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## Specializing In The Universe Of Income Generating Strategies

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_  
Number of Grandchildren: \_\_\_\_\_ Ages: \_\_\_\_\_

Do you intend to send your child/children to college? ☐ Yes ☐ No

Current Concerns: ☐ Debt Elimination ☐ Retirement ☐ Tax Reduction ☐ Increased Savings  
☐ College Planning ☐ Legacy/Estate ☐ Long-Term Care ☐ Health Care Expense

### **Long-Term Debt - 10 Years or More** (Mortgage, Student Loans, Personal Loans, etc.):

#### Personal Residence

Mortgage Payment (P&I Only): \$ \_\_\_\_\_ Outstanding Balance: \$ \_\_\_\_\_ Interest  
(Taxes): \$ \_\_\_\_\_ Rate: \_\_\_\_\_ %  
(Insurance): \$ \_\_\_\_\_ Mortgage Type: ☐ Fixed ☐ ARM ☐ Interest

#### Other Loans

Only

<u>Debt Name</u>	<u>Amount Owed</u>	<u>Interest Rate</u>	<u>Min. Req'd. Pymt.</u>	<u>Actual Pymt.</u>
_____	\$ _____	_____ %	\$ _____	\$ _____

### **Short-Term Debt - Less than 10 Years** (Credit Cards, Auto Loans, HELOC, medical bills, etc.):

<u>Debt Name</u>	<u>Amount Owed</u>	<u>Interest Rate</u>	<u>Min. Req'd. Pymt.</u>	<u>Actual Pymt.</u>
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____

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## Insurance & Benefits:

### Your Life Insurance

General Health: \_\_\_\_\_

Smoker: ☐ Yes ☐ No

Type: ☐ Permanent ☐ Term ☐ Employer

Premium: \$ \_\_\_\_\_

Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

Type: ☐ Permanent ☐ Term ☐ Employer

Premium: \$ \_\_\_\_\_

Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

### Spouse Life Insurance

General Health: \_\_\_\_\_

Smoker: ☐ Yes ☐ No

Type: ☐ Permanent ☐ Term ☐ Employer

Premium: \$ \_\_\_\_\_

Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

Type: ☐ Permanent ☐ Term ☐ Employer

Premium: \$ \_\_\_\_\_

Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

Health Insurance: ☐ Standard Co-Pay ☐ High Deductible Health Plan ☐ Health Savings Account

Are you contributing to an FSA or HSA? ☐ Yes ☐ No

Balance: \$ \_\_\_\_\_

Your Annual Contribution: \$ \_\_\_\_\_

Employer Annual Contribution: \$ \_\_\_\_\_

Auto Insurance: ☐ Yes ☐ No

Homeowner Insurance: ☐ Yes ☐ No

Disability Insurance: ☐ Yes ☐ No

Long Term Care Insurance: ☐ Yes ☐ No

## Income:

### Monthly Income Type

### You

### Spouse

Wages / Salary: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Rental Income: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Total Income: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Desired Retirement Income: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Required Income Projection: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Desired Retirement Age: \_\_\_\_\_

\_\_\_\_\_

Have you considered cost-of-living, inflation, and increased medical expenses? ☐ Yes ☐ No

Do you expect a significant income or cash flow change in the near future? ☐ Yes ☐ No

If "Yes," please explain: ☐ Bonus: \$ \_\_\_\_\_

☐ Tax Refund: \$ \_\_\_\_\_

☐ Gifts: \$ \_\_\_\_\_

☐ Inheritance: \$ \_\_\_\_\_

☐ Other: \$ \_\_\_\_\_

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**Accounts** (Savings, Checking, 401(k), 403(b), 457, 529, IRA, Roth IRA, UTMA/UGMA, etc.):

<u>Financial Institution</u>	<u>Account Type</u>	<u>Account Value</u>	<u>Monthly Contribution</u>	<u>Available</u>	
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Would you postpone retirement savings if you could eliminate debt sooner and end up with more in retirement? ☐ Yes ☐ No

Which concerns you more, the growth in your savings or protection against loss of savings?

☐ Growth ☐ Protection against loss

Do you want a retirement plan controlled solely by you or subject to government influence?

☐ Controlled by me ☐ Subject to government influence

Are currently working with a financial advisor? ☐ Yes ☐ No If so, for how long? \_\_\_\_\_ years

**Miscellaneous Questions:**

What significant expenses do you plan on having each year?

<input type="checkbox"/> Fall Break Trip: \$ _____	<input type="checkbox"/> Spring Break: \$ _____
<input type="checkbox"/> Summer Vacations: \$ _____	<input type="checkbox"/> Other Vacations: \$ _____
<input type="checkbox"/> Private School Tuition: \$ _____	<input type="checkbox"/> Travel Sports Fees: \$ _____
<input type="checkbox"/> Art, Music, Athletic Lessons: \$ _____	<input type="checkbox"/> Other: \$ _____

Do you have a Will, Living Will, General Power of Attorney and Healthcare Power of Attorney?

You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

Do you own more properties than just your personal residence? ☐ Yes ☐ No

**Notes:**