EASTERN GATE
FINANCIAL LLC

Personal Information

Full Legal Name: _____
First Middle Last

Spouse Full Legal Name: _____
First Middle Last

Social Security Number: _____ Spouse Social Security Number: _____
Date of Birth: _____ Spouse Date of Birth: _____
Number of Dependents _____

Driver's License Number: _____ Spouse Driver's License Number: _____
State of Issue: _____ Spouse State of Issue: _____
Issue Date: _____ Spouse Issue Date: _____
Expiration Date: _____ Spouse Expiration Date: _____

Home Phone: _____
Cell Phone: _____ Spouse Cell Phone: _____

Mailing Address: _____
Address City State Zip Code

Legal Address: _____
Address City State Zip Code

Email Address: _____

Current CPA: _____
Current Tax Attorney: _____

Name of Trust: _____
Tax ID: _____
Trust Date: _____

Employer Information

Occupation: _____
Employers Name: _____
Employers Address: _____
Address City State Zip Code

Spouse Occupation: _____
Employers Name: _____
Employers Address: _____
Address City State Zip Code

Beneficiaries

Primary Beneficiary

Full Legal Name: _____

First Middle Last

Social Security Number: _____

Date of Birth: _____

Relationship: _____

Percentage: _____

Contingent Beneficiary

Full Legal Name: _____

First Middle Last

Social Security Number: _____

Date of Birth: _____

Relationship: _____

Percentage: _____

Contingent Beneficiary

Full Legal Name: _____

First Middle Last

Social Security Number: _____

Date of Birth: _____

Relationship: _____

Percentage: _____

Contingent Beneficiary

Full Legal Name: _____

First Middle Last

Social Security Number: _____

Date of Birth: _____

Relationship: _____

Percentage: _____

Contingent Beneficiary

Full Legal Name: _____

First Middle Last

Social Security Number: _____

Date of Birth: _____

Relationship: _____

Percentage: _____

PERSONAL FINANCIAL STATEMENT OF

_____

Prepared on: _____

MAILING ADDRESS: _____

Spouse's Name (if applicable): _____

ASSETS

Provide the total value of each asset class; if you have more than one account or item, add up the individual amounts. See the attachment to provide greater detail.

Checking Accounts	$_____
Savings Accounts	$_____
Certificates of Deposit	$_____
Securities (Stocks/Bonds/Mutual Funds)	$_____
Notes Receivable	$_____
Personal Property	$_____
Real Estate	$_____
Life Insurance	$_____
Retirement Accounts	$_____
Other Assets	$_____
TOTAL ASSETS:	$_____

LIABILITIES

Provide the total value of each liability type; if you have more than one of a category, add up the individual amounts. See the attachment to provide greater detail.

Credit Card Debt	$_____
Student Loans	$_____
Vehicle Loans	$_____
Real Property Mortgages	$_____
Notes Payable/Promissory Notes	$_____
Other Liabilities	$_____
TOTAL LIABILITIES:	$_____

NET WORTH

$_____ - $_____ = $_____

Documents Needed for Insurance Planning

- Copies of current life insurance policies
- Annual Statements

Please add the completed client information forms, along with the above-requested documents, to the SharePoint link that was provided to you by our team via email.