

inStream

Name: _____

Date: _____

Profile

Client

Name:
Date of Birth:
Company:
Address:
City: State: Zip:
Phone:
E-mail:
Notes:

Co-Client (Spouse/Partner)

Name:
Date of Birth:
Company:
Address:
City: State: Zip:
Phone:
E-mail:
Notes:

Family Member

Name:
Date of Birth:
Relationship: Gender:
Dependent:
Notes:

Name:
Date of Birth:
Relationship: Gender:
Dependent:
Notes:

Name:
Date of Birth:
Relationship: Gender:
Dependent:
Notes:

Name:
Date of Birth:
Relationship: Gender:
Dependent:
Notes:

Community Members

Name:
Date of Birth:
Relationship:
Address:
City: State: Zip:
Phone:
E-mail:
Notes:

Name:
Date of Birth:
Relationship:
Address:
City: State: Zip:
Phone:
E-mail:
Notes:

Advisors

Name:
Date of Birth:
Advisor Type:
Address:
City: State: Zip:
Phone:
E-mail:
Notes:

Name:
Date of Birth:
Advisor Type:
Address:
City: State: Zip:
Phone:
E-mail:
Notes:

Assets

Income

Income Type:
Owner:
Annual Amount (Gross):
Start Year/Age:
End Year/Age:
Inflation Rate:
Notes:

Income Type:
Owner:
Annual Amount (Gross):
Start Year/Age:
End Year/Age:
Inflation Rate:
Notes:

Income Type:
Owner:
Annual Amount (Gross):
Start Year/Age:
End Year/Age:
Inflation Rate:
Notes:

Income Type:
Owner:
Annual Amount (Gross):
Start Year/Age:
End Year/Age:
Inflation Rate:
Notes:

Account

Tax Category:
Account Type:
Owner:
Current Value: As of:
Cost Basis:
Annual Net Contribution:
Start Year/Age:
End Year/Age:
Inflation Rate:
Custodian:
Notes:

Tax Category:
Account Type:
Owner:
Current Value: As of:
Cost Basis:
Annual Net Contribution:
Start Year/Age:
End Year/Age:
Inflation Rate:
Custodian:
Notes:

Tax Category:
Account Type:
Owner:
Current Value: As of:
Cost Basis:
Annual Net Contribution:
Start Year/Age:
End Year/Age:
Inflation Rate:
Custodian:
Notes:

Tax Category:
Account Type:
Owner:
Current Value: As of:
Cost Basis:
Annual Net Contribution:
Start Year/Age:
End Year/Age:
Inflation Rate:
Custodian:
Notes:

Insurance

Insurance Type:
Plan Type:
Policy Owner:
Insured Party:
Carrier:
Policy Number:
Annual Premium:
Coverage Amount:
Survivor Benefit:
Loan Value:
Surrender Value:
Cash Value:
Beneficiary(s):
Notes:

Insurance Type:
Plan Type:
Policy Owner:
Insured Party:
Carrier:
Policy Number:
Annual Premium:
Coverage Amount:
Survivor Benefit:
Loan Value:
Surrender Value:
Cash Value:
Beneficiary(s):
Notes:

Property

Asset Category:
Asset Type:
Owner:
Current Value: As of:
Cost Basis:
Acquisition Date:
Notes:

Asset Category:
Asset Type:
Owner:
Current Value: As of:
Cost Basis:
Acquisition Date:
Notes:

Liabilities

Category:
Loan Type:
Owner:
Balance Due: As of:
Initial Amount:
Maximum Amount:
Interest Rate: Type:
Start Year/Age:
End Year/Age:
Payment:
Frequency:
Notes:

Category:
Loan Type:
Owner:
Balance Due: As of:
Initial Amount:
Maximum Amount:
Interest Rate: Type:
Start Year/Age:
End Year/Age:
Payment:
Frequency:
Notes:

Goals

Retirement

Description:
Applies To:
Annual Amount (Net):
Start Year/Age:
End Year/Age:
Inflation Rate:
Notes:

Description:
Applies To:
Annual Amount (Net):
Start Year/Age:
End Year/Age:
Inflation Rate:
Notes:

Education

Description:
Applies To:
Annual Amount (Net):
Start Year/Age:
End Year/Age:
Inflation Rate:
Notes:

Description:
Applies To:
Annual Amount (Net):
Start Year/Age:
End Year/Age:
Inflation Rate:
Notes:

Lifestyle

Description:
Applies To:
Annual Amount (Net):
Start Year/Age:
End Year/Age:
Inflation Rate:
Notes:

Description:
Applies To:
Annual Amount (Net):
Start Year/Age:
End Year/Age:
Inflation Rate:
Notes:

Description:
Applies To:
Annual Amount (Net):
Start Year/Age:
End Year/Age:
Inflation Rate:
Notes:

Description:
Applies To:
Annual Amount (Net):
Start Year/Age:
End Year/Age:
Inflation Rate:
Notes:

Legacy

Description:
Applies To:
Amount:
Year/Age:
Inflation Rate:
Notes:

Description:
Applies To:
Amount:
Year/Age:
Inflation Rate:
Notes: