



# GREEN FINANCIAL CLIENT UPDATE FORM

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

<b>Name:</b> _____	<b>Preferred Contact Method (Circle):</b>	<b>Phone</b>	<b>E-mail</b>	<b>Mail</b>	
<b>Address:</b>	<b>Primary Contact Number:</b> _____ (H / W / C)				
Street	<b>Secondary Contact Number:</b> _____ (H / W / C)				
City	State	Zip Code	<b>Primary Email Address:</b> _____ (H / W)		
			<b>Secondary Email Address:</b> _____ (H / W)		
<b>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)?</b> <b>YES    NO    IF YES, PLEASE INDICATE THE CHANGES BELOW:</b>					
Annual Household Income: _____		Net Worth: _____			
Liquid Net Worth: _____		Tax Bracket: _____			
Major Life Changes: _____		Other: _____			
<b>2. WHAT ARE YOUR AVERAGE MONTHLY EXPENSES?</b> \$1,000-2,999    \$3,000-5,999    \$6,000-8,999    OTHER _____					
<b>3. DO YOU HAVE ANY OF THE FOLLOWING: FINANCIAL POWER OF ATTORNEY    YES    NO</b>  <b>LIVING WILL/HEALTHCARE ADVANCE DIRECTIVE?    YES    NO    A WILL?    YES    NO    A TRUST?    YES    NO</b>					
<b>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>?</b> <b>YES    NO    IF YES, PLEASE SPECIFY:</b>					
<b>5. IF NOT ALREADY IN RETIREMENT, WHEN DO YOU PLAN TO RETIRE?</b>					
<b>6A. HAVE YOU PLANNED FOR UNEXPECTED LOSS OF INCOME VIA DISABILITY INSURANCE?</b>				<b>YES</b>	<b>NO</b>
<b>6B. IF MARRIED AND BOTH ARE WORKING, DO YOU BOTH HAVE COVERAGE?</b>				<b>YES</b>	<b>NO</b>
<b>6C. WOULD YOU LIKE TO DISCUSS DISABILITY COVERAGE?</b>				<b>YES</b>	<b>NO</b>
<b>7A. HAVE YOU PLANNED FOR UNEXPECTED NURSING HOME OR IN-HOME CARE NEEDS VIA LONG TERM CARE INSURANCE?</b>				<b>YES</b>	<b>NO</b>
<b>7B. IF MARRIED, DO YOU BOTH HAVE LONG-TERM CARE COVERAGE?</b>				<b>YES</b>	<b>NO</b>
<b>7C. WOULD YOU LIKE TO DISCUSS LONG-TERM CARE COVERAGE?</b>				<b>YES</b>	<b>NO</b>
<b>8A. HAVE YOU PLANNED FOR THE FINANCIAL CARE OF YOUR DEPENDENTS VIA LIFE INSURANCE?</b>				<b>YES</b>	<b>NO</b>
<b>8B. IF MARRIED, DO YOU BOTH HAVE LIFE INSURANCE?</b>				<b>YES</b>	<b>NO</b>
<b>8C. WOULD YOU LIKE TO DISCUSS LIFE COVERAGE?</b>				<b>YES</b>	<b>NO</b>
<b>9. PLEASE CHECK ANY TOPICS YOU WOULD LIKE TO DISCUSS WITH AN ADVISOR:</b>					
<b>Investment Allocation</b> <b>Financial Protection for Dependents</b> <b>Planning for Potential Incapacity</b> <b>When can I retire?</b> <b>My Existing 401(k)</b> <b>College Planning</b> <b>Timing of Social Security</b>	<b>Saving More</b> <b>Harvesting Assets for/in Retirement</b> <b>Consolidation of Investments</b> <b>401(k) Rollovers</b> <b>Impact of Changing Jobs</b> <b>Dependents with Special Needs</b> <b>Caring for Elderly Parents</b>	<b>Pensions</b> <b>Mortgages/Major Purchases</b> <b>Small Business Planning/Invesments</b> <b>Income Protection</b> <b>Charitable Giving</b> <b>Tax Deferral or Reduction</b> <b>Estate Planning</b> <b>Other - please list here:</b>			
<b>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:</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.