

# KOBEL

FINANCIAL PLANNING

## Confidential Data Organizer

CLIENT	Date:
Full Name _____ Employer _____ Business Address _____ Job Title _____ Job Duties _____ How would you like to be contacted? _____	Birthdate _____ Birthplace _____ Social Security No. _____ Cellphone _____ Other phone _____ E-mail _____ Driver's License State _____ # _____ Exp Date _____

CO-CLIENT	
Full Name _____ Employer _____ Business Address _____ Job Title _____ Job Duties _____ How would you like to be contacted? _____	Birthdate _____ Birthplace _____ Social Security No. _____ Cellphone _____ Other phone _____ E-mail _____ Driver's License State _____ # _____ Exp Date _____

RESIDENCE
Address _____ City _____ State _____ Zip _____ Email _____ Phone _____ Date moved to present address _____ Other Address _____ City _____ State _____ Zip _____

DEPENDENT(S)					
Full Name	Birthdate	Age	Social Sec No.	Anticipated Education Expense	Partner's Full Name

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## Confidential Data Organizer continued

### CLIENT ADVISORS

Attorney _____	Business Phone _____
Firm & Address _____	E-mail _____
Accountant _____	Business Phone _____
Firm & Address _____	E-mail _____
Bank/Trust Officer _____	Business Phone _____
Firm & Address _____	E-mail _____
Other Advisor(s) _____	Business Phone _____
Firm & Address _____	E-mail _____

### BENEFICIARIES

Full Name	Birthdate	Age	Social Sec No.	Anticipated Education Expense	Primary or Secondary %
					___ Primary    ___ Secondary
					___ Primary    ___ Secondary
					___ Primary    ___ Secondary
					___ Primary    ___ Secondary
					___ Primary    ___ Secondary

### ADDITIONAL INFORMATION

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