

## 1 About You

Full Name	<input type="text"/>		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Street Address	<input type="text"/>		
Mailing Address	<input type="text"/>		
Phone Numbers	Mobile <input type="text"/>	Work <input type="text"/>	Home <input type="text"/>
Email Address	<input type="text"/>		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Prior Divorce	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, were you married to your ex-spouse at least 10 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed		
Employer Name	<input type="text"/>		
Employer Address	<input type="text"/>		
Occupation	<input type="text"/>		
Gross Income / Salary	\$ <input type="text"/> per year	Bonus / Commission	\$ <input type="text"/> per year
FICO Score	<input type="text"/>		
Desired Retirement Age	<input type="text"/>		

## 2 About Your Spouse or Partner

Full Name	<input type="text"/>		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Street Address	<input type="text"/>		
Mailing Address	<input type="text"/>		
Phone Numbers	Mobile <input type="text"/>	Work <input type="text"/>	Home <input type="text"/>
Email Address	<input type="text"/>		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Prior Divorce	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, were you married to your ex-spouse at least 10 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed		
Employer Name	<input type="text"/>		
Employer Address	<input type="text"/>		
Occupation	<input type="text"/>		
Gross Income / Salary	\$ <input type="text"/> per year	Bonus / Commission	\$ <input type="text"/> per year
FICO Score	<input type="text"/>		
Desired Retirement Age	<input type="text"/>		



Do you and your spouse / partner have any children? If so, please list their name(s) and date(s) of birth below:

First Name	Middle Name	Last Name	Date of Birth
			__/__/__
			__/__/__
			__/__/__
			__/__/__
			__/__/__
			__/__/__
			__/__/__
			__/__/__
			__/__/__

What is the most important thing to you about money?

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What are your top two life goals – monetary and/or otherwise?

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What is your earliest memory of money when you were a child – what do you recall most vividly?

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What concerns you most when it comes to taking care of yourself and your family – what causes you to feel most vulnerable?

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Are you planning or expecting any changes in your lives – changing jobs, looking after a parent, etc?

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Is there anything else that you feel we should know as we build your Wellspring Financial Guide?

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## 5 Current & Future Housing

 Please list the housing details for you and your spouse / partner's current primary residence below:

If You Currently Own Your Home	
Date Purchased	___/___/___
Purchase Price	\$ _____
Original Mortgage Amount	\$ _____
Current Home Value	\$ _____
Current Mortgage Balance	\$ _____
Time to Payoff Mortgage	_____ months
Mortgage Payment	\$ _____ per month
Payment Includes Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Includes Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage Interest Rate	_____ %
Property Tax	\$ _____ per year
Property Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____

If You Currently Rent Your Home	
Rent Payment	\$ _____ per month
Renter's Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____

 Please list the housing details for you and your spouse / partner's future primary residence below:

If You Plan To Buy a New Home	
Estimated Purchase Date	___/___/___
Desired State of Residence	_____
Estimated Purchase Price	\$ _____
Mortgage Amount	\$ _____
Down Payment	\$ _____
Mortgage Interest Rate	_____ %
Length of Mortgage	_____ years
Closing Costs	\$ _____
Property Tax	\$ _____ per year
Property Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____

If Plan to Rent a New Home	
Estimated Move Date	___/___/___
Desired State of Residence	_____
Rent Payment	\$ _____ per month
Renter's Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____

## 6 Retirement Savings

 Do you or your spouse / partner have IRA, 401(k) or other retirement savings accounts? If so, please list the details below:

Your Retirement Savings	
Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Your Spouse / Partner's Retirement Savings	
Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

Account Type	_____
Current Balance	\$ _____
Your Contribution	\$ _____ per year
Employer Contribution	\$ _____ per year <input type="checkbox"/> N/A

## 7 Taxable Savings Accounts

Do you or your spouse / partner have any savings accounts funded from after-tax dollars? If so, please list the details below:

Your Savings Accounts	
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year

Your Spouse / Partner's Savings Accounts	
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year
Account Type	_____
Current Balance	\$ _____
Average Contribution	\$ _____ per year

## 8 Investment Property

Do you or your spouse / partner own any rental, vacation or investment property? If so, please list the details below:

Your Rental or Vacation Property	
Date Purchased	___/___/___
Purchase Price	\$ _____
Original Mortgage Amount	\$ _____
Current Market Value	\$ _____
Current Mortgage Balance	\$ _____
Mortgage Interest Rate	_____ %
Length of Mortgage	_____ years
Time to Payoff	_____ months
Property Tax	\$ _____ per year
Property Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____
Property Income	\$ _____ per month

Your Spouse / Partner's Rental or Vacation Property	
Date Purchased	___/___/___
Purchase Price	\$ _____
Original Mortgage Amount	\$ _____
Current Market Value	\$ _____
Current Mortgage Balance	\$ _____
Mortgage Interest Rate	_____ %
Length of Mortgage	_____ years
Time to Payoff	_____ months
Property Tax	\$ _____ per year
Property Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____
Property Income	\$ _____ per month

Your Rental or Vacation Property	
Date Purchased	___/___/___
Purchase Price	\$ _____
Original Mortgage Amount	\$ _____
Current Market Value	\$ _____
Current Mortgage Balance	\$ _____
Mortgage Interest Rate	_____ %
Length of Mortgage	_____ years
Time to Payoff	_____ months
Property Tax	\$ _____ per year
Property Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____
Property Income	\$ _____ per month

Your Spouse / Partner's Rental or Vacation Property	
Date Purchased	___/___/___
Purchase Price	\$ _____
Original Mortgage Amount	\$ _____
Current Market Value	\$ _____
Current Mortgage Balance	\$ _____
Mortgage Interest Rate	_____ %
Length of Mortgage	_____ years
Time to Payoff	_____ months
Property Tax	\$ _____ per year
Property Insurance	\$ _____ per year
Other Expenses	\$ _____ per year
Describe Other Expenses	_____
Property Income	\$ _____ per month

## 9 529 College Savings Plans



Do you or your spouse / partner have any 529 College Savings Plans for your children? If so, please list the details below:

Your Child's Name	Current Balance	Annual Savings	Year Savings Began	Year College Begins
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____

## 10 Loans & Credit Cards



Do you or your spouse / partner currently have any debt? Examples include credit cards, student loans, auto loans, private personal loans, lines of credit, etc. If so, please list the details below:

Name	Bank or Creditor	Type of Loan	Balance	Interest Rate	Monthly Payment
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____

## 11 Projected Education Costs

Do you expect any education expenses for you, your spouse / partner or your children? If so, please list the details below:

Name	Annual Cost	Start Year	End Year	Type of Education
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

## 12 Major Financial Goals & Expenses

Do you have any major goals or expenses? Examples include a weddings, vacations, home purchases, business start-up costs, caring for parents or siblings, alimony, child support, etc. If so, please enter the details of your planned expenses below:

Name	Description of Expense	Annual Cost	Start Year	End Year
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

## 13 Other Income

Do you or your spouse / partner have any other current or expected sources of income? Examples include monetary gifts, inheritance, alimony, child support, etc. If so, please list the details of your income below:

Name	Source of Income	Annual Income	Start Year	End Year
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

## 14 Beneficiary IRA Accounts

Do you or your spouse / partner have a Beneficiary IRA account which requires you to take an annual distribution? If so, please list the details of your account(s) below:

Name	Current Balance	Start Year	End Year	Last Year's Distribution
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$

## 15 Pensions

Will you or your spouse / partner receive any ongoing pension benefit payments during retirement? This differs from social security benefit payments, which are listed separately in the next section. If so, please list the details below:

Name	Annual Pension	Adjusted for Inflation	From SS Covered Employment	Percent to Beneficiary	Age Pension Starts
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	

## 16 Social Security

Please visit [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount) to get your estimated Social Security payment at full retirement age (FRA). First, you'll need to create an account and verify your identity. If possible, please request your Past Social Security Covered Earnings as well. Please print and attach a copy of your Social Security Statement and list the details below:

Name	SS Estimate at 62	SS Estimate at FRA	SS Estimate at 70
	\$ per month	\$ per month	\$ per month
	\$ per month	\$ per month	\$ per month

## 17 Life Insurance & Annuities

Do you or your spouse / partner have life insurance or annuity products – either purchased directly or provided by your employer? If so, please list the details of each life insurance policy below:

Policyholder	Type of Policy	Face Value	Cash Value	Expiration Date
		\$	\$	/ /
		\$	\$	/ /
		\$	\$	/ /
		\$	\$	/ /
		\$	\$	/ /
		\$	\$	/ /



➡ Wellspring Financial Partners is required to provide you with a clear description of the services we provide and the terms under which our services are provided. This information is detailed below. Please acknowledge that you have read, understand and agree to these terms and conditions by marking the checkbox below and typing your full name.

**This agreement describes the financial advising relationship between Wellspring Financial Partners (hereinafter “Firm” or “Wellspring”) and \_\_\_\_\_ (hereinafter “Client”).**

Thank you for the opportunity to provide you with financial guidance. Wellspring welcomes the opportunity to work with you as your financial planner. This agreement outlines the terms of the financial planning engagement between Wellspring and the Client. If the scope or terms of the financial planning engagement change, any such change must be written, agreed to and signed, either electronically or traditionally, by all parties to this engagement. Please be assured that all information that you provide will be kept strictly confidential. During the financial planning engagement, Wellspring may, on occasion, be required to consult with other third-party professionals at which time Wellspring will obtain your written permission to disclose your personal information. This engagement includes all services required to develop a Wellspring Financial Guide (WFG). These services include and are limited to:

- Reviewing the information provided in this Worksheet.
- Holding up to two telephone conversations to clarify your provided information and prioritizing your goals and objectives.
- Development of a Wellspring Financial Guide outlining current financial situation and projections with recommendations including income, net worth, savings, spending, and insurance recommendations. The WFG will contain recommendations designed to meet your stated goals and objectives, supported by relevant financial summaries and recommendations for action to implement the agreed upon recommendations.
- Transmitting electronically and delivery of a hard copy of the Wellspring Financial Guide that may be reviewed in a phone call or an in-person meeting with the Client. Determining necessity to revise your Wellspring Financial Guide.

The engagement will end and the fee fully earned upon delivery of the services described above. Either party may terminate this agreement prior to that time by notifying the other in writing electronically, in the same manner in which this agreement was entered into. Any portion of the fees earned prior to the date of termination will be determined in our reasonable discretion and will be due and payable in full. These services will be charged on a flat-fee basis of \$160.00 for the Wellspring Financial Guide and associated telephone or in-person discussions. You agree to pay all charges in full within 15 days of billing. Please make checks payable to Wellspring Financial Partners.

In order to ensure that the Wellspring Financial Guide contains sound and appropriate recommendations, it is your responsibility to provide complete and accurate information regarding pertinent aspects of your personal and financial situation including objectives on this questionnaire. The information on this Worksheet and any other relevant information should be disclosed in a timely manner and it is your responsibility to ensure that any material changes to the above noted circumstances are disclosed to Wellspring on a timely basis since they could impact the financial planning recommendations. Wellspring acknowledges our responsibility to adhere all applicable federal and state rules and regulations. At all times during this engagement, Wellspring shall place your interests ahead of our own when providing professional services. In addition, since this engagement includes financial planning services, Wellspring is required to act as a fiduciary, the highest standard for financial services professionals.

Form ADV Brochure Disclosure Document and Privacy Policy: The Form ADV Brochure Document contains important disclosures about the advisory process, the Firm’s advisory fees and the background and experience of the Firm’s associates. Additional information about the Firm is publically available and may be viewed at <http://adviserinfo.sec.gov/>. The Client is encouraged to review this information. By signing this agreement, Client agrees to its provisions and acknowledges receipt of the Firm’s 1) Form ADV Brochure Document and 2) Privacy Policy.

Electronic Delivery: The Client authorizes the Firm to deliver, and the Client agrees to accept, all required regulatory notices and disclosures, as well as all other correspondence from the Firm, via electronic mail. Information and documents provided by the Firm will include, but are not necessarily limited to, Form ADV updates and offers, Client account reports prepared by the Firm, the Firm’s annual Privacy Policy Notice delivery, disclosures required by the SEC and written communications from the Firm. The Firm may receive, via electronic means, the Client’s consent to assignment of this Agreement. The Firm will have completed all delivery requirements upon the forwarding of such document, disclosure, notice and/or correspondence to the Client’s last provided email address. The Client may notify the Firm in the event the Client does not want electronic delivery of information. The Client has the right to withdraw its consent to electronic delivery without the imposition of any fee or condition.

**By marking the checkbox below and entering your full name(s) in the space provided below, you are signing this agreement:**

☐ I have read, understand and accept this agreement and I agree to be bound by the terms herein.

Client Name: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_