, IRA, TSA)	Approximate Market Value
		\$
		\$
		\$
		\$

Planned retirement date: _____ Or, if already retired, date retired: _____

Stocks & Bonds

(Where you hold certificates yourself)

Name of Stock/Bond	Number of Shares	Approximate Market Value
		\$
		\$
		\$
		\$

Mutual Funds and/or Brokerage Accounts

(Please bring in latest reports/statements)

Name of Brokerage Firm or Mutual Fund	Number of Shares	Approximate Market Value
		\$
		\$
		\$
		\$
		\$

Promissory Notes & Trust Deeds

(Where someone owes or is *paying you on a note*)

Name of Debtor	Interest Rate	Approximate Balance of Note
	%	\$
	%	\$

Residence and Other Real Estate Owned

(Use additional sheet if more space is needed)

Property Address	Purchase Price	Approximate Value	Debt/Net	Cashflow Before Depreciation <i>(if a rental)</i>
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Limited or General Partnerships

Name of Partnership	Type of Investment	Approximate Market Value or Amount Invested
		\$
		\$
		\$

Other Assets

	\$
	\$
	\$

Life Insurance

(Please bring in policies and latest statements)

Company	Name of Insured	Type of Insurance (whole, life, term)	Approximate Death Benefit	Loan Against?
			\$	
			\$	
			\$	
			\$	
			\$	

Annuities

(Please bring in contracts and latest statements)

Annuitant/Company	Interest Owner	Approximate Rate	Date Value	Purchased
		%	\$	
		%	\$	
		%	\$	
		%	\$	
		%	\$	

Household Cash Flow

Husband's Wages: \$ _____ /year Source: _____

Wife's Wages: \$ _____ /year Source: _____

Other Income: \$ _____ /year Source: _____

Other Income: \$ _____ /year Source: _____

What are your approximate annual expenses?

\$ _____

What are your primary financial concerns? (list in order of importance)

1. _____
2. _____
3. _____
4. _____
5. _____

How would you improve your financial situation if you could? Why?
