

Seminar Date: _____

Seminar Location: _____



- Charlotte | NC
- Huntersville | NC
- Hendersonville | NC
- Hickory | NC
- Columbia | SC

Confidential

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**CAPITAL
MANAGEMENT**
 Creating Lifestyles, Building Legacies
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Your Personal Financial Planning Guide

Guest Owner: _____ Guest Status: _____
 Name: _____ Phone: _____
 Date of Birth: _____ Cell Phone: _____
 Spouse: _____ Email: _____
 DOB Spouse: _____ Status: _____
 Seminar and Event _____ S & E: _____ (Office Use)
 X DATE: _____ (Office Use) Caller: _____
 Gross Estate: _____ Investment Net Worth: _____
 How did you hear about us? _____

Residence/Investment/Personal Property:

Description of property _____	Description of property _____
Date Acquired _____	Date Acquired _____
Cost Basis _____	Cost basis _____
FMV _____	FMV _____
Importance _____	Importance _____
Description of property _____	Description of property _____
Date Acquired _____	Date Acquired _____
Cost basis _____	Cost basis _____
FMV _____	FMV _____
Importance _____	Importance _____





Address Information:

Address: _____

City _____ State _____ Zip Code _____

Advisor Notes _____

Advisor of Record Census _____ (Office Use)

Advisor of Record Census Complete _____ (Office Use)



Beneficiary Members:

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

Grandchild _____ Beneficiary of _____ Age _____

Grandchild _____ Beneficiary of _____ Age _____

Grandchild _____ Beneficiary of _____ Age _____

Grandchild _____ Beneficiary of _____ Age _____

Grandchild _____ Beneficiary of _____ Age _____

Grandchild _____ Beneficiary of _____ Age _____

Grandchild _____ Beneficiary of _____ Age _____

Beneficiary Notes _____



Expenses & Income:

TOTAL INCOME _____ Dividends & Interest Income _____

TOTAL MONTHLY EXPENSES _____ Using for expenses? _____

DISCRETIONARY INCOME _____

Notes _____

Est. Annual Gifts:

High Value: _____ Gift Notes: _____

Family: _____

Seminar Guest Response Form (Green Sheet):

Anniversary _____ Retired From _____

How to use deductions to lower the RMD _____ Tax Wise Annuity Surrender _____

Zero Estate Tax Plan _____ Home Appointment _____

Avoiding paying taxes on my SS _____ Huntersville NC _____

Increasing my IRA up to 15 times _____ Hendersonville NC _____

ALL the HIDDEN FEES Report _____ Hickory NC _____

Estate Planning Package (special Price) _____ Charlotte NC _____

Morningstar Report on my Investments _____

Index Annuity Analysis with 10k data pts _____ Advisor's Notes from Green Sheet _____

What percentage of your retirement funds do you want safe?:

Percentage of Investments Guaranteed? _____

Percentage of Investments Liquid? _____



Checking/Savings/Money Market:

Checking Account His: _____

Checking Account Hers: _____

1st Account:

Name of Account: _____ Current Value: _____

Cost Basis: _____ Gain or Loss (5 years): _____

As of Date: _____ Qualified: _____

Annual Distribution: _____ Description: _____

Importance of Account: _____

2nd Account:

Name of Account: _____ Current Value: _____

Cost Basis: _____ Gain or Loss (5 years): _____

As of Date: _____ Qualified: _____

Annual Distribution: _____ Description: _____

Importance of Account: _____

3rd Account:

Name of Account: _____ Current Value: _____

Cost Basis: _____ Gain or Loss (5 years): _____

As of Date: _____ Qualified: _____

Annual Distribution: _____ Description: _____

Importance of Account: _____

4th Account:

Name of Account: _____ Current Value: _____
Cost Basis: _____ Gain or Loss (5 years): _____
As of Date: _____ Qualified: _____
Annual Distribution: _____ Description: _____
Importance of Account: _____

5th Account:

Name of Account: _____ Current Value: _____
Cost Basis: _____ Gain or Loss (5 years): _____
As of Date: _____ Qualified: _____
Annual Distribution: _____ Description: _____
Importance of Account: _____

6th Account:

Name of Account: _____ Current Value: _____
Cost Basis: _____ Gain or Loss (5 years): _____
As of Date: _____ Qualified: _____
Annual Distribution: _____ Description: _____
Importance of Account: _____



7th Account:

Name of Account: _____ Current Value: _____

Cost Basis: _____ Gain or Loss (5 years): _____

As of Date: _____ Qualified: _____

Annual Distribution: _____ Description: _____

Importance of Account: _____

Additional Information: