Preliminary Personal
Financial Planning Profile

Please fill out the next three pages and gather the documents listed on the last page. We request that you deliver the documents to our offices no less than one week prior to your Initial Consultation so we may have time to review and prepare.

The information you provide is strictly confidential and will not be disclosed to anyone without your consent.

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Preliminary Personal Financial Planning Profile

General Information

Today's date: ______________

Client's name: ________________________ Co-Client's name: ________________________

Birth Date: ___________ Birth Date: ___________

Address: ____

____

Phone Numbers: ________________________ (Home) ________________________ (Work)

Preferred E-Mail Address: ____

How did you hear about us? ____

Please check one: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other

Children: **Name** **Birthdate**

____

____

____

	Client	**Co-Client**
Please check:	☐ Employed ☐ Self-Employed ☐ Retired	☐ Employed ☐ Self-Employed ☐ Retired
Occupation:	________________________	________________________

Financial Planning Priorities and Goals

What are your three most important financial concerns or goals?

1.

2.

3.

Asset Information *Please estimate the value of the following:*

Checking, Savings/CD, Money Market Funds $ ______________

Retirement Accounts (IRA's, 401(k)'s 403(b)'s, etc.) $ ______________

Your Home $ ____________ Other Real Estate $ ______________

Stocks, Bonds $ ____________ Mutual Funds $ ______________

Other Assets $ ____________

Liability Information *Please estimate the value of the following:*

Primary Mortgage $ __________ Other Mortgages $ ______________

Installment Loans $ __________ Credit Cards $ ______________

Other Liabilities $ __________

Annual Earned Income

Salary(ies) $ __________ Commission $ ______________

Bonus $ __________ Other Income $ ______________

Is income fairly uniform and reliable? ☐ Yes ☐ No

Explanation (if needed):

Contributions

Are you contributing on a regular basis to a retirement plan such as 401(k), 403(b) or deferred compensation, or to an IRA? ☐ Yes ☐ No

Life Insurance

How much life insurance do you have?

Client $ _________ Co-Client $ _________

Wills

Do you have a will(s)? ____________ Date Signed: _________

Other Information

How much do you expect to earn on your investments?

6-8% ____ 8-10% ____ 10-12% ____ 12-15% ____ 15% + ____

What did you do the last time the stock market went down by 5% or more?

Have you ever been unhappy with the recommendations of a stockbroker, insurance agent and/or financial adviser or consultant? ☐ Yes ☐ No If yes, please explain:

Is there any other information you would like to provide at this time?

Please bring the following documents to your free initial consultation or provide them a week in advance if possible.

- Tax returns for last three years
- Most recent brokerage/mutual fund statement(s)
- Most recent retirement plan statement(s)
- Most recent IRA statement(s)

Signed: ________________________________ Date: ______________

Thank you!