

# KOBEL

FINANCIAL PLANNING

## Confidential Data Organizer

### CLIENT

Date: \_\_\_\_\_

Full Name \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Linkedin \_\_\_\_\_  
 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 \_\_\_\_\_  
 Linkedin \_\_\_\_\_  
 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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