

New Client Intake and Budget Worksheet

Date _____

IMPORTANT INFORMATION	<u>CLIENT</u>	<u>SPOUSE/PARTNER</u>
Salutation and Full Legal Name		
Preferred Name/Nickname		
Date of Birth (MM/DD/YYYY)		
Marital Status		
If Married, Wedding Date (MM/DD/YYYY)		
Who can we thank for referring you to us?		
CONTACT DETAILS		
Primary Address		
Mailing Address (if different)		
Home Phone		
	<u>CLIENT</u>	<u>SPOUSE/PARTNER</u>
Mobile Phone		
Work Phone		
Primary Email		
EMPLOYMENT INFORMATION	<u>CLIENT</u>	<u>SPOUSE/PARTNER</u>
Employment Status		
Retirement Date (or Expected Date)		
Employer		
Occupation		
Job Title		

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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.

Date _____ Name(s) _____

MONTHLY BUDGET EXPENSE WORKSHEET

HOUSEHOLD	MONTHLY AMOUNT
Mortgage Principal & Interest	0.00
Mortgage End Date	
Home Equity Line / Loan	
Real Estate Taxes	
Rent	
Insurance – Home / Rental	
Maintenance – Supplies	
Utilities – Electric / Gas	
Water – Sewer	
Cable, Phone & Internet	
House Cleaning	
Other Household Expenses-1	
Other Household Expenses-2	
SUB-TOTAL	0.00
DAILY LIVING	MONTHLY AMOUNT
Groceries	0.00
Dining/Eating Out	
Clothing	
Personal Care/Salon, Manicures, etc.	
Other Daily Living Expenses-1	
Other Daily Living Expenses-2	
SUB-TOTAL	0.00
ENTERTAINMENT	MONTHLY AMOUNT
Home – Shows/Events	
Sports – Hobbies/Lessons	
Dues & Memberships	
Vacation/Travel	
Other Entertainment Expenses-1	
Other Entertainment Expenses-2	
SUB-TOTAL	0.00

TRANSPORTATION	MONTHLY AMOUNT
Auto Loans	
Auto Insurance	
Fuel	
Repairs	
Other Transportation Expenses-1	
Other Transportation Expenses-2	
SUB-TOTAL	0.00
HEALTH	MONTHLY AMOUNT
Health Insurance	
Life Insurance	
LTC Insurance	
Medication	
Veterinarian – Pet Care	
Other Health Expenses-1	
Other Health Expenses-2	
SUB-TOTAL	0.00
DEBTS – LOANS	MONTHLY AMOUNT
Credit Cards	
Student Loans	
Alimony & Child Support	
Other Debts/Loan Expenses-1	
Other Debts/Loan Expenses-2	
SUB-TOTAL	0.00
CHARITY & GIFTS	MONTHLY AMOUNT
Charitable Giving	
Gifts	
Other Charity/Gift Expenses-1	
Other Charity/Gift Expenses-2	
SUB-TOTAL	0.00
TOTAL MONTHLY EXPENSES	0.00

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CHECKLIST

To make your "Retirement Profile" personal and accurate, you will need to provide us with the following items. **You do not need to make copies of all of these documents.** If you provide us with original documents, we will scan what we need and return the originals to you. Please be as complete as possible. If you prefer, you may upload the documents to our secured website at <https://cf-am.com/schedule-a-meeting/send-secure-files/>.

1. **Completed New Client Profile Intake Form.**
2. **Two (2) most recent paystubs** for Client and Co-Client so we can accurately calculate current income.
3. Most recent statements from any **Retirement Accounts** earmarked explicitly for retirement include **IRAs, 401ks, brokerage statements, mutual funds, stocks, variable annuities, fixed annuity contracts, etc.** Our detailed analysis is designed to create a picture of what retirement may look like, so items such as savings accounts and cash on hand for short-term plans like vacation or emergency funds are not included in retirement calculations but please also bring those statements.
4. Most recent copies of any personal insurance statements including life insurance, long term care and disability income insurance. This will give us an accurate picture of how any unexpected or unfortunate occurrences could affect your current and future situation.
5. A recent **Statement of Benefits from the Social Security Administration** for each spouse. If you do not have your statement, you can log on to www.ssa.gov and select **my Social Security** tab and follow the instructions. This will produce your most recent statement of benefits. Please include this in your initial consultation. If you have further questions please call the Social Security office toll-free at 800-772-1213.
6. **Insurance or pension benefits provided by your employer** if any. This may include health, life or disability income insurance policies, along with any pension benefit statements. Please make sure if you have a pension that you have the pension benefits available. This information can be obtained by contacting your pension plan.
7. **Most recent tax return** (state & federal). We will need your total itemized deductions and your Schedule C and D.

Remember, there is no charge for this consultation and you will receive a personalized analysis. The above items are utilized in creating your retirement income analysis and any original documents will be returned for your records.

If you have any questions, please do not hesitate to call our office at (561) 625-0900.