



Ritter Daniher Financial Advisory, LLC

Client Information Sheet

Please complete this form prior to the initial meeting to derive the maximum benefit from our meeting. There is no cost or obligation for the initial meeting as it is an opportunity for you to find out more about us, and for us to meet you individually to determine if we can help you in achieving your goals and objectives.

This *Client Information Sheet* is designed to help you gather the required information for the development of your customized, comprehensive financial plan. The documents outlined are necessary for us to be able to create a complete and thorough picture of your current and future financial situation. Please bring the most recent copies of the documents listed where applicable. All information is kept strictly confidential. We look forward to our meeting and hope we can be of service to you.

Personal Information

	Client	Co-Client
Name		
Marital Status		
Home Street Address		
City, State and Zip Code		
Home Phone Number		
Cell Phone Number		
Home E-mail Address		
Date of Birth		
U.S. Citizen (please circle)	YES NO	YES NO
Employer		
Occupation		
Employer Street Address		
City, State and Zip Code		
Business Phone		
Business Fax		
Business E-mail Address		
Preferred Email Address		

Preferred Method of Contact: Phone Email Mail (Please number 1, 2, & 3)

Preferred Phone Number: Home Work Cell (Please number 1, 2, & 3)

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Children/Dependents

Full Legal Name	Date of Birth	Social Security Number	Address

Planning Self-Analysis

Please rate from 1-6 (1 being of the highest priority, 6 being of the lowest priority), based on your personal urgency rankings of the following financial planning areas:

	Client	Co-Client
Estate Planning		
Insurance		
Retirement		
Investments		
Taxes		
Budgeting		

Professional Advisor Information

Advisory Type	Full Name	Address	Business Phone Email
Accountant			
Attorney			
Insurance Agent			
Other			

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Please bring the most recent version of the following documents where applicable.

- *Tax Returns – Federal and State (2 years)*
- *Budget of Personal Living Expenses*
- *Estate Planning Documents*

	Client		Co-Client		Date Executed
Will	YES	NO	YES	NO	
Living Will	YES	NO	YES	NO	
Durable Power of Attorney	YES	NO	YES	NO	
Health Care Power of Attorney	YES	NO	YES	NO	
Living Trust	YES	NO	YES	NO	

- *Insurance*

	Client		Co-Client		Date Executed
Disability	YES	NO	YES	NO	
Life Insurance	YES	NO	YES	NO	
Long-Term Care Insurance	YES	NO	YES	NO	

- *Assets*

	Client		Co-Client		Statement Date
401K and/or Pension Plan	YES	NO	YES	NO	
Employer Stock Option Plan	YES	NO	YES	NO	
Social Security*	YES	NO	YES	NO	
529 Plan(s)	YES	NO	YES	NO	
Investment Accounts	YES	NO	YES	NO	
Bank Accounts	YES	NO	YES	NO	

*You can obtain a Social Security Statement at ssa.gov.

- *Liabilities*

	Amount	Rate	Date	Duration
Mortgage – primary residence				
Mortgage – vacation or rental property				
Other loans				