

PERSONAL FINANCIAL PROFILE

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	t
Name					
Birthdate					
Home Address					
City, State, Zip					
Business Address					
City, State, Zip					
Email					
Preferred Phone					
Preferred Phone Other Phone Please check on	ne: 🗆 Single	□ Married □	☐ Divorced	□ Widowed	□ Other
Other Phone	ne: 🗆 Single	□ Married □	□ Divorced	□ Widowed	□ Other
Other Phone Please check on		☐ Married ☐	□ Divorced	□ Widowed	
Other Phone Please check on			□ Divorced		
Other Phone Please check on Income			□ Divorced		
Other Phone Please check on Income Occupation			□ Divorced		
Other Phone Please check on Income Occupation Employer			□ Divorced		



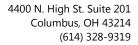


Dependents and Adult Children

Name	Relationship	Birthdate	Resides in City, State			
Oo any of your dependents have disabilities? Your three most important financial goals/concerns?						
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		





Pension available? State or Federal System?	□ Y □ N ? □ Y □ N		
Loans Description	Current Balance (\$)	Rate (%)	Loan Length (if applicable)
Home Mortgage	Carrent Balance (4)	itate (70)	Louis Lesiges (in applicable)
Other Mortgage			
Auto Loan #1			
Auto Loan #2			
Student Loans			
Credit Card #1			
Credit Card #2			
Personal / Family Loans			
Are any of these loans a	t a variable rate? Please add detail	ls below. Y	□ N
Estate Document	_		



Life Insurance

Person Insured	Insurance Company (if through employer, write "group")	Death Benefit	Term or Permanent	Years Remaining (Term Only)	Annual Premium
	J ,			, ,	
Please list any oth	er concerns regarding in	surance coverage	9.		
Other Inform					
Do you work with	a tax professional?	□ Y □ N			
Does your tax pro	fessional provide any ta	x planning or pro	jection servic	es? 🗆 Y	□ N
How much are you	u currently paying in tax	preparation fees	?		
_	expect to annually earn	-	ents? ot Sure		
What did you do t	he last time the stock m	arket went down	by 10% or m	ore?	
-	en unhappy with the reco	ommendations of	a financial ac	dvisor, insurar	nce agent, or stock
broker? Please exp	olain.				

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