



Connect. Clarify. Capitalize.

Preliminary Data Form

Prepared by:

Date:



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Preliminary Discovery Form

Client #1 Name:	Client #1 DOB
Client #1 Employer	Client #1 Occupation
Client #2: Name:	Client #2 DOB

Home Address

of Children and Ages

Do you have other dependents? if so, how many and what are their ages?	
When completed, we'll need to contact you to discuss our recommendation, please indicate where and how you'd prefer we contact you when our evaluation is completed?	
Daytime:	email @ work:
Evening:	email @ home:



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Assets		Liabilities	
Cash		Primary Mortgage	
Notes/Receivables		Second Mortgage or Home Equity Loans	
Taxable Investments		Personal Loans	
Insurance Cash Values		Life Insurance Loans	
Retirement Plans		Pension Loans	
Annuities		Student Loans	
Investment Real Estate		Auto Loan(s)	
Business Interests		Auto Leases(s)	
Home (Primary)		Charitable Pledges	
Home (Vacation)		Business Loans	
Collections		Other	
Furnishings/Personal Items		Other	
Total Assets:		Total Liabilities:	
Net Worth			

Note: Approximate numbers are fine.

Approximate Household Earned Income: \$ _____