



LFM TOOLS

CLIENT PROGRESS REPORT

PERSONAL DATA

Name _____ DOB _____ SSN _____
 Spouse _____ DOB _____ SSN _____
 Address _____
 Phone (Day) _____ (Evening) _____
 E-mail _____ Number of Children _____ Grandchildren _____

GOALS – OBJECTIVE

- | | | |
|---|--|--|
| <input type="checkbox"/> Tax Deferred Investing | <input type="checkbox"/> Long Term Care Education Funding | <input type="checkbox"/> Retirement Strategies 401K |
| <input type="checkbox"/> Tax Reduction Strategies | <input type="checkbox"/> Estate Planning Retirement Income | <input type="checkbox"/> IRA Rollover <input type="checkbox"/> Other |

Notes: _____

OCCUPATION

Self-Employed: Yes _____ No _____
 Company Name: _____ Position: _____
 Address: _____ Phone: _____

Notes: _____

ASSETS & LIABILITIES

ASSETS			LIABILITIES	
ASSET NAME (Financial Institution)	ACCT. TYPE (Savings, IRA, 401k Mutual Funds, etc.)	VALUE \$	LIABILITY NAME	LIABILITY BALANCE
Cash/Savings/ Checking		\$ _____	Consumer Debt	\$ _____
_____		\$ _____		\$ _____
Investments		\$ _____	Margin Accounts	\$ _____
_____		\$ _____		\$ _____
Retirement Accounts		\$ _____		\$ _____
_____		\$ _____		
Real Estate (Today's Market Value)		\$ _____	Long Term Debts / Mortgages	\$ _____
_____		\$ _____		\$ _____
Other Assets (Business, Personal Property)		\$ _____	Other Debt / Misc.	\$ _____
_____		\$ _____		\$ _____
_____		\$ _____		\$ _____
TOTAL ASSETS:		\$ _____	TOTAL LIABILITIES:	\$ _____
Total Assets - Total Liabilities		\$ _____		
= NET WORTH		\$ _____		

INCOME & EXPENSE

Income / Earnings

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Savings \$ Investment Contributions (IRA, 401k)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Fixed Expenses (Mortgage, Auto Payments, etc.)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Variable Expensed (Food, Vacations, etc.)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL INCOME: \$ _____

TOTAL EXPENSES: \$ _____

Total Income - Total Expenses
 = **NET CASH FLOW** \$ _____

<input type="checkbox"/> INSURANCE	Coverage	Type (Term, Wholelife, etc.)	Company
Health	_____	_____	_____
Long Term Care	_____	_____	_____
Life Insurance	_____	_____	_____

Notes: _____

HEALTH HISTORY

1. When was your last physical examination? _____
2. What was the result? _____
3. Have you had back problems, diabetes, heart murmur, rheumatic fever, high blood pressure, operations?
 Yes _____ No _____ If yes, When? _____
 1. When was the last time you evaluated your risk tolerance?
 2. Do you think that your portfolio accurately reflects your risk tolerance?
 3. Is this important to you?
 4. If we could show you some strategies on how to achieve some of your goals, would you be interested?