## **Mercier Financial Services**

## Financial and Insurance Intake form

## **CONTACT INFO - Client #1**

Name:	Gender	Birth date
Address:		
Phone (Home)	Permission to call? (Y/N)	Best time to call
Phone (Cell)	Permission to call? (Y/N)	Best time to call
E-Mail Address:		
Occupation	Employer	
Income:	(salary, hourly or commission)	do you work over time? (Y/N)
CONTACT INFO - Client #2		
Name:	Gender	Birth Date
Address:		
Phone (Home)	Permission to call? (Y/N)	Best time to call
Phone (Cell)	Permission to call? (Y/N)	Best time to call
E-Mail Address:		
Occupation:	Employer:	
Salary:	(salary, hourly or commissi	on) do you work over time? (Y/N)
Do you get paid Bonus? Y/N \$		
Children:		
Name:	Gender Bir	th Date:
Name:	Gender Bi	rth Date:
Name:	Gender Bi	rth Date:
Are you working with an Advisor i	now (Y/N?) If so name	

ls there a will: (Y/N) Do you have a family Lawyer? Y/N			
Is there Insurance in place?Y [	N What Type	How much?	
When does it expire? What is	your monthly or Yearly	premium?	
How did you find me:	(google, friend etc.	?)	
	Client #	<u>‡1</u>	Client #2
Do you receive any additional money	<u>&gt;</u>		
Child Support Y/N \$	-		
Child Tax Benefit Y/N \$			
Spousal Support Y/N \$	-		
<u>ASSETS:</u> (Home, Savings, TFSA, RRSP,	Pensions, vehicles etc	.)	
1.	Estim	ated Value:	
2.	Estim	ated Value:	
3	Estima	ted Value:	
4	Estima	ted Value:	
5.	Estima	ted Value:	
6.	Estima	ted Value:	
DEBTS: (Car loan, Truck loan, mortgag	e, lines of Credit, credit	card student loans etc	
1.	Estimated balance:		
2.	Estimated Balance:		
3.	Estima	ated Balance:	
4	Estima	ated Balance:	
5	Estimated Balance:		
6.	Estimated Balance:		

<u>7.</u>	Estimated Value:	
8	Estimated Value:	
Explain briefly what your financial issues are and what you would like me to help you with?		
Office notes:		