



Today's Date: \_\_\_\_\_

**PERSONAL INFORMATION**

	Client	Spouse/Significant Other
Full Legal Name		
Preferred Name		
Home Street Address		
City, State, Zip		
Home Phone		
Cell Phone		
Email Address		
Date of Birth		
SSN		
Medicare Part A Date		
Medicare Part B Date		
Medicare Number		
PACE, PACENET, or Extra Help?		
Marital Status		
Are you a smoker? If former smoker, how long since you quit?		
Grandchild Information	(1) Name: Age: Parents:  (2) Name: Age: Parents:	(1) Name: Age: Parents:  (2) Name: Age: Parents:

**INSURANCE INFORMATION**

Health Insurance						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary
Prescription Drug Coverage						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary
Dental/Vision/Hearing						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary
Life Insurance (Permanent, Term, UL, Final Expense, etc.)						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary
Other types of Insurance (Long-Term Care, Hospital Indemnity, Short-Term Care)						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary



**\*\*Personal & Confidential\*\***  
**CLIENT PROFILE**

**INVESTMENT INFORMATION**

	Institution	Current Value	Current Interest Rate	Beneficiary	Policy Number
401(k)/403(b)/Keogh/SEP					
Traditional/Roth IRA					
Pension					
Annuities					
Mutual Funds					
Savings/CDs					
Checking/Money Market					

**HEALTH PROFILE**

	Client	Spouse/Significant Other
Do you have any health conditions? If yes, please specify and include additional information below.	(1) Health Condition: Age of Onset: Additional Details: Prognosis:  (2) Health Condition: Age of Onset: Additional Details: Prognosis:	(1) Health Condition: Age of Onset: Additional Details: Prognosis:  (2) Health Condition: Age of Onset: Additional Details: Prognosis:
Medications-Please list all medications and dosages you are currently taking.		

**ADDITIONAL COMMENTS:**

*Remember to transfer any info from this form into your clients' digital records within the Ritter Platform!*