



Preliminary Personal Financial Planning Profile

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

Personal Information

Client 1		Birth Date	Employment Status: <i>(choose one)</i> Employed Self-Employed Retired Other	Occupation	
Client 2		Birth Date	Employment Status: <i>(choose one)</i> Employed Self-Employed Retired Other	Occupation	
Address			City	State	Zip
Home/Cell Phone	Work Phone (Client 1)	E-Mail (Client 1)		Name of primary contact during business hours	
	Work Phone (Client 2)	E-Mail (Client 2)		Preferred form of contact (phone or email)	
Check One: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other					
# of Children	Children's Names	Children's Ages		Children's Location	
# of Grandchildren	Grandchildren's Names	Grandchildren's Ages		Grandchildren's Location	
Is anyone disabled? <i>(Choose one)</i> Yes No	If Yes, please explain:				

Asset Information

<i>Please estimate the value of the following:</i>	Estimated Value
• Primary Residence	
• Other Real Estate	
• Checking, Savings/CDs, Money Market Funds	
• Stocks, Bonds, Mutual Funds (non-retirement accounts)	
• Retirement Accounts (IRA's, 401K's, SEP's, Keoughs)	
• Company Savings & Profit Sharing Plans	
• Pension (current or future)	
• Annuities	
• Other Assets	

(over)

Liability Information

<i>Please estimate the balances of the following:</i>	Estimated Balances
• Credit Card Balances	
• Mortgage(s) on your Primary Residence	
• Mortgage(s) on other Real Estate	
• Student Loans	
• Vehicle Loans	
• Other Liabilities:	

Income and Expenditure Information

<i>Please estimate the value of the following:</i>	Estimated Amount	
• Monthly Household Income	Gross:	Net:
• Monthly Living Expenses (excluding Federal, State & Local Taxes)		
• Annual Savings (including personal savings & retirement plans)		
• Is income fairly uniform and predictable? (Choose one)	Yes	No

Income Tax Information

• Are all Federal, State and Local Tax Returns up-to-date and filed on time? (Choose one)	Yes	No
• Who prepares your tax return? (Choose one)	Self	Paid Preparer

Insurance Information

• Which policies do you have?	Auto	Disability	Home-owners	Life	Long-Term Care	Umbrella Liability
◆ Client 1? (Please check all that apply)						
◆ Client 2? (Please check all that apply)						
• Total death benefit of life insurance? (Please indicate amount)	Client 1?			Client 2?		
• How many automobiles do you own?						

Estate Planning Information

<i>Please choose an answer for each question:</i>	Client 1			Client 2		
• Do you have a will? (Choose one)	Yes	No	Don't Know	Yes	No	Don't Know
• Does your will have trust arrangements? (Choose one)	Yes	No	Don't Know	Yes	No	Don't Know
• Do you have a living trust? (Choose one)	Yes	No	Don't Know	Yes	No	Don't Know
• Do you have a health proxy? (Choose one)	Yes	No	Don't Know	Yes	No	Don't Know
• Do you have a durable power of attorney? (Choose one)	Yes	No	Don't Know	Yes	No	Don't Know

Your Financial Planning Goals and Investment Objectives

<ul style="list-style-type: none"> How important are the following Objectives? Please rank each objective on a scale of 1-5 with 5 being most important, choose a number for each: 		
	Retire comfortably	
	Provide for children's education	
	Save on income taxes	
	Provide for survivors in the event of my death	
	Structure my estate to minimize estate taxes	
	Other (please explain) ____ _____	
<ul style="list-style-type: none"> If retirement is one of your goals, at what age would you like to retire? 	Client 1:	Client 2:

What is Your Attitude Towards Risk?

On a scale of 1-5 (with 5 being high risk), how aggressive do you want your investments to be? (choose one)	
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Miscellaneous Information

<ul style="list-style-type: none"> Do you expect any inheritances, legal settlements or gifts that may affect your financial plan? Yes No If yes, please explain: _____ _____
<ul style="list-style-type: none"> Have you ever been unhappy with the recommendations of a stockbroker, insurance agent and/or any other financial advisor or consultant? Yes No If yes, please explain: _____ _____
<ul style="list-style-type: none"> How were you referred to McClarren Financial Advisors?

If you will be coming to our office for your financial consultation, please bring this completed form with you or submit it via SecureFile prior to your meeting. If we have a video appointment with you, please keep a copy of your completed form and fax, mail or submit via SecureFile a copy to us in advance of your meeting. (Fax Number: 814-235-1935).