



# GREEN FINANCIAL CLIENT UPDATE FORM

Date: \_\_\_\_\_

<b>NAME:</b> _____	<b>PREFERRED CONTACT METHOD:</b>	<b>PHONE</b>	<b>E-MAIL</b>	<b>MAIL</b>
	<b>PRIMARY CONTACT NUMBER:</b> _____			(H/W/C)
<b>ADDRESS:</b> _____	<b>SECONDARY CONTACT NUMBER:</b> _____			(H/W/C)
<b>STREET</b> _____	<b>PRIMARY EMAIL ADDRESS:</b> _____			(H/W)
<b>CITY</b> _____ <b>STATE</b> _____ <b>ZIP CODE</b> _____	<b>SECONDARY EMAIL ADDRESS:</b> _____			(H/W)
<b>1. CURRENT EMPLOYER AND OCCUPATION:</b>				
<b>SPOUSE'S CURRENT EMPLOYER AND OCCUPATION:</b>				
<b>2. IF NOT ALREADY IN RETIREMENT, WHEN DO YOU PLAN TO RETIRE?</b>				
<b>3. ANNUAL HOUSEHOLD GROSS INCOME:</b> _____ <b>NET WORTH:</b> _____				
<b>LIQUID NET WORTH:</b> _____ <b>TAX BRACKET:</b> _____				
<b>4. WHAT ARE YOUR AVERAGE MONTHLY EXPENSES?</b> _____				
<b>5. 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)?</b>				
YES NO IF YES, PLEASE INDICATE THE CHANGES BELOW:				
<b>6. 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?</b>				
YES NO IF YES, PLEASE EXPLAIN:				
<b>7. IS AN INHERITANCE PART OF YOUR OVERALL FINANCIAL PLANNING (RECEIVING OR GIVING)?</b>				
YES NO IF YES, PLEASE EXPLAIN:				
<b>8A. HAVE YOU PLANNED FOR UNEXPECTED LOSS OF INCOME VIA DISABILITY INSURANCE?</b>			<b>YES</b>	<b>NO</b>
<b>8B. IF MARRIED AND BOTH ARE WORKING, DO YOU BOTH HAVE COVERAGE?</b>			<b>YES</b>	<b>NO</b>
<b>9A. HAVE YOU PLANNED FOR UNEXPECTED NURSING HOME/IN-HOME CARE NEEDS VIA LTC INS?</b>			<b>YES</b>	<b>NO</b>
<b>9B. IF MARRIED, DO YOU BOTH HAVE LONG-TERM CARE COVERAGE?</b>			<b>YES</b>	<b>NO</b>
<b>10A. HAVE YOU PLANNED FOR THE FINANCIAL CARE OF YOUR DEPENDENTS VIA LIFE INSURANCE?</b>			<b>YES</b>	<b>NO</b>
<b>10B. IF MARRIED, DO YOU BOTH HAVE LIFE INSURANCE?</b>			<b>YES</b>	<b>NO</b>
<b>11. DO YOU HAVE ANY OF THE FOLLOWING:</b>				
<b>FINANCIAL POWER OF ATTORNEY</b>		<b>YES</b>	<b>NO</b>	
<b>LIVING WILL/HEALTHCARE ADVANCE DIRECTIVE?</b>		<b>YES</b>	<b>NO</b>	<b>A WILL?</b>
		<b>YES</b>	<b>NO</b>	<b>A TRUST?</b>
		<b>YES</b>	<b>NO</b>	<b>YES</b>
		<b>NO</b>	<b>NO</b>	<b>NO</b>
<b>12. PLEASE CHECK ANY TOPICS YOU WOULD LIKE TO DISCUSS WITH AN ADVISOR:</b>				
Investment Allocation	Saving More	Pensions		
Financial Protection for Dependents	Harvesting Assets for/in Retirement	Mortgages/Major Purchases		
Planning for Potential Incapacity	Consolidation of Investments	Small Business Planning/Investments		
When can I retire?	401(k) Rollovers	Income Protection		
My Existing 401(k)	Impact of Changing Jobs	Charitable Giving		
College Planning	Dependents with Special Needs	Tax Deferral or Reduction		
Timing of Social Security	Caring for Elderly Parents	Estate Planning		
Other - please list here:				
<b>13. 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:</b>				

**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.

Investment Advisor Representative offering securities & advisory services through Cetera Advisors LLC, a Registered Investment Advisor, Broker/Dealer, member FINRA, SIPC. Green Financial Resources, LLC is otherwise unaffiliated with Cetera Advisors LLC. Office located at 3700 Crestwood Pkwy NW, Duluth, GA 30096.