

Client #

**ACM Life Planning
CLIENT DATA SHEET**

<u>PERSONAL DETAILS</u>		Referred By:..... Adviser..... Date.....
Name		
Age		
Date of Birth		
Smoker (Yes/No)		
Health Conditions		
Sports & Hobbies		
Children: Names, Ages & Pre-existing conditions		
Home Address		
Mailing Address		
Home Ph #		
Mobile #		
Email Address		
Existing Insurances		
Current Will		
IRD #		
House Value		
Mortgage Details		
Ownership Details		
Other Debt		
Savings & Investments		
Retirement Planning		
<u>EMPLOYMENT DETAILS</u>		
Occupation		
Self-Employed ?		
How Long?		
Employer		
Bus Phone #		
Bus Fax #		
Bus Email		
Gross Salary (pa)		
Other Income		