

# LOOPHOLE WEALTH

Financial Information

Date: \_\_\_\_\_

Client Name(s): \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Who influences you when making financial decisions? \_\_\_\_\_

FAMILY INFORMATION					
	First Name	DOB	Occupation	Salary	Commissions   Bonuses
Client 1					
Client 2					
Child					
Child					
Child					
Child					

LOANS AND DEBTS				
Type	Unpaid Balance	Monthly Payment	Interest Rate %	Months Left to Pay

CAR/HOME/UMBRELLA INSURANCE					
	Liability Limits	Uninsured Limits	Deductible	Annual Premium	Last Reviewed
Car					
Home/Renter's					
Umbrella					

LIFE INSURANCE						
	Year Purchased	Company	Death Amount	Annual Premium	Cash Value	Last Reviewed
Client 1						
Client 2						
Children						



LEARNING STYLES - Check the Box That Best Describes You						
	Need Every Single Detail	Want Most Details	Like Some Details	Less Math, More Stories	High Level Concepts	Big Picture Only
Client 1						
Client 2						

INVESTMENT STYLES					
	Prefer Safest Possible Option 1	2	3	4	Love to Take Risk 5
Client 1					
Client 2					

Anything else you'd like to add?:

---



---



---



---



---



---



---



---