



GREEN FINANCIAL CLIENT UPDATE FORM

Date: _____

Name: _____	Preferred Contact Method (Circle):	Phone	E-mail	Mail
Address:	Primary Contact Number: _____ (H / W / C)			
Street	Secondary Contact Number: _____ (H / W / C)			
City	State	Zip Code	Primary Email Address: _____ (H / W)	
			Secondary Email Address: _____ (H / W)	
1. HAVE THERE BEEN, OR DO YOU EXPECT, ANY MATERIAL CHANGES TO YOUR FINANCIAL SITUATION 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 INDICATE THE CHANGES BELOW:				
Annual Household Income: _____		Net Worth: _____		
Liquid Net Worth: _____		Tax Bracket: _____		
Major Life Changes: _____		Other: _____		
2. WHAT ARE YOUR AVERAGE MONTHLY EXPENSES? _____				
3. DO YOU HAVE ANY OF THE FOLLOWING: FINANCIAL POWER OF ATTORNEY YES NO				
LIVING WILL/HEALTHCARE ADVANCE DIRECTIVE? YES NO A WILL? YES NO A TRUST? YES NO				
4. DO YOU ANTICIPATE NEEDING TO MAKE ANY WITHDRAWALS FROM YOUR INVESTMENT ACCOUNTS OVER THE NEXT 3-5 YEARS, <i>OUTSIDE OF ANY YOU ALREADY TAKE REGULARLY?</i> YES NO IF YES, PLEASE SPECIFY:				
5. IF NOT ALREADY IN RETIREMENT, WHEN DO YOU PLAN TO RETIRE?				
6A. HAVE YOU PLANNED FOR UNEXPECTED LOSS OF INCOME VIA DISABILITY INSURANCE?			YES	NO
6B. IF MARRIED AND BOTH ARE WORKING, DO YOU BOTH HAVE COVERAGE?			YES	NO
6C. WOULD YOU LIKE TO DISCUSS DISABILITY COVERAGE?			YES	NO
7A. HAVE YOU PLANNED FOR UNEXPECTED NURSING HOME OR IN-HOME CARE NEEDS VIA LONG TERM CARE INSURANCE?			YES	NO
7B. IF MARRIED, DO YOU BOTH HAVE LONG-TERM CARE COVERAGE?			YES	NO
7C. WOULD YOU LIKE TO DISCUSS LONG-TERM CARE COVERAGE?			YES	NO
8A. HAVE YOU PLANNED FOR THE FINANCIAL CARE OF YOUR DEPENDENTS VIA LIFE INSURANCE?			YES	NO
8B. IF MARRIED, DO YOU BOTH HAVE LIFE INSURANCE?			YES	NO
8C. WOULD YOU LIKE TO DISCUSS LIFE COVERAGE?			YES	NO
9. PLEASE CHECK ANY TOPICS YOU WOULD LIKE TO DISCUSS WITH AN ADVISOR:				
Investment Allocation Financial Protection for Dependents Planning for Potential Incapacity When can I retire? My Existing 401(k) College Planning Timing of Social Security	Saving More Harvesting Assets for/in Retirement Consolidation of Investments 401(k) Rollovers Impact of Changing Jobs Dependents with Special Needs Caring for Elderly Parents	Pensions Mortgages/Major Purchases Small Business Planning/Investments Income Protection Charitable Giving Tax Deferral or Reduction Estate Planning Other - please list here:		
10. CUSTOMER SERVICE IS IMPORTANT TO US. PLEASE PROVIDE ANY FEEDBACK YOU HAVE ON THE SERVICE YOU HAVE RECEIVED FROM OUR STAFF OVER THE PAST YEAR:				

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.