

Confidential Personal & Financial Profile

This comprehensive, personal financial planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities.

Your information always remains confidential.

Personal Profile

Checklist of documents to bring to initial consultation:

- Confidential Profile
- All annuity, life & long-term care policies
- Last year's tax return
- All IRA & retirement statements
- All brokerage firm statements
- Copies of wills & trusts

Family Information

Your name: _____

Spouse's name: _____

Age: _____ Birthdate: _____

Age: _____ Birthdate: _____

Residence Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Home phone: _____ Fax #: _____ Email: _____

Children's names	Age	State of residence	# of Grandchildren
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Occupation

Your job title: _____

of years: _____ Work phone: _____

Employer (last, if retired): _____

Retirement date: _____

Spouse's job title: _____

of years: _____ Work phone: _____

Employer (last, if retired): _____

Retirement date: _____

Advisors

Financial advisor's name: _____

Firm name: _____

City: _____ State: _____

Do you have a preference or a commitment to this advisor?

Yes No

Attorney's name: _____

Firm name: _____

City: _____ State: _____

Do you have a preference or a commitment to this advisor?

Yes No

Accountant's name: _____

Firm name: _____

City: _____ State: _____

Do you have a preference or a commitment to this advisor?

Yes No

Insurance Agent's name: _____

Firm name: _____

City: _____ State: _____

Do you have a preference or a commitment to this advisor?

Yes No

Stock Broker's name: _____

Firm name: _____

City: _____ State: _____

Do you have a preference or a commitment to this advisor?

Yes No

Personal Goals Profile

Please complete this questionnaire to the best of your ability. It's difficult to know if you're going the right direction if you don't know where you'd like to go.

1. Five years from today, how do you expect your household annual income to change?

- To grow substantially
- To grow moderately
- To stay about the same
- To decrease substantially
- To decrease moderately

2. With income generated from your portfolio for the next ____ years, you plan to:

- Use it for living expenses
- Use some and reinvest some
- Reinvest all income

3. Five years from today, how do you expect your portfolio value to change?

- Portfolio is not my primary concern, I am more concerned with current income
- The same as or slightly more than today
- Greater than today
- Substantially greater than today

4. In the 20th Century, inflation existed in 97 years of 100. What is your realistic rate of return goal for your overall portfolio as compared to inflation?

- Beat inflation by 2% per year
- Beat inflation by 4% per year
- Beat inflation by 6% per year
- Beat inflation by ____ per year

5. Items with which you would like assistance. (Check all that apply)

- Increase my standard of living
- Financial security at retirement
- Increase my net worth by ____ %
- Reduce my tax burden
- Simplify my financial affairs
- Pay for college education for children
- Provide for my family in the event of my death

6. How much income do you want from your portfolio during your retirement years?

\$ _____ / year

7. Other Goals:

8. If you could change two things about your current financial situation, what would you change?

1. _____

2. _____

Investment Goals

Assets

1. **Long-term growth:** My return should exceed inflation rate.
2. **Safety:** I want my principal to be safe.
3. **Current Income:** I want to spend all my portfolio gains.
4. **Income Taxes:** I want my income taxes reduced.
5. **Estate Taxes:** I want my estate taxes minimized.
6. **Liquidity:** My principal should be immediately accessible.
7. **Diversification:** I want a sound asset allocation strategy.
8. **Financial Advisor:** I want professional management.

Low priority

High priority

1	2	3	4	5	6	7	8	9	10
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Low risk

High risk

1	2	3	4	5	6	7	8	9	10
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9. Rate your risk tolerance level.

What is important about money to you?

Notes:

Balance Sheet

1. Monetary & investment assets

Cash

On hand: _____

Checking account: _____

Savings account: _____

Taxable accounts

Brokerage accounts:
(Individual, TOD, Joint, Trust) _____

Other: _____

Tax-deferred accounts

Current employer retirement
plans: *(401(k), 403(b), 457)* _____

IRA's: *(Traditional,
Simple, SEP, & Inherited)* _____

Annuities: _____

Other: _____

Tax-exempt accounts

Current employer
retirement plans: *(Roth 401(k))* _____

Roth IRAs: _____

College savings plans:
(529 & ESA) _____

Other: _____

Other

Cash value of life insurance: _____

Money loaned to others:
(repayment expected) _____

Total monetary & investment assets:

2. Fixed assets

Home & property: _____

Other real estate
investments: _____

Automobiles: _____

Personal property: _____

Ownership interest
in small business: _____

Total fixed assets:

3. Total Assets:

(Sum of 1 and 2)

Liabilities

4. Unpaid bills

Taxes: _____

Insurance premiums: _____

Rent: _____

Utilities: _____

Charge Accounts: _____

Other: _____

Total unpaid bills: _____

5. Installment Loans *(balance due)*

Mortgage Loans: _____

Automobile 1: _____

Automobile 2: _____

Bank Loan: _____

Credit Cards: _____

Educational: _____

Other: _____

Total loans: _____

6. Total Liabilities:

(Sum of 4 and 5)

Total Net Worth:

(Subtract of 6 from 3)

Gross Monthly Income Statement

	Client	Spouse
Wages or salary		
Social Security		
Pension		
Rental income		
Annuity income		
Other: _____		

Total combined income: \$ _____

Monthly Portfolio Contributions/Withdrawals

Portfolio withdrawals:

	Budget
Traditional IRA withdrawals	
401(k), 403(b), 457 withdrawals	
Roth IRA withdrawals	
College / 529 withdrawals	
Brokerage account withdrawals	
Checking / savings account withdrawals	
Other	
Other	

Savings / contributions:

	Budget
Traditional IRA contributions	
401(k), 403(b), 457 contributions	
Roth IRA contributions	
College / 529 contributions	
Brokerage account contributions	
Checking / savings account contributions	
Other	
Other	

Detailed Monthly Budget

Home expenses:

	Budget
Mortgage	
Real estate taxes	
Electricity	
Gas / oil	
Water / sewer / trash	
Cell phone	
Cable / satellite	
Internet	
Furnishings / appliances	
Lawn / garden	
Home supplies	
Maintenance	
Improvements	
Other	

Daily Living:

	Budget
Groceries	
Personal supplies	
Clothing	
Cleaning services	
Dining/eating out	
Travel	
Dry cleaning	
Salon / personal care	
Discretionary	
Other	

Children:

	Budget
School tuition	
School lunch	
School supplies	
Babysitting	
Activities	
Other	

Entertainment:

	Budget
Recreation	
Travel	
Hobbies	
Memberships	
Other	

Transportation:

	Budget
Vehicle payments	
Fuel	
Tolls	
Repairs	
Registration / license	
Other	

Insurance:

	Budget
Auto	
Health	
Home / rental	
Life insurance	
Personal umbrella	
Other	

Charity / gifts:

	Budget
Tax deductible gifts	
Personal gifts	
Other	

Health:

	Budget
Doctor / dentist	
Medicine / Rx	
Health club dues	
Other	

Professional services:

	Budget
Accounting	
Legal	
Financial advisory	
Other	