

PERSONAL FINANCIAL AND INVESTMENT PROFILE

This comprehensive personal financial summary is designed to help us take inventory of your financial life and assign realistic values to your personal assets and liabilities. It is an essential first step in creating a customized financial plan for your future. Once you have completed all applicable sections, please return this packet to us. If questions arise as you complete this material, please feel free to contact us.

We respect your privacy and will not disclose this information to any outside parties without your written consent.

Date: _____

FAMILY INFORMATION

Your Name: _____ Nickname: _____

Age: _____ Birth Date: _____ Social Security #: _____

Spouse's Name: _____ Nickname: _____

Age: _____ Birth Date: _____ Social Security #: _____

Residential Street Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different than above): _____

City: _____ State: _____ ZIP: _____

Preferred Phone #: _____ Alternate Phone #: _____

Fax #: _____ E-Mail Address: _____

Children's Names and Ages:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Were you referred to us by anyone? _____



OCCUPATIONAL INFORMATION

Your Job Title: _____

Current or Most Recent Employer: _____

of Years with Company: _____ Work Phone #: _____

Actual or Estimated Retirement Date: _____

Spouse's Job Title: _____

Spouse's Current or Most Recent Employer: _____

of Years with Company: _____ Work Phone #: _____

Spouse's Actual or Estimated Retirement Date: _____

ADVISORS

Prior Financial Advisor's Name: _____

Firm Name: _____ City/State: _____

What did you like/dislike about working with him/her? _____

Attorney's Name: _____

Firm Name: _____ City/State: _____

Accountant's Name: _____

Firm Name: _____ City/State: _____

Insurance Agent's Name: _____

Firm Name: _____ City/State: _____

Stockbroker's Name: _____

Firm Name: _____ City/State: _____

Please list any advisors you have a preference for, or a commitment to working with, if applicable:

PERSONAL VIEWS

1. What are your top priorities in life?

2. What are your biggest fears in life?

3. What is your vision for your future?

Life Values

Please choose five of the goals below and rank them in order, **1** being the most important and **5** the least important:

- _____ **Achievement** – to accomplish something important in life
- _____ **Adventure** – to experience variety and excitement
- _____ **Aesthetics** – to be able to appreciate and enjoy beauty
- _____ **Authority** – to be a key decision maker, directing priorities
- _____ **Autonomy** – to be independent and have freedom
- _____ **Friendship** – to have close personal relationships, share with family and friends
- _____ **Health** – to be physically, mentally, and emotionally well
- _____ **Integrity** – to be honest and straightforward, just and fair
- _____ **Pleasure** – to experience enjoyment and satisfaction from activities in which I participate
- _____ **Recognition** – to be seen as successful and receive acknowledgment for achievement
- _____ **Security** – to feel stable and comfortable, with few changes or anxieties in my life
- _____ **Service** – to contribute to the quality of life of other people
- _____ **Spirituality/Growth** – to be in harmony with the infinite source of life
- _____ **Wealth** – to acquire an abundance of money/possessions; to be financially independent
- _____ **Wisdom** – to have insight; to be able to pursue new knowledge

PERSONAL GOALS STATEMENT

Which item(s) would you like help with?

- Increasing my standard of living
- Financial security at retirement
- Increasing my net worth by _____%
- Reducing my tax burden
- Paying for a college education for my children
- Providing for my family in the event of my (or my spouse's) death
- Minimizing the cost of probate and estate taxes
- Controlling the distribution of assets to my heirs
- Planning for long-term or nursing home care
- Buying a house

Other Financial Goals:

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

1. _____
2. _____

CONCERNS AND OBJECTIVES

Investment Planning

1. Are you comfortable with your current cash flow? Yes No Uncertain
2. Do you anticipate any significant changes in your cash flow? Yes No Uncertain
3. Are any assets earmarked for a particular personal objective? Yes No Uncertain
4. Do you anticipate any major expenditures in the near future? Yes No Uncertain
 – If so, what expenditures are you expecting? _____
5. What level of liquid reserves do you feel comfortable with? \$ _____
6. Are you interested in funding future college/postgraduate expenses for your children? Yes No
 – If yes, please complete the following:

Name of Child	Institution Type	Number of Years	Current Assets

Financial Planning

1. What is the amount of your non-real estate debt and the associated interest rate(s)? _____

2. Do you anticipate any major lifestyle changes (i.e., marriage, divorce, retirement, moving, etc.)? Yes No Uncertain
 – If so, what changes are you expecting? _____

PERSONAL FINANCIAL AND INVESTMENT PROFILE *continued*

3. Do you anticipate any major expenditures in the near future? Yes No Uncertain
– If so, what expenditures are you expecting? _____

4. Do you give regularly to charities? Yes No
– If so, to whom, and approximately how much each year? _____

– Do you have a specific reason for giving to this charity? _____

– Are gifts made in cash, other real property, or through a charitable remainder trust? _____

5. Do you or your spouse have potential support problems with family or non-family members? Yes No Uncertain

– If so, please give a brief description: _____

6. If you or your spouse were previously married, describe any obligations that resulted under the divorce decree:

7. Do you anticipate having more children? Yes No Uncertain

– If so, when? _____

8. Are there any special allowances that should be made with regard to your children (e.g., handicaps)? Yes No

– If so, please give a brief description: _____

9. Do you or your spouse anticipate a change in employment in the immediate future? Yes No Uncertain

10. At what age do you expect to retire? _____ Your spouse? _____

11. At what age would you *like* to retire? _____ Your spouse? _____

12. What minimum income do you expect to need (in today's dollars)? \$ _____

13. If you plan on working after retirement, estimate your expected income: \$ _____

14. What substantial lump-sum expenditures do you anticipate in retirement (i.e., travel, purchase of a retirement home, etc.)?

15. Do you anticipate cash inflows from sources other than income (i.e., gifts, sale of assets, etc.)? Yes No Uncertain

16. Do you contribute to any company-sponsored retirement plans? Yes No

Risk Management and Insurance Planning

1. Do you have any potential health problems? Yes No Uncertain

2. Do you have adequate medical coverage? Yes No Uncertain

3. Do you have long-term health insurance coverage? Yes No Uncertain

4. Do you have adequate disability coverage? Yes No Uncertain

– What monthly income would be required in the event of your total disability? _____

– Your spouse's total disability? _____

5. Do you have adequate personal liability coverage? Yes No Uncertain

– If so, what is the amount? _____

6. Do you have enough life insurance? Yes No Uncertain

7. Would you want your family to continue receiving approximately the same amount of income as you receive now in the event of your premature death? Yes No Uncertain

– If not, what amount of income do you expect they will need? _____

8. Do you have an emergency fund (money set aside in savings)? Yes No Uncertain

Estate Planning

- 1. Do you have adequate/updated wills? Yes No Uncertain
- 2. Have you established any trusts? Yes No Uncertain
- 3. Are you the beneficiary of any trusts? Yes No Uncertain
- 4. Will you be receiving a significant inheritance? Yes No Uncertain
- 5. Have you adequately considered estate taxes? Yes No Uncertain
- 6. Have you provided adequate estate liquidity for your heirs? Yes No Uncertain
- 7. Is proper titling a concern? Yes No Uncertain
- 8. Have you or your spouse made any gifts of cash or property? Yes No Uncertain
- 9. Are your important documents secure and in one location? Yes No Uncertain

Concerns

Please list any concerns you have:

FAMILY ASSETS/LIABILITIES

Total Family Annual Income

Wages: _____

Pension: _____

Social Security: _____

Investment Income: _____

Other Income: _____

Outstanding Personal Debt/Liabilities

Car Note: _____

Credit Cards: _____

Student Loans: _____

Other Misc. Loans: _____

INVESTMENT ASSETS

Please check the range below that most accurately reflects the total of your investments in each category.

Non-Retirement Investments

\$100,000–\$250,000

\$250,001–\$500,000

\$500,001–\$1,000,000

\$1,000,001–\$5,000,000

\$5,000,001+

Please provide a current statement for all accounts.

Retirement Plan Investments (IRA, 401(k), 403(b))

\$100,000–\$250,000

\$250,001–\$500,000

\$500,001–\$1,000,000

\$1,000,001–\$5,000,000

\$5,000,001+

Please provide a current statement for all accounts.

Stock Options

Description	Type*	Option Price	Current Value	Expiration Date

*Enter the abbreviation that applies to the type of stock option: **ISO**–Incentive Stock Option; **NQSO**–Nonqualified Stock Option.

Notes: _____

BUSINESS ASSETS

Description	Type*	Value	Cost Basis	Gross Revenues	Growth Rate

*Enter the abbreviation that applies to the type of business asset: **S**–Sole Proprietorship; **P**–Partnership; **L**–Limited Liability Company; **C**–C Corp; **SC**–S Corp.

Notes: _____

REAL ESTATE ASSETS

Property Information

Description	Type*	Owner**	Purchase Price	Market Value	Improvements

*Enter the abbreviation that applies to the property type: **P**–Primary Residence; **S**–Secondary; **I**–Investment; **R**–Rental; **REC**–Recreational; **O**–Other.

Enter the abbreviation that applies to the real estate: **S–Separate Property; **J**–Joint Tenants; **C**–Tenants-in-Common; **CP**–Community Property; **U**–UTMA (Uniform Transfer to Minors Act); **T**–Trust.

Notes: _____

Mortgage Information

Property Type*	Mortgage Type**	Original Amount	Current Balance	Original Date	Monthly Payment	Term (Total Years)	Interest Rate

*Enter the abbreviation that applies to the property type: **P**–Primary Residence; **S**–Secondary; **I**–Investment; **R**–Rental; **REC**–Recreational; **O**–Other.

Enter **A for Adjustable or **F** for Fixed.

Notes: _____

INSURANCE ASSETS

Life Insurance

Company Name	Insured*	Type**	Owner*	Death Benefit	Cash Value	Premium	Mode***	Beneficiary

*Enter **S** for Self, **SP** for Spouse, **D** for Dependent, or **O** for Other.

Enter the abbreviation that applies to the type of insurance: **GT–Group Term; **T**–Term; **W**–Whole Life; **U**–Universal; **V**–Variable; **VU**–Variable Universal.

***Enter the abbreviation that applies to the premium payment mode: **A**–Annual; **S**–Semiannual; **Q**–Quarterly; **M**–Monthly.

What were your reasons for purchasing life insurance? _____

Notes: _____

Disability Insurance

Company Name	Insured*	Type**	Owner*	Cash Value	Premium	Mode***	Beneficiary

*Enter **S** for Self, **SP** for Spouse, **D** for Dependent, or **O** for Other.

Enter the abbreviation that applies to the type of insurance: **GT–Group Term; **T**–Term; **W**–Whole Life; **U**–Universal; **V**–Variable; **VU**–Variable Universal.

***Enter the abbreviation that applies to the premium payment mode: **A**–Annual; **S**–Semiannual; **Q**–Quarterly; **M**–Monthly.

Notes: _____

Long-Term Care Insurance

Company Name	Insured*	Type**	Owner*	Cash Value	Premium	Mode***	Beneficiary

*Enter **S** for Self, **SP** for Spouse, **D** for Dependent, or **O** for Other.

Enter the abbreviation that applies to the type of insurance: **GT–Group Term; **T**–Term; **W**–Whole Life; **U**–Universal; **V**–Variable; **VU**–Variable Universal.

***Enter the abbreviation that applies to the premium payment mode: **A**–Annual; **S**–Semiannual; **Q**–Quarterly; **M**–Monthly.

Notes: _____

Trust-Owned/Second-to-Die Insurance

Company Name	Insured*	Type**	Owner*	Cash Value	Premium	Mode***	Beneficiary

*Enter **S** for Self, **SP** for Spouse, **D** for Dependent, or **O** for Other.

Enter the abbreviation that applies to the type of insurance: **GT–Group Term; **T**–Term; **W**–Whole Life; **U**–Universal; **V**–Variable; **VU**–Variable Universal.

***Enter the abbreviation that applies to the premium payment mode: **A**–Annual; **S**–Semiannual; **Q**–Quarterly; **M**–Monthly.

Notes: _____

Health Insurance

Company Name	Insured*	Type**	Owner*	Premium	Mode***

***S** for Self, **SP** for Spouse, **D** for Dependent, or **O** for Other.

Enter the abbreviation that applies to the type of insurance: **HMO or **PPO**.

***Enter the abbreviation that applies to the premium payment mode: **A**–Annual; **S**–Semiannual; **Q**–Quarterly; **M**–Monthly.

Notes: _____

FAMILY TREE

Please illustrate your family tree below, including parents, children, adopted children, stepchildren, and grandchildren. This will assist us with the estate planning portion of your financial plan.