



CONFIDENTIAL FINANCIAL PROFILE

CLIENT NAME (1): _____ **CLIENT NAME (2):** _____

Home Address: _____ Home Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Fax: (Home / Work) _____ Fax: (Home / Work) _____

E-mail: _____ E-mail: _____

Birth date: _____ Birth date: _____

Primary Contact Person during business hours? _____

FAMILY MEMBERS (Please list children and other dependents.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Residence-if different</u>
_____	_____	____/____/____	Y N	_____
_____	_____	____/____/____	Y N	_____
_____	_____	____/____/____	Y N	_____
_____	_____	____/____/____	Y N	_____
_____	_____	____/____/____	Y N	_____
_____	_____	____/____/____	Y N	_____

EMPLOYMENT AND SALARY INFORMATION

Client Employer (1): _____	Client Employer (2): _____
Title/Job: _____	Title/Job: _____
Years with current employer: _____	Years with current employer: _____
Anticipated employment changes? _____	Anticipated employment changes? _____
Salary: _____	Salary: _____
Self-Employment Income: _____	Self-Employment Income: _____
Bonus/Commissions: _____	Bonus/Commissions: _____
Other Earned Income: _____	Other Earned Income: _____
Pension: _____	Pension: _____
Social Security Benefits: _____	Social Security Benefits _____
TOTAL (Current Yr) = _____	TOTAL (Current Yr) = _____

FINANCIAL SITUATION AND OPINIONS

Please rate each statement using a scale of 1–5 (1 = very accurate, 5 = not at all accurate).

	<u>Client 1</u>	<u>Client 2</u>
1. I have clearly defined goals.	_____	_____
2. I know how much money I will need to reach my goals.	_____	_____
3. I am confident that I am saving enough to reach my goals.	_____	_____
4. (If retired) I am sure I won't outlive my money.	_____	_____
5. I am certain that I am not under- or over-insured.	_____	_____
6. I am confident that I have minimized my income taxes.	_____	_____
7. I feel comfortable with my level of debt.	_____	_____
8. I know exactly where my money goes each month.	_____	_____
9. I am saving at least 10% of my income.	_____	_____
10. I am happy with the home I own.	_____	_____
11. I have a well-defined investment strategy.	_____	_____
12. I am confident that my investment expenses are reasonable.	_____	_____
13. I understand how each of my investments fits into my strategy.	_____	_____
14. I am sure I reacted appropriately to the recent market declines.	_____	_____
15. I clearly understand my company retirement plan and other benefits.	_____	_____
16. I am satisfied with my career path and income.	_____	_____
17. The various financial aspects of my life are well coordinated.	_____	_____
18. Money stresses are not affecting my personal relationships or me.	_____	_____

Please tell us ...

	<u>Client 1</u>	<u>Client 2</u>
What was the best financial decision you ever made?		
What was the worst?		
At what age do you plan to be financially independent (able to retire)?		

Circle your expectation for long-term returns on your investments?

Client 1	3 to 6%	7 to 9%	10 to 12%	13 to 15%	Greater than 15%	No Idea
Client 2	3 to 6%	7 to 9%	10 to 12%	13 to 15%	Greater than 15%	No Idea

ADVISORS

Rate your working relationships with each of the following advisors:

	Dissatisfied		Satisfied		Very Satisfied	Not applicable
Financial Planner	1	2	3	4	5	X
Broker One	1	2	3	4	5	X
Broker Two	1	2	3	4	5	X
Tax Accountant	1	2	3	4	5	X
Accountant (if different)	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Insurance Agent (life)	1	2	3	4	5	X
Insurance Agent (car/home)	1	2	3	4	5	X

TAXES

Are all Federal, State & Local tax returns up-to-date and filed on time? Yes No

Are any of your income tax filings on extension? Yes No

Who prepares your tax returns? CPA Other paid preparer Self

INSURANCE

Life Insurance Death Benefits

	<u>Client 1</u>	<u>Client 2</u>
Employer sponsored	\$ _____	\$ _____
Personally owned	\$ _____	\$ _____

Other Insurance

Are you covered by the following insurance?

	<u>Client 1</u>		<u>Client 2</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Hospitalization, Major Medical, HMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner's or Renter's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Personal Property (for valuables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSETS

Please attach copies of recent statements for all financial assets such as, bank accounts, brokerage accounts, retirement plans/accounts, mutual funds, etc. (If you have this information in a format of your own design please feel free submit it in place of statements).

Estimate the value of financial assets held in your possession:

US Savings Bonds _____ Stocks _____ Precious Metals _____ Other _____

Estimate the value of Real Estate:

Residence _____ 2nd Home _____ Rental _____ Other _____

Employee Stock Plans

	Client 1		Client 2	
	Yes	No	Yes	No
Do you participate in a company stock option plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you participate in a company stock purchase plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Assets:

LIABILITIES

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

**If not paid in full each month*

<u>Loans</u> (mortgages, auto, business, school, other)	<u>Interest Rate</u>	<u>Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

Have you received a copy of your credit report recently? Yes No

ESTATE PLANNING

	Client 1		Client 2	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Wills				
Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has it been reviewed in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusts				
Do you have a revocable trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it funded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has it been reviewed in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an irrevocable trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has it been reviewed in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Durable Power of Attorney?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Health Care Proxy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you anticipate any inheritance in the future? If so, how much? _____

YOUR OBJECTIVES

Please list your top 3-5 goals or areas of concern:

1. _____
2. _____
3. _____
4. _____
5. _____

What motivated you to seek financial advice?

What are you looking for in a Financial Advisor?

What do you hope to get out of our first meeting?