



4400 N. High St. Suite 201
Columbus, OH 43214
(614) 328-9319

PERSONAL FINANCIAL PROFILE

CONFIDENTIAL

All information that you provide is strictly CONFIDENTIAL and will not be disclosed to anyone without your consent. Please send this form to us through our secure link on our website in the Get Started or Contact Us pages.

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How did you discover Partnership Financial, LLC?

General Information

	Client	Co-Client
Name		
Birthdate		
Home Address		
City, State, Zip		
Business Address		
City, State, Zip		
Email		
Preferred Phone		
Other Phone		

Please check one: Single Married Divorced Widowed Other

Income

	Client	Co-Client
Occupation		
Employer		
Annual Salary		
Bonus		
Other Income		

Is income fairly uniform and reliable? Y N

Please check one: Employed Self-Employed Retired



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Dependents and Adult Children

Name	Relationship	Birthdate	Resides in <i>City, State</i>

Do any of your dependents have disabilities? Y N _____

What are your three most important financial goals/concerns?

1. _____
2. _____
3. _____

Value of Assets

Description	Client	Co-Client
Regular Non-Retirement Accounts:		
Cash Accounts (checking & savings)		
CDs		
Mutual Funds, Stocks, Bonds		
Other Investments		
Retirement Accounts:		
Employer Plans (401k, 403b, deferred comp, etc.)		
Traditional IRAs		
Roth IRAs		
Other		
Real Estate:		
Primary Residence & Provide Date Purchased		
Other Real Estate		
Other		
Annuities		
529 Plans		
Other		



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Are you contributing on a regular basis to a work or personal retirement plan such as a 401(k), 403(b), deferred compensation, or IRA? Y N If so, how much & how often?

Pension available? Y N
State or Federal System? Y N

Loans

Description	Current Balance (\$)	Rate (%)	Loan Length (if applicable)
Home Mortgage			
Other Mortgage			
Auto Loan #1			
Auto Loan #2			
Student Loans			
Credit Card #1			
Credit Card #2			
Personal / Family Loans			

Are any of these loans at a variable rate? Please add details below. Y N

Estate Documents

Do you have a will? Y N Year drafted: _____

Do you have a Living Will, Healthcare Power of Attorney, or other advanced directives? Y N

Are you party to a trust? Please list trust type and details below. Y N

Life Insurance

Person Insured	Insurance Company (if through employer, write "group")	Death Benefit	Term or Permanent	Years Remaining (Term Only)	Annual Premium

Please list any other concerns regarding insurance coverage.

Other Information

Do you work with a tax professional? Y N

Does your tax professional provide any tax planning or projection services? Y N

How much are you currently paying in tax preparation fees? _____

How much do you expect to annually earn on your investments?

4 – 6% 6 – 8% 10 – 12% 12 – 15% Not Sure

What did you do the last time the stock market went down by 10% or more?

Have you ever been unhappy with the recommendations of a financial advisor, insurance agent, or stock broker? Please explain.

Are there other concerns or items you would like to share with us?