TEAM Financial Strategies

Basic Information Sheet

Client Information: Please fill out your information below. Include spousal or joint owner information if applicable.

Name:	______________	Name:	______________
Address:	______________	Address:	______________
City, St, Zip:	______________	City, St, Zip:	______________
Phone:	______________	Phone:	______________
Soc Sec #:	______________	Soc Sec #:	______________
Date of Birth:		Date of Birth:	
Email:	______________	Email:	______________

Beneficiary Information: Please list all current beneficiaries, including children, grandchildren, and any others.

Name:	______________	Name:	______________
Relationship:	______________	Relationship:	______________
Type:	Primary / Contingent	Type:	Primary / Contingent
Soc Sec #:	______________	Soc Sec #:	______________
Date of Birth:	______________	Date of Birth:	______________

Name:	______________	Name:	______________
Relationship:	______________	Relationship:	______________
Type:	Primary / Contingent	Type:	Primary / Contingent
Soc Sec #:	______________	Soc Sec #:	______________
Date of Birth:	______________	Date of Birth:	______________

Name:	______________	Name:	______________
Relationship:	______________	Relationship:	______________
Type:	Primary / Contingent	Type:	Primary / Contingent
Soc Sec #:	______________	Soc Sec #:	______________
Date of Birth:	______________	Date of Birth:	______________

Investments: While we only manage the assets under our authorization, we would like you to list all of your current investments for financial planning purposes. Please indicate what investments currently have:

Checking	Yes / No	401k	Yes / No
Savings	Yes / No	403b	Yes / No
Brokerage	Yes / No	457	Yes / No
Traditional IRA	Yes / No	Annuity	Yes / No
Roth IRA	Yes / No	Health Savings	Yes / No
Other IRA	Yes / No	Other	Yes / No

Additional Information: Team Financial Strategies offers Financial Planning and Analysis for their clients at no additional fee. In determining what is best for our clients, we would like to gather information on all of the following areas:

Taxes: Please provide us with the latest known information

Total Income: ____________________
Filing Status: ____________________
Did you Itemize last year ____________________
Last Year Tax Bracket ____________________
Number of Dependents ____________________

Insurance: Please list types of insurance policies

Auto	Yes / No	HSA	Yes / No	Long Term Care	Yes / No
Disability	Yes / No	Home	Yes / No	Umbrella	Yes / No
Health	Yes / No	Life	Yes / No	Other	Yes / No

Estate Planning: Do you have the following documents in place

Will	Yes / No	Please List Trusts:	____________________
Living Will	Yes / No	(if applicable)	____________________
Power Of Attorney	Yes / No		____________________
Medical POA	Yes / No		____________________

Additional information on your Estate Plan:

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Education: Please list types of investments to be used for college savings

ESA	Yes / No	UTMA	Yes / No
529	Yes / No	UGMA	Yes / No
Savings Bonds	Yes / No	Other	Yes / No

Signatures: I hereby agree the information listed above is correct

_________________________________ ____/____/______ ____________________________________
Signature of Client Date Print Name