HILLFINANCIAL ADVISORS

Planning to Enhance & Preserve Your Wealth

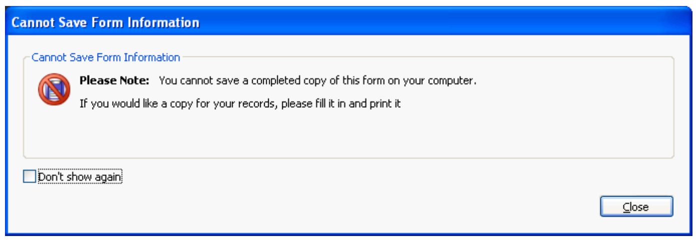
2815 Townsgate Road, Suite 100, Westlake Village, CA 91361 (800) 543-4937 Fax (805) 449-1158

Instructions

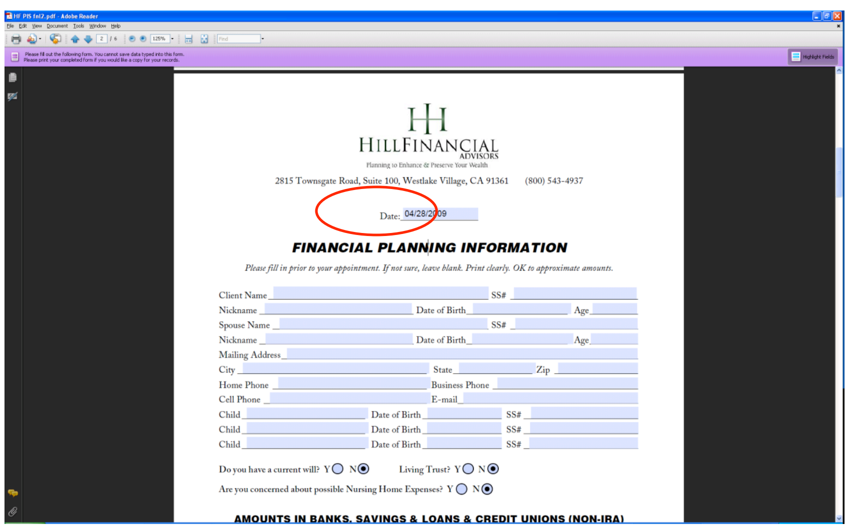
Please follow the instructions below to fill out this form within Adobe Acrobat.
Once completed, email, fax or mail the form back to Hill Financial Advisors.

PLEASE NOTE:

If you are opening this form in Acrobat Reader, a warning may appear (shown below).
You will be allowed to fill in the fields, and then print the form. Once printed, please scan and email the form back to Hill Financial. You may also fax the form or send it via standard mail to Hill Financial.



1. Click on the “Date” line to activate the first field to be filled in (shown below).



2. Once the “Date” field is filled in, press the “tab” button on your keyboard to go to the next field to fill in. Progress in this way until the entire form is filled out. If you are opening this with the full version of Adobe Acrobat, you will have the option to save the file and email back to Hill Financial Advisors.

Completing this form and bringing the requested documents will help make our Introductory meeting most productive and efficient. However, if you are unable to complete or find some of the information, simply make a note and we will discuss those items during our meeting.
We look forward to meeting with you.

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Date:________________

FINANCIAL PLANNING INFORMATION

Please fill in prior to your appointment. If not sure, leave blank. Print clearly. OK to approximate amounts.

Client Name ______________________________ SS# ______________________
Nickname ______________________ Date of Birth ________________ Age ________
Spouse Name ______________________________ SS# ______________________
Nickname ______________________ Date of Birth ________________ Age ________
Mailing Address ____
City ________________________ State ____________ Zip ____________
Home Phone ______________________ Business Phone ______________________
Cell Phone ______________________ E-mail ______________________
Child ________________ Date of Birth ____________ SS# ________________
Child ________________ Date of Birth ____________ SS# ________________
Child ________________ Date of Birth ____________ SS# ________________

Do you have a current will? Y ○ N ◉ **Living Trust?** Y ○ N ◉

Are you concerned about possible Nursing Home Expenses? Y ○ N ◉

AMOUNTS IN BANKS, SAVINGS & LOANS & CREDIT UNIONS (NON-IRA)

(i.e., Checking, Savings, Money Market)

	Name of Institution	Type of Account	Maturity Date	Interest Rate	Approximate Balance
1.					$
2.					$
3.					$
4.					$
5.					$

IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS

ACCOUNT TYPE & LOCATION (BANK, BROKER, EMPLOYER)	TYPE (401K, IRA, TSA, ETC.)	APPROXIMATE MARKET VALUE
______________	______________	$__________
______________	______________	$__________
______________	______________	$__________
______________	______________	$__________

Planned retirement date: ____________ ; or if retired, date retired: ____________

STOCKS AND BONDS (WHERE YOU HOLD CERTIFICATES YOURSELF)

NAME OF STOCK/BOND	NUMBER OF SHARES	APPROXIMATE MARKET VALUE
1. ______________	______________	$__________
2. ______________	______________	$__________
3. ______________	______________	$__________
4. ______________	______________	$__________

MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS

(Please bring in latest reports/statements)

NAME OF BROKERAGE FIRM OR MUTUAL FUND	NUMBER OF SHARES	APPROXIMATE MARKET VALUE
1. ______________	______________	$__________
2. ______________	______________	$__________
3. ______________	______________	$__________
4. ______________	______________	$__________

PROMISSORY NOTES & TRUST DEEDS

(Where someone owes or is paying you on a note)

NAME OF DEBTOR	INTEREST RATE	APPROXIMATE BALANCE OF NOTE
1. ______________	__________ %	$__________
2. ______________	__________ %	$__________

RESIDENCE AND OTHER REAL ESTATE OWNED

(use another sheet if more space is needed)

PROPERTY ADDRESS	ORIGINAL COST	APPROX. VALUE	CURR. MORT. BALANCE	INCOME/EXPENSE (IF A RENTAL)
1. ______	$______	$ ______	$ ______	$______

Purch Date ______ Mort. Rate _____ % Orig. Mort. Bal./Date ______ / ______ Payment ______

2. ______	$______	$ ______	$ ______	$______

Purch Date ______ Mort. Rate _____ % Orig. Mort. Bal./Date ______ / ______ Payment ______

3. ______	$______	$ ______	$ ______	$______

Purch Date ______ Mort. Rate _____ % Orig. Mort. Bal./Date ______ / ______ Payment ______

LIMITED OR GENERAL PARTNERSHIPS

NAME OF PARTNERSHIP	TYPE OF INVESTMENT	APPROXIMATE MARKET VALUE OR AMOUNT INVESTED
1. ______	______	$ ______
2. ______	______	$ ______
3. ______	______	$ ______

CARS/OTHER ASSETS

1. ______ Purchase Date/Price ______ / ______
   Loan Balance/Rate ______ / 0% Current Value $ ______
2. ______ Purchase Date/Price ______ / ______
   Loan Balance/Rate ______ / 0% Current Value $ ______
3. ______ Purchase Date/Price ______ / ______
   Loan Balance/Rate ______ / 0% Current Value $ ______

LIFE INSURANCE

(Please bring in policies and latest statements)

COMPANY	NAME OF INSURED	TYPE OF INSURANCE (WHOLE LIFE, TERM)	DEATH BENEFIT	LOAN AGAINST?
1. ______	______	______	$ ______	$ ______
2. ______	______	______	$ ______	$ ______
3. ______	______	______	$ ______	$ ______
4. ______	______	______	$ ______	$ ______

ANNUITIES OR PENSIONS

(Please bring in contracts and latest statements)

	Annuitant/ Company	Owner	Fixed or Variable	Approx. Value	Date Purchased
1.	______	______	______%	$ ______	______
2.	______	______	______%	$ ______	______
3.	______	______	______%	$ ______	______
4.	______	______	______%	$ ______	______

PROFESSIONAL ADVISORS

	Name	Phone Number	E-mail Address
Attorney:	______	______	______
Accountant:	______	______	______
Investment Advisor:	______	______	______
Other:	______	______	______

HOUSEHOLD CASH FLOW

Husband's Wages:	$ ______ /yr.	Source: ______
Wife's Wages:	$ ______ /yr.	Source: ______
Other Income:	1. $ ______ /yr.	Source: ______
	2. $ ______ /yr.	Source: ______

What are your approximate annual expenses: $ ______

What are your primary financial concerns? (List in order of importance).

How would you improve your financial situation if you could? Why?

REQUESTED DOCUMENTS LIST

(to make our time together most productive and efficient)

- Personal income tax returns – 2 years
- Most recent paycheck stub(s)
- Will and trust documents
- All Personal Insurance policies
  - Automobile Policies (include declarations of coverage)
  - Homeowner's or Renter's Policy (include declarations of coverage)
  - Life Insurance Policies (for all members of your family)
    - Dividend Statements
    - Policy Loan Statements
- Disability Policies
- Hospitalization and Major Medical Policies
- Any other types of insurance policies
- Company-provided group benefits for you and your spouse (if print-out of specific coverage is available, please include)
- Current statements for each investment (Personal, Trust, Retirement account, etc.)

FOR BUSINESS OWNERS ONLY:

- Business life insurance policies
- Business income tax returns – 2 years
- Business financial statements – 2 years
- Buy – Sell Agreements
- Business Agreements (i.e. split-dollar, deferred compensation, etc.)