



CARLSON
CAPITAL MANAGEMENT

Confidential Client Inventory

GENERAL INFORMATION

Client Name: _____
First MI Last

Birth Date: _____ Social Security #: _____ Marital Status: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone #: _____ Alternative Phone #: _____
Circle one: Home Work Mobile Circle one: Home Work Mobile

Preferred E-mail Address: _____

Employer: _____ Position: _____
Employer Address: _____
City: _____ State: _____ Zip: _____

Co-Client: _____
First MI Last

Birth Date: _____ Social Security #: _____

Preferred Phone #: _____ Alternative Phone #: _____
Circle one: Home Work Mobile Circle one: Home Work Mobile

Preferred E-mail Address: _____

Employer: _____ Position: _____
Employer Address: _____
City: _____ State: _____ Zip: _____

Children & Other Dependents	Birth Date	Age	Social Security #	Marital Status

PROFESSIONAL RELATIONSHIPS

Accountant: _____ Attorney: _____

Phone #: _____ Phone #: _____

INCOME (attach most recent paystub, if applicable)

Client Salary: _____ Bonus: _____ Other Income: _____

Co-Client Salary: _____ Bonus: _____ Other Income: _____

Annual Savings	Client Amount	Co-Client Amount
401(k), 403(b), 457, other retirement plan	\$	\$
Retirement plan company match	\$	\$
IRA	\$	\$
Roth IRA	\$	\$
Checking/Savings	\$	\$
Other non-retirement account	\$	\$

NET WORTH (attach most recent statements)

Ownership Code: C = Client, S = Spouse/Companion, JT = Joint w/right of survivorship, O = Other, Trustee(s)

	Owner	Description	Current Value	Cost Basis
Retirement Accounts				
Brokerage Accounts				
Checking/Savings				
Real Estate				
Education				
Business/Other				

	Owner	Description (ie. Mortgage)	Original Amount	Date of Loan	Interest Rate	Term in Years	Monthly Payment	Current Balance
Debt								

ADVANCED PLANNING

Do you have the following documents?

	Client	Last Reviewed	Co-Client	Last Reviewed
Will	Yes / No		Yes / No	
Trust	Yes / No		Yes / No	
Life Insurance	Yes / No		Yes / No	
Disability Insurance	Yes / No		Yes / No	

ADDITIONAL INFORMATION (use back of page if needed)

Is there any other information we should take into consideration in assessing and developing your financial plan?

STATEMENTS AND DOCUMENTS

In order for us to have an accurate picture of your finances, please provide us with your most recent copies of the following statements and documents (if accessible).

<input type="checkbox"/> Last two years' Income Tax Returns (include W2, federal, state, gift, estate, trust tax returns)
<input type="checkbox"/> Current Bank Statements
<input type="checkbox"/> Current Brokerage Statements (include custodial accounts)
<input type="checkbox"/> Life Insurance, Disability & Long-term Care Insurance Policies & Statements
<input type="checkbox"/> Pay Stub(s) for one full month (& other statements reflecting other types of income)
<input type="checkbox"/> Retirement Account Statements (IRA, 401(k), 403(b), 457, Keogh, etc.) & Pension Benefit Documents
<input type="checkbox"/> Estate Planning Documents (e.g. copy of wills, trusts, powers of attorney, health care directives)
<input type="checkbox"/> Investment Cost Basis Information on all Taxable Assets

Other items to include if applicable:

<input type="checkbox"/> Annuity Statements
<input type="checkbox"/> Details Regarding Potential Inheritance(s)
<input type="checkbox"/> Employee Stock Option Information
<input type="checkbox"/> Partnership Documentation
<input type="checkbox"/> Business Ownership/Partnership Agreements
<input type="checkbox"/> Social Security Benefit Statements (estimates, if applicable)

Completed by: _____

Date completed: _____

PLEASE RETURN COMPLETED FORMS & DOCUMENTS TO:

Carlson Capital Management
11 Bridge Square
Northfield, MN 55057

Website: carlsoncap.com • **Fax:** 507.645.6408 • **Phone:** 507.645.8887



CARLSON
CAPITAL MANAGEMENT

Budget Form

BUDGET/EXPENSES

Name: _____ Date: _____

Please take time to complete the worksheet below, or, if you have your own budget report you may include with this document.

Current Budget Worksheet					
		Current		Retirement	
		Monthly Expense	Annual Expense	Monthly Expense	Annual Expense
Mortgage or Rent Payments		\$	\$	\$	\$
Utilities					
Food					
Clothing					
Car / Travel Expenses					
Insurance Payments	Home				
	Auto				
	Health				
	Life & Disability				
Child Care Costs					
Medical/Dental/Drug Expenses					
Recreation & Entertainment					
Charitable Contributions					
Debt Payments					
Alimony, Child Support, Separate Maintenance					
Gifts					
Savings					
Property Taxes					
House Upkeep/Repairs/Maintenance					
Education Expenses					
Other Expenses					
Total Expenses		\$	\$	\$	\$

Comments: if you have notes regarding any information above, please comment below or feel free to attach a second page.
