



MFB Wealth Management, Inc. Luke 2:49

Date: _____ Goals for this meeting: _____

To more accurately provide financial and investment advice, please enclose the following:

- A copy of your Will and related estate planning documents
- Last two years of federal tax returns (first 4 pages only)
- Copies of all investment statements and brokerage accounts
- Copies of all IRA's and employer retirement statements, 401K, etc.
- Bank/Credit Union account information
- All life insurance annual statements
- Social Security annual statements

Marital Status _____

Wedding Anniversary _____

First Name	M.I.	Last Name	Age	Sex	Social Security Number
Client					
Home Address _____ City _____ State _____ Zip _____					
Phone _____ E-mail address: _____					
Occupation _____ <input type="checkbox"/> U.S Citizen Date of Birth _____					
Employer _____ Years _____					
Parents Ages & Health _____ Driver's License # _____ Issue _____ Exp _____					

First Name	M.I.	Last Name	Age	Sex	Social Security Number
Spouse					
Occupation _____ <input type="checkbox"/> U.S. Citizen Date of Birth _____					
Employer _____ Years _____					
Parents Ages & Health _____ Driver's License # _____ Issue _____ Exp _____					

Child's First Name	Last Name	Sex	Date of Birth	Single or Married	From Prev. Marriage?
1.					
2.					
3.					
4.					

How did you hear about us?: _____

If this is a referral, may we ask who referred you so we can properly thank them: _____

MFB Wealth Management Inc.
 173 Harleysville Pike
 Souderton, PA 18964
 Phone: 215-723-8999 Fax: 215-723-8828
 Website: www.MFBWM.com

LEGAL DOCUMENTS:

None

Date of Last Will _____ Was it notarized? _____ Notes: _____

Date of Power-of-Attorney document _____ Living Will _____

Circle if you have a: Living Trust Marital By-pass Trust Other Trust Document

Purpose of Trust document? _____

Pre-nuptial or other marital agreement to protect children of first marriage? _____

FAMILY MEDICAL CONCERNS:

None

List all current medications and/or surgeries during the past 5 years

Client: _____

Spouse: _____

LAST TWO YEARS FEDERAL INCOME TAX INFORMATION

Do Not File

Year	Adjusted Gross Income	Social Security Income?	Dividends And Interest	IRA Contrib. Or <Distrib.>	Total Taxes Paid	Tax Refund Or <Owed>	Charitable Deductions
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Pastors: Are you receiving a W-2 or a 1099 tax form from your church?

Have you opted out of Social Security?

How many quarters did you pay into SS?

REAL ESTATE DETAIL

None

	Fair Market Value	Purchase Price	Mortgage Balance	Monthly Payment
Primary Home	\$ _____	\$ _____	\$ _____	\$ _____
Investment Property	\$ _____	\$ _____	\$ _____	\$ _____
Undeveloped Land	\$ _____	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____	\$ _____

Monthly Income

	Client	Spouse
Salary/Bonus, Etc. (before taxes)	\$ _____	\$ _____
Interest and Dividends	\$ _____	\$ _____
Social Security Income	\$ _____	\$ _____
Retirement Income/Pension	\$ _____	\$ _____
Other Income (list source _____)	\$ _____	\$ _____
Combined (average) Monthly Income = Monthly before tax \$ _____ / Monthly after tax \$ _____		

US GOV. SAVINGS BONDS – E / EE / H

None

Total Face Value? \$ _____ How many bonds do you hold? _____ What is the oldest one? _____

BANKING & CREDIT UNION INFORMATION

	Name of Institution	Current Balance	Interest Rate/CD Maturity	How Titled
Checking	_____	_____	_____	_____
	_____	_____	_____	_____
Saving	_____	_____	_____	_____
	_____	_____	_____	_____
Money Market	_____	_____	_____	_____
	_____	_____	_____	_____
CD	_____	_____	_____	_____
	_____	_____	_____	_____

Titled = Joint, Husband, Wife, UTMA (child's account), Trust Fund, Other

INVESTMENT DETAIL

	Type (Roth IRA, 401(k), etc)	Current Value	Titled (owner)
Non-retirement acct.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
IRA	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Annuities	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Work Plans and Pensions	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

INSURANCE DETAIL

Name of Company	Type (see description below*)	Name of Insured	Insurance Amount	Annual Issue Cost	Date	Cash Value

*Type = (Cash Value) Whole Life, Universal Life, Variable Life, (No Cash Value) Term. Disability, Medical, LT Nursing

DEBTS

Current Debts	Balance	Monthly Payment	Interest Rate	Purpose of Loan
1 st Mortgage	\$ _____	\$ _____		
2 nd Mortgage	\$ _____	\$ _____		
1 st Auto	\$ _____	\$ _____		
2 nd Auto	\$ _____	\$ _____		
Credit Card #1	\$ _____	\$ _____		
Credit Card #2	\$ _____	\$ _____		
Credit Card #3	\$ _____	\$ _____		
Bank Loan	\$ _____	\$ _____		
Student Loan	\$ _____	\$ _____		
IRS-unpaid taxes	\$ _____	\$ _____		
Medical Bills	\$ _____	\$ _____		
Other	\$ _____	\$ _____		
Other	\$ _____	\$ _____		
TOTALS	\$ _____	\$ _____		

RETIREMENT PLANNING:

Already retired

At what age do you expect to retire? _____ Est. Date _____ Spouse _____? Est. Date _____

At what age would you like to be able to retire? _____ Spouse _____?

What annual income do you foresee needing (in today's dollars) during retirement? _____

If you plan on working during retirement, estimate your expected annual income: _____

Are you covered by any company retirement plan? Yes No

Social Security monthly income estimate at age _____ is _____ (For spouse at age _____ is _____).

SHORT TERM GOALS: _____

LONG TERM DREAMS: _____

MFB Wealth Management Inc.

173 Harleysville Pike

Souderton, PA 18964

Phone: 215-723-8999 Fax: 215-723-8828

Website: www.MFBWM.com