Boundless Financial Solutions

Date Completed:	

Retirement Strategy Analysis

COMPLETE THIS FORM AND BRING IT WITH YOU TO YOUR FIRST APPOINTMENT

- 1. Please Print and if you are not sure about a question, please leave it blank.
- 2. Please use approximate values round to the nearest thousand.
- 3. Please return this form with last year's tax return.

Client Information:

Name:	Date of Birth:		
Social Security #:	DL #:	Exp:	
Mailing Address:	<u> </u>		
City:	State:	Zip:	
Home Phone: ()		1	
Business Phone: ()		x:	
Occupation:		1	
Employer:			
Spouse Information:			
Name:	Date of Birth:		
Name: Social Security #:	Date of Birth:	Exp:	
		Exp:	
Social Security #:		Exp:	
Social Security #: Mailing Address:	DL #:		
Social Security #: Mailing Address: City:	DL #:		
Social Security #: Mailing Address: City: Home Phone: ()	DL #:	Zip:	

Securities offered through J.W. Cole Financial, Inc. (JWC) Member FINRA/SIPC. Advisory services offered through J.W. Cole Advisors, Inc. (JWCA). Boundless Financial Solutions, LLC and JWC/JWCA are unaffiliated entitie:

^{*}At Boundless Financial Solutions, we take the issue of privacy very seriously. We want to assure you that we protect your security, privacy and confidentially regarding any information that you share with us.

Amounts in Banks, Savings &Loans, and Credit Unions (NON-IRA)

Name of Bank	Type of Account	Maturity Date	Interest Rate	Approximate Balance

IRA Accounts and Other Retirement Accounts

(Please bring in most recent statement/report)

Location of Account	Type of Account	Approximate Market	Account Holder
(Bank, Broker,	(401(k), 403(b), IRA, etc.)	Value	
Employer)			
When do you plan to retir	e?		

Stock and Bond Certificates

(Please bring in most recent statement/report)

Name of Stock/Bond	Number of Shares	Approximate Market Value	Account Holder

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Mutual Fund and/or Brokerage Accounts

(Please bring in most recent statement/report)

Name of Brokerage Firm or Mutual Fund	Approximate Market Value	Account Holder

Real Estate and Residence

Property Address	Original Cost	Approximate Market Value	Debt Owed

Family Business/Partnerships

Name of Partnership	Type of Investment	Amount Invested	Market Value

Long-Term Care

Insured	Monthly Benefit/ Premium Amount

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Life Insurance

Name of Company	Insured	Type of Insurance	Cash Value	Death Benefit

Pensions or Other Streams of Income

Source	Account Holder	Monthly Amount

Children (Grandchildren)

Name	Sex	D.O.B.	Filed as Dependent (Y/N)	Funds/College

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Other Assets

Approximate value of Personal Property (Jewelry, Cars, Clothes, etc): \$ Family Business (Provide name, value, and how is it held LLC, Corporation?)
Other Assets:
What are your primary financial concerns?

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Approximate Monthly Expenses?
APPOINTMENT CHECKLIST:
(Make sure you have the following items for your financial evaluation)
Annuity Contracts & Statements Brokerage Statements Mutual Fund Statements
Annuity Contracts & Statements brokerage Statements mutual rund Statements
Social Security Statement (s) Retirement Account Statements
Life Insurance Policies & Statements Last Year's Tax return

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