



Welcome to the Center for Asset Management! We are excited to begin this journey with you as we work together to craft a personalized retirement strategy.

To ensure our time together is as productive as possible, **please upload your completed Confidential New Client Questionnaire and Budget Worksheet** to our secure website **before your appointment**. These documents are essential for us to provide a thorough analysis of your current situation. You can upload them securely using this link: <https://cf-am.com/request-a-meeting/send-secure-files>. If you have any trouble uploading, please bring the documents to your appointment or contact us for assistance.

To create a precise and personalized "Retirement Profile," please gather the following documents before our meeting:

1. **Recent pay stubs** for both spouses (if applicable) to accurately calculate your current income.
2. **Most recent statements** for any retirement accounts (IRAs, 401(k)s, brokerage accounts, mutual funds, stocks, annuities, etc.). Please note that short-term savings (for vacations, emergency funds, etc.) do not need to be included.
3. **Personal insurance statements** for life, long-term care, and disability income insurance, so we can assess the impact of unexpected events.
4. **Recent Social Security benefit statements** for each spouse. If you do not have these, you can log in to [www.ssa.gov](http://www.ssa.gov) and download your most recent statement.
5. **Employer-provided insurance or pension benefits**, including health, life, disability income insurance, and pension benefit statements.
6. **Most recent state and federal tax returns**, including Schedule C and D, and your total itemized deductions.

There is no charge for this consultation, and you will receive a personalized analysis. All original documents will be returned to you for your records.

If you have any questions or need assistance, please call us at (561) 625-0900, x-102.

Thank you for entrusting us with your retirement planning, and congratulations on taking these important steps toward an organized retirement strategy!

Remember—plan today, protect tomorrow.

Warm regards,

A handwritten signature in blue ink that reads "Peter Blatt".

Peter Blatt, J.D., LL.M.



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Investment advisory services offered by Peter Blatt as an investment adviser representative of Center for Asset Management, an SEC registered investment advisor. Insurance is offered by Peter Blatt as an insurance agent through Blatt Financial Group, LLC, an insurance agency. Legal services are offered by Peter Blatt as an Attorney at Law through Blatt Legal, PLC, a law firm located in Palm Beach Gardens, Florida

<b>IMPORTANT INFORMATION</b>	<b>CLIENT</b>		<b>SPOUSE</b>	
Salutation and Full Legal Name				
Preferred Name/Nickname				
Date of Birth and Age (MM/DD/YYYY)				
Marital Status				
If Married, Wedding Date (MM/DD/YYYY)				
No. of Previous Marriages				
Who can we thank for referring you to us?				
<b>CONTACT DETAILS</b>				
Primary Address				
Mailing Address (if different)				
Home Phone				
	<b>CLIENT</b>		<b>SPOUSE</b>	
Cell Phone				
Work Phone				
Primary Email				
<b>PREFERENCES</b>				
Preferred Method of Contact				
Preferred Meeting Method		Preferred Meeting Weekday		Preferred Time of Day
<b>EMPLOYMENT INFORMATION</b>	<b>CLIENT</b>		<b>SPOUSE</b>	
How close are you to retirement?				
Are you a business owner?				
Who is your Employer (if retired, where did you retire from)?				
No. of Years Working Here				
Occupation				
Job Title				

<b>MILITARY SERVICE</b>	<b><u>CLIENT</u></b>	<b><u>SPOUSE</u></b>
Did you ever serve in the US Military?		
If yes, which US Military Branch did you serve?		
<b>ORGANIZATIONS / ASSOCIATIONS</b>	<b><u>CLIENT</u></b>	<b><u>SPOUSE</u></b>
Do you belong to any Professional Organizations or Associations?		
What Professional Organizations or Associations are you affiliated with?		
If yes, what is your role?		
<b>PHILANTHROPIC CAUSES</b>	<b><u>CLIENT</u></b>	<b><u>SPOUSE</u></b>
What Philanthropic Causes do you Support? (Health, Education, Environmental, Children's Charities, etc.)		
Name the Organizations You Support and How (i.e. American Cancer Society; volunteer)		
<b>INTERESTS</b>	<b><u>CLIENT</u></b>	<b><u>SPOUSE</u></b>
What are your hobbies?		
What do you like to do in your spare time?		
What are your interests?		
What is a fun fact you can tell us about yourself?		



## NEW CLIENT PROFILE FORM

CHILDREN & GRANDCHILDREN							
	NAME	STATE OF RESIDENCE	DOB	AGE	MARITAL STATUS	NO. OF KIDS	THEIR NAMES & AGES
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

## MONTHLY BUDGET EXPENSE WORKSHEET

MONTHLY HOUSEHOLD EXPENSES	MONTHLY AMOUNT
Mortgage End Date	
Mortgage Principal & Interest	
Home Equity Line/Loan	
Real Estate Taxes	
Rent	
Insurance - Home/Rental	
Maintenance - Supplies	
Utilities - Electric/Gas	
Water - Sewer	
Cable, Phone & Internet	
House Cleaning	
Other	
Other	
<b>MONTHLY HOUSEHOLD EXPENSE TOTAL</b>	
MONTHLY DAILY LIVING EXPENSES	MONTHLY AMOUNT
Groceries	
Dining/Eating Out	
Clothing	
Personal Care - Salon, Massage & Manicures	
Other	
Other	
<b>MONTHLY DAILY LIVING EXPENSE TOTAL</b>	
MONTHLY ENTERTAINMENT EXPENSES	MONTHLY AMOUNT
Home - Shows - Events	
Sports - Hobbies - Lessons	
Dues & Memberships	
Vacation & Travel	
Other	
Other	
<b>MONTHLY ENTERTAINMENT EXPENSE TOTAL</b>	

MONTHLY TRANSPORTATION EXPENSES	MONTHLY AMOUNT
Auto Loans	
Auto Insurance	
Fuel	
Repairs	
Other	
Other	
<b>MONTHLY HOUSEHOLD EXPENSE TOTAL</b>	
MONTHLY HEALTH EXPENSES	MONTHLY AMOUNT
Health Insurance	
Life Insurance	
LTC Insurance	
Medication	
Veterinarian - Pet Care	
Other	
Other	
<b>MONTHLY HEALTH EXPENSE TOTAL</b>	
MONTHLY DEBT & LOAN EXPENSES	MONTHLY AMOUNT
Credit Cards	
Student Loans	
Alimony and/or Child Support	
Other	
Other	
<b>MONTHLY DEBT &amp; LOAN EXPENSE TOTAL</b>	
MONTHLY CHARITY & GIFT EXPENSES	MONTHLY AMOUNT
Charitable Giving	
Gifts	
Other	
Other	
<b>MONTHLY CHARITY &amp; GIFT EXPENSE TOTAL</b>	

**TOTAL MONTHLY EXPENSES**