



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 include your most recent STATEMENTS, POLICIES, AND
LAST YEAR'S TAX RETURNS; or bring them with you to our meeting.*

*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: _____

Do you expect to receive an inheritance?

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

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