

Kalorama Wealth Strategies, LLC

Initial Consultation Form (Page 2)

Life Insurance:

Insured	Company	Type (Term/Perm)	Amount	Beneficiary

Disability Insurance:

Insured	Company	Monthly Benefit	Group or Individual	Premiums paid by?

Long-term Care Insurance:

Insured	Company	Daily Benefit	Group or Individual	Premiums paid by?

Estate Planning/Asset Protection:

Do you have?

	Client 1	Client 2
Wills	<input type="checkbox"/>	<input type="checkbox"/>
Powers of attorney	<input type="checkbox"/>	<input type="checkbox"/>
Trusts	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Other Documents	<input type="checkbox"/>	<input type="checkbox"/>
Excess (umbrella) liability	<input type="checkbox"/>	<input type="checkbox"/>

Financial Goals and Areas of Interest:

- | | |
|--|--|
| <input type="checkbox"/> Investment Planning
<input type="checkbox"/> Investment Advisory/Management
<input type="checkbox"/> Retirement Planning
<input type="checkbox"/> Education Funding
<input type="checkbox"/> Insurance Planning | <input type="checkbox"/> Cash Flow Analysis
<input type="checkbox"/> Net Worth Analysis
<input type="checkbox"/> Tax Planning
<input type="checkbox"/> Estate Plan Review
<input type="checkbox"/> Other _____ |
|--|--|

Critical Financial Concerns (list top three in order of importance):

Other Comments:
