



GREEN FINANCIAL CLIENT UPDATE FORM

Date: _____

Name: _____ Preferred Contact Method (Circle): Phone E-mail Mail
Address: _____ Primary Contact Number: _____ (H/W/C)
Secondary Contact Number: _____ (H/W/C)
Primary Email Address: _____ (H/W)
Secondary Email Address: _____ (H/W)

1. HAVE THERE BEEN ANY MATERIAL CHANGES TO YOUR FINANCIAL SITUATION?
() YES () NO IF YES, PLEASE INDICATE THE CHANGES BELOW:
[] Annual Household Income: _____ [] Net Worth: _____
[] Liquid Net Worth: _____ [] Tax Bracket: _____
[] Major Life Changes: _____ [] Other: _____

2. HAVE YOU HAD ANY, OR DO YOU EXPECT ANY, MAJOR LIFE CHANGES THAT COULD IMPACT YOUR INVESTMENT PLANNING OVER THE NEXT 3-5 YEARS? (EMPLOYMENT, COLLEGE, MARITAL STATUS, CHILDREN, MAJOR PURCHASE, ETC)?
() YES () NO IF YES, PLEASE EXPLAIN:

3. DO YOU ANTICIPATE NEEDING TO MAKE ANY WITHDRAWALS FROM YOUR INVESTMENT ACCOUNTS OVER THE NEXT 3-5 YEARS, OUTSIDE OF ANY YOU ALREADY TAKE REGULARLY?
() YES () NO IF YES, PLEASE SPECIFY:

4. IF NOT ALREADY IN RETIREMENT, WHEN DO YOU PLAN TO RETIRE?

5A. HAVE YOU PLANNED FOR UNEXPECTED LOSS OF INCOME VIA DISABILITY INSURANCE? () YES () NO
5B. IF MARRIED AND BOTH ARE WORKING, DO YOU BOTH HAVE COVERAGE? () YES () NO
5C. WOULD YOU LIKE TO DISCUSS DISABILITY COVERAGE? () YES () NO

6A. HAVE YOU PLANNED FOR UNEXPECTED NURSING HOME OR IN-HOME CARE NEEDS VIA LONG TERM CARE INSURANCE? () YES () NO
6B. IF MARRIED, DO YOU BOTH HAVE LONG-TERM CARE COVERAGE? () YES () NO
6C. WOULD YOU LIKE TO DISCUSS LONG-TERM CARE COVERAGE? () YES () NO

6A. HAVE YOU PLANNED FOR THE FINANCIAL CARE OF YOUR DEPENDENTS VIA LIFE INSURANCE? () YES () NO
6B. IF MARRIED, DO YOU BOTH HAVE LIFE INSURANCE? () YES () NO
6C. WOULD YOU LIKE TO DISCUSS LIFE COVERAGE? () YES () NO

PLEASE CHECK ANY TOPICS YOU WOULD LIKE TO DISCUSS WITH AN ADVISOR:

- () Investment Allocation () Saving More () Mortgages
() Financial Protection for Dependents () Harvesting Assets for/in Retirement () Retirement Plan for My Business
() Planning for Potential Incapacity () Consolidation of Investment/401(k) Accounts () Income Protection
() Figuring out when I can Retire () Impact of Changing Jobs () Charitable Giving
() My Existing 401(k) () Dependents with Special Needs () Tax Deferral or Reduction
() College Planning () Elderly Parents () Estate Planning
() Timing of Social Security () Pensions () Other - please list here:

Reminder note: Please make sure you have designated beneficiaries for all of your assets and review them periodically. Also it is important to have a valid will and directives in place and to ensure someone knows where to find your important documents.