



# 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> |  | Occupation                                    |     |
| Client 2   |  | Birth Date              |  | Employment Status: <i>(choose one)</i> |  | 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><br>Yes      No   |  | If Yes, please explain: |  |  |  |   |     |

## Asset Information

| Please estimate the value of the following:             | 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  |                 |
|   |                 |
|   |                 |

**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 |           |
|--|------------------|-----------|
| • Individual Income  | Client 1:        | Client 2: |
| • 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? ( <i>Choose one</i> )  | Yes              | No        |

**Income Tax Information**

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

**Insurance Information**

| Insurance Information   |           |            |             |           |                |                    |
|---|-----------|------------|-------------|-----------|----------------|--------------------|
| • Which policies do you have?   | Auto      | Disability | Home-owners | Life      | Long-Term Care | Umbrella Liability |
| ♦ Client 1? <i>(Please check all that apply)</i>                            |           |            |             |           |                |                    |
| ♦ Client 2? <i>(Please check all that apply)</i>                            |           |            |             |           |                |                    |
| • Total death benefit of life insurance?<br><i>(Please indicate amount)</i> | 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? ( <i>Choose one</i> )                      | Yes      | No | Don't Know | Yes      | No | Don't Know |
| • Does your will have trust arrangements? ( <i>Choose one</i> )  | Yes      | No | Don't Know | Yes      | No | Don't Know |
| • Do you have a living trust? ( <i>Choose one</i> )              | Yes      | No | Don't Know | Yes      | No | Don't Know |
| • Do you have a health proxy? ( <i>Choose one</i> )              | Yes      | No | Don't Know | Yes      | No | Don't Know |
| • Do you have a durable power of attorney? ( <i>Choose one</i> ) | Yes      | No | Don't Know | Yes      | No | Don't Know |

**Your Financial Planning Goals and Investment Objectives**

- 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) ____<br>_____           |  |
| • 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*)

**Miscellaneous Information**

- Do you expect any inheritances, legal settlements or gifts that may affect your financial plan?    Yes      No
- If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

- 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: \_\_\_\_\_  
\_\_\_\_\_

- How were you referred to McClarren Financial Advisors?

- Please give us a bit more information about yourself so we can get to know you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- What do you need help with? (i.e. retirement, taxes, former employer rollover, asset allocation, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please drop off, mail, fax, or submit this form via SecureFile **prior** to your meeting. Secure File Pro can be found on our website at [www.mcclarren.com](http://www.mcclarren.com) (Fax Number: 814-235-1935).