



Date Completed: \_\_\_\_\_

## Confidential Financial Profile

<b>CLIENT NAME:</b>	_____	<b>CO-CLIENT NAME:</b>	_____
Home Address:	_____	Home Address:	_____
City, State, Zip:	_____	City, State, Zip:	_____
Home Phone:	_____	Home Phone:	_____
Work Phone:	_____	Work Phone:	_____
Cell Phone:	_____	Cell Phone:	_____
Fax: (Home / Work)	_____	Fax: (Home / Work)	_____
E-mail:	_____	E-mail:	_____

**Preferred person and phone # or e-mail to contact you during business hours** \_\_\_\_\_

Date of Birth:	_____	Date of Birth:	_____
Social Security #	_____	Social Security #	_____

**Note: You need not disclose your SSN or account numbers until you become a client.**

**Password for Document Security:** \_\_\_\_\_

**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	_____

## EMPLOYMENT AND SALARY INFORMATION

Client Employer (1):	_____	Client Employer (2):	_____
Title/Job:	_____	Title/Job:	_____
Beginning service date with employer	_____	Beginning service date with 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</u>	<u>Co-Client</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 <b>not</b> affecting my personal relationships or me.		

### Please tell us ...

	<u>Client</u>	<u>Co-Client</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?

<b>Client 1</b>	3 to 6%	7 to 9%	10 to 12%	13 to 15%	Greater than 15%	No Idea
<b>Client 2</b>	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		2	3	4	5	X
Broker One		2	3	4	5	X
Broker Two		2	3	4	5	X
Tax Accountant		2	3	4	5	X
Accountant (if different)		2	3	4	5	X
Attorney		2	3	4	5	X
Insurance Agent (life)		2	3	4	5	X
Insurance Agent (car/home)		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</u>	<u>Co-Client</u>
Employer sponsored	\$ _____	\$ _____
Personally owned	\$ _____	\$ _____

### Other Insurance

Are you covered by the following insurance?

	<u>Client</u>		<u>Co-Client</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 & LIABILITIES

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).

Please estimate the value of financial assets held in your possession and all outstanding debts on the **FINANCIAL DATA FORM**.

### Employee Stock Plans

	Client		Co-Client	
	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"/>

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

## ESTATE PLANNING

	Client		Co-Client	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
<b>Wills</b>				
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"/>
<b>Trusts</b>				
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"/>
<b>Do you have a Durable Power of Attorney?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have a Health Care Proxy?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were you previously married?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have a divorce agreement, pre- or post-nuptial agreement?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you anticipate any inheritance or other large sums of money 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?