



# ROSEMONT

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## FINANCIAL GROUP

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

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

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Social: \_\_\_\_\_ Social: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Location: \_\_\_\_\_ Location: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years at Employer: \_\_\_\_\_ Years at Employer: \_\_\_\_\_

Dependents Name's and DOB: \_\_\_\_\_

\_\_\_\_\_

Current Year Income: \_\_\_\_\_ Current Year Income: \_\_\_\_\_

Estimated Monthly Net Income: \_\_\_\_\_

Estimated Monthly Expenses: \_\_\_\_\_

Estimated Monthly Savings/Investments/Insurance Premiums: \_\_\_\_\_

Newsletter (Email or Hard Copy): \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Retirement Accounts

_____	_____
_____	_____
_____	_____
_____	_____

Investment Accounts

_____	_____
_____	_____
_____	_____

Specialty Accounts (529, Fixed Annuities, etc)

_____	_____
_____	_____

Liquid Accounts

_____	_____
_____	_____
_____	_____

Life and Other Insurances

_____	_____
_____	_____
_____	_____

Real Estate

_____	_____
_____	_____

Notes

_____	_____
_____	_____
_____	_____

**Beneficiary**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

%: \_\_\_\_\_ DOB: \_\_\_\_\_ Social: \_\_\_\_\_

Contact: \_\_\_\_\_ OK to Contact?: \_\_\_\_\_

**Beneficiary**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

%: \_\_\_\_\_ DOB: \_\_\_\_\_ Social: \_\_\_\_\_

Contact: \_\_\_\_\_ OK to Contact?: \_\_\_\_\_

**Beneficiary**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

%: \_\_\_\_\_ DOB: \_\_\_\_\_ Social: \_\_\_\_\_

Contact: \_\_\_\_\_ OK to Contact?: \_\_\_\_\_

**Contingent Beneficiary**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

%: \_\_\_\_\_ DOB: \_\_\_\_\_ Social: \_\_\_\_\_

Contact: \_\_\_\_\_ OK to Contact?: \_\_\_\_\_

**Contingent Beneficiary**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

%: \_\_\_\_\_ DOB: \_\_\_\_\_ Social: \_\_\_\_\_

Contact: \_\_\_\_\_ OK to Contact?: \_\_\_\_\_

**Contingent Beneficiary**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

%: \_\_\_\_\_ DOB: \_\_\_\_\_ Social: \_\_\_\_\_

Contact: \_\_\_\_\_ OK to Contact?: \_\_\_\_\_

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_