

FINANCIAL RESOURCE ASSOCIATES, INC.
INITIAL CONSULTATION INFORMATION

Please complete the following and bring it with you to your upcoming appointment. It will assist us in identifying the areas you would like to cover during your initial consultation.

NAME (s) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

DATE OF APPT: _____

SPECIFIC CONCERNS/CHALLENGES (Please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Investment (s) | <input type="checkbox"/> Financial Planning |
| <input type="checkbox"/> Retirement Planning | <input type="checkbox"/> Educational Planning |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Insurance Analysis |
| <input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Disability <input type="checkbox"/> LTC | |

Please bring the following documents with you at the time of the meeting:

- Tax returns for most recent year
- Copies of recent investment statements
- Credit Card Statements
- Mortgage Statements
- Any other outstanding loan statements
- Any of the following documents, if you have them (e.g. life insurance policies, auto and homeowners insurance, business insurance, mortgage refinancing papers, wills, trust, etc.)

Things to think about prior to your appointment:

- Top Personal Goals
- Top Professional Goals

We look forward to meeting with you. Should you have any additional questions or concerns, please feel free to discuss them during this time.