

DATE: ESSEI	NTL	AL	DATA
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(717) 303-1999 2142 Market Street Suite A102 Camp Hill, PA 17011 www.PAWealthManagement.com

FIRST MIDDLE	FIRST MIDDLE
LAST PREF	LAST PREF
SSN DOB	SSN DOB
AGE BIRTH CITY, STATE	AGE BIRTH CITY, STATE
EMPLOYER NAME	EMPLOYER NAME
TITLE	TITLE
EMPLOYER ADDRESS	EMPLOYER ADDRESS
INCOME	INCOME
WORK PHONE WORKING? Y N	WORK PHONE WORKING? Y N
CELL PHONE AL? Y N	CELL PHONE AL? Y N
EMAIL ADDRESS	EMAIL ADDRESS
HOME ADDRESS	TOTAL INCOME
	EXPENSES
MAILING ADDRESS	DISCRETIONARY
HOME PHONE	

${\sf ASSETS}$

OWNER	REGISTRATION TYPE	VALUE	PRODUCT/VENDOR	NOTES	M?
	RESIDENCE				
	CHECKING				
	SAVINGS				

TOTAL NET WORTH:	LIQUID:	INVESTABLE ASSETS AT RETIREMENT:
LIABILITIES:		



INCOME SOURCES AT RETIREMENT

OWNER	TYPE	TYPE AMOUNT AGE BE		NOTES
	SS	/ /	/ /	
	SS	/ /	/ /	

MONTHLY	AGE		AGE		AGE		AGE	
INCOME NEED								
SS	_		-		_		-	
SS	-		-		-		-	
PENSION/OTHER	-		-		-		-	
PENSION/OTHER	-		-		-		-	
PENSION/OTHER	-		-		-		-	
MISN	=		=		=		=	
	×	12	X	12	X	12	X	12
AISN	=		=		=		=	
YEARS	X		X		× .		X	
LS2B	=		=		=		=	
UNALLOCATED:								
TOP THREE CO	NCERNS	:						
NOTES:								