



TRAPHAGEN
CPAs & WEALTH ADVISORS

Financial Planning Organizer

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Oradell, NJ 07649

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www.TFGLLC.com

Personal Data Summary

Date Prepared ___/___/___

Client

Spouse

1. Full Name

Social Security #

Date of Birth

___/___/___

___/___/___

Age:

Retirement Age

2. Primary Residence

Address

Telephone #

Cell Phone #

Fax #

E-mail Address

3. Employer Name

Title

Telephone #

Date Employed

Family Profile

	<u>Name</u>	<u>Soc. Sec. #</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Occupation</u>
Children	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Other Dependents	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Living Goals - Financial Independence

Retirement Age:

Client Retirement Age _____ Date _____

Spouse Retirement Age _____ Date _____

Annual Income Desired (Current \$) at Retirement (Before Taxes) \$ _____

Disability Income Needed:

Client _____

Spouse _____

Inflation Rate _____

Document Checklist

**Below is a list of documents usually needed to complete our analysis.
Please furnish copies of the documents when possible.**

	Applicable? (yes/no)	Included? (yes/no)
Tax returns		
Federal returns for last 2 years	_____	_____
State return for last year	_____	_____
All gift tax returns	_____	_____
Investments		
Latest brokerage/mutual funds statements	_____	_____
Documents on mortgages/notes receivable	_____	_____
Personal insurance policies & premium notices		
All personal life insurance	_____	_____
Personal health & disability	_____	_____
Homeowners/tenants coverage/umbrella	_____	_____
Auto insurance	_____	_____
Miscellaneous personal documents		
Wills, Power of Attorney, Living Wills	_____	_____
Trust documents:	_____	_____
Latest 2 pay statements from employers	_____	_____
Mortgage statement	_____	_____
Other loan agreements or statements	_____	_____
Employee benefits		
Booklets on group insurance coverage	_____	_____
Booklets on retirement, thrift, etc., plans	_____	_____
Employment agreement	_____	_____
Deferred compensation agreement	_____	_____
Stock option plans	_____	_____
Keogh or IRA documents	_____	_____
Business documents		
Partnership agreements & latest K-1's	_____	_____
Federal tax returns for last 3 years	_____	_____
Retirement profit sharing, etc. documents	_____	_____
Stock redemption/buy-sell agreements	_____	_____
Financial statements (balance sheet, profit/loss statement, etc.)	_____	_____

Advisors

	<u>Name</u>	<u>Institution</u>	<u>Telephone</u>	<u>May We Contact?</u>	
				Yes	No
Attorney	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Accountant	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Trust Officer	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Banker	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Agent	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Investment Advisor	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Stockbroker	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Assets - Cash and Bank Balances

Ownership: C=Client, S=Spouse, J=Joint

	<u>Ownership</u>	<u>Current Balance</u>	<u>Interest Rate</u>	<u>Institution</u>	<u>Maturity Date</u>
Checking Accounts	(C,S,J)	\$ _____	_____ %	_____	_____
	(C,S,J)	\$ _____	_____ %	_____	_____
	(C,S,J)	\$ _____	_____ %	_____	_____
Savings Accounts	(C,S,J)	\$ _____	_____ %	_____	_____
	(C,S,J)	\$ _____	_____ %	_____	_____
	(C,S,J)	\$ _____	_____ %	_____	_____
Other(Money Market, CD's, Etc.)	(C,S,J)	\$ _____	_____ %	_____	_____
	(C,S,J)	\$ _____	_____ %	_____	_____
	(C,S,J)	\$ _____	_____ %	_____	_____

(Office use)

Investment Accounts (Include Brokerage Statements)

Description	Ownership	Current Value (\$)	Annual Yield%	Cost(\$)	Planned Annual Additions
_____	<u>(C,S,J)</u>	\$ _____	_____	\$ _____	_____
_____	<u>(C,S,J)</u>	\$ _____	_____	\$ _____	_____
_____	<u>(C,S,J)</u>	\$ _____	_____	\$ _____	_____
_____	<u>(C,S,J)</u>	\$ _____	_____	\$ _____	_____
		(Office use)		_____	
Less: Margin Loans		_____			

Assets - Retirement/Employee Benefits
(Include Statements from Social Security & Company Benefits)

Type	Estimated Annual Benefit	Age When Benefits Will Begin	Cost of Living Adjust.	Office Use
Social Security Benefits*(C)	\$ _____	_____		_____
Social Security Benefits (S)	\$ _____	_____		_____
Pensions (C) or (S)	\$ _____	_____	_____ %	_____
Pensions (C) or (S)	\$ _____	_____	_____ %	_____

***can be found at [ww.ssa.gov](http://www.ssa.gov)**

	Amount Vested	Account Balance	Annual Contribution	Employer Match
Profit Sharing (401K)	\$ _____	\$ _____	_____	_____
Profit Sharing (401K)	\$ _____	\$ _____	_____	_____
Employee Savings Plan	\$ _____	\$ _____	_____	_____
Deferred Compensation	\$ _____	\$ _____	_____	_____
IRA	\$ _____	\$ _____	_____	_____
IRA	\$ _____	\$ _____	_____	_____
Roth IRA	\$ _____	\$ _____	_____	_____
Roth IRA	\$ _____	\$ _____	_____	_____
Keogh Plan	\$ _____	\$ _____	_____	_____
Stock Options - No. Shares (attach details)	\$ _____	\$ _____	_____	_____
		\$ _____	_____	_____

Conditions: Options Price \$ _____
 Current Value \$ _____

(Include Brokerage Statements)

Residential Real Estate

	<u>Primary Residence</u>	<u>Secondary Residence</u>
Address	_____	_____
	_____	_____
	_____	_____

Date Acquired:	___/___/___	___/___/___
Ownership: (Circle one)	(C,S,J)	(C,S,J)

***C=Client S=Spouse J=Joint**

Cost:	\$ _____	\$ _____
Cost of Major Improvements:	\$ _____	\$ _____
Total Cost:	\$ _____	\$ _____

Estimated Market Value:	\$ _____	\$ _____
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	<u>Original Mortgage</u>	<u>Original Mortgage</u>
Original Amount:	\$ _____	\$ _____
Original Term(yrs.) & % Rate	___ yrs ___ %	___ yrs ___ %
Type:(Fixed/Variable)	_____	_____
Current Mortgage Balance	\$ _____	\$ _____
Monthly Payments	\$ _____	\$ _____
Date of First Payment	___/___/___	___/___/___

	<u>Second Mortgage</u>	<u>Second Mortgage</u>
Original Amount:	\$ _____	\$ _____
Original Term(yrs.) & % Rate	___ yrs ___ %	___ yrs ___ %
Type:(Fixed/Variable)	_____	_____
Current Mortgage Balance	\$ _____	\$ _____
Monthly Payments	\$ _____	\$ _____
Date of First Payment	___/___/___	___/___/___

Assets- Miscellaneous

	Current Value (\$)
Home Furnishings/ Personal Property	_____
Automobiles	_____
Jewels & Furs	_____
Collections (Art, Etc.)	_____
Boats, RV's etc.	_____

Intangible Property

	Annual Income	Expiration	Current Value	(Office Use)
Patents	_____	_____	_____	_____
Trademarks	_____	_____	_____	_____
Copyrights	_____	_____	_____	_____

Other contract rights: Give details of prospective profits, liabilities and values involved _____

Other Debts/ Liabilities

	<u>Balance</u>	<u>Payment Years Remaining</u>	<u>Rate</u>	<u>Monthly Payments</u>	<u>Minimum Payment</u>
Residence MTG	\$ _____	_____ Yrs	_____ %	\$ _____	\$ _____
Credit Card Balances	\$ _____	_____ Yrs	_____ %	\$ _____	\$ _____
Auto Loans	\$ _____	_____ Yrs	_____ %	\$ _____	\$ _____
Boats, RVs, etc.	\$ _____	_____ Yrs	_____ %	\$ _____	\$ _____

Life Insurance

Name of Company	Policy Type	Insured	Face Amount	Owner	Beneficiary	Cash Value
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Key:

Type T = Term W = Whole Life V = Variable U = Universal
Beneficiary ILIT = Trust (ILIT) C = Client S = Spouse

Other Insurance

(Include Copies of Policies)

	Inflation Rider	Beneficiary	Amount	Yrs. of Coverage
Disability	_____	_____	_____	_____
Long Term Care	_____	_____	_____	_____
Long Term Care	_____	_____	_____	_____

Sources of Income

Source	(AMOUNT) Client	(AMOUNT) Spouse	FICA Status *S/E	Taxable Amount	Non Taxable Amount	5-Year Projection (%)
Gross Salary	_____	_____	_____	_____	_____	_____
Bonus	_____	_____	_____	_____	_____	_____
Commission	_____	_____	_____	_____	_____	_____
Interest	_____	_____	_____	_____	_____	_____
Dividends	_____	_____	_____	_____	_____	_____
Net Rents	_____	_____	_____	_____	_____	_____
Royalties	_____	_____	_____	_____	_____	_____
Business Profits	_____	_____	_____	_____	_____	_____
Annuities	_____	_____	_____	_____	_____	_____
Trust Income	_____	_____	_____	_____	_____	_____
Alimony	_____	_____	_____	_____	_____	_____
Other Income (Partnerships, Etc.)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
(Office use)					\$ _____	\$ _____

Cost of Living

(Indicate monthly or annually)

Non-Discretionary

Item	Monthly	Annually
Food, groceries, etc.....	_____	_____
Home mortgage.....	_____	_____
Home equity loans.....	_____	_____
Rent for residence.....	_____	_____
Property taxes - Home.....	_____	_____
Vacation home.....	_____	_____
Miscellaneous.....	_____	_____
Utilities – Gas & Electric.....	_____	_____
Telephone.....	_____	_____
Water/sewer.....	_____	_____
Cable/Internet.....	_____	_____
Insurance - Home.....	_____	_____
Client’s Life.....	_____	_____
Spouse's Life.....	_____	_____
Children's Life.....	_____	_____
Medical.....	_____	_____
Disability.....	_____	_____
Long Term Care.....	_____	_____
Education.....	_____	_____
Professional Dues.....	_____	_____
Medical/Dental Expenses.....	_____	_____
Life insurance loans.....	_____	_____
Other installment loans.....	_____	_____
Alimony.....	_____	_____
Term _____ Years		
Child support	_____	_____

Term _____ Years		
Domestic Help/Babysitting.....	_____	_____
Childcare/Daycare.....	_____	_____
Auto:		
Loan Pmt./Lease Pmt(Circle One).....	_____	_____
Fuel.....	_____	_____
Repair & Maintenance.....	_____	_____
Insurance.....	_____	_____
Subtotal Non-Discretionary	=====	=====
<u>Discretionary</u>		
Clothing and Personal Items.....	_____	_____
Dry Cleaning/Laundry.....	_____	_____
Lessons (Music/Dancing).....	_____	_____
Club Dues.....	_____	_____
Entertainment & Dining.....	_____	_____
Books /Papers/ Subscriptions.....	_____	_____
Home Maintenance/Property Improvement/Repairs....	_____	_____
Yard Maintenance.....	_____	_____
Pool Maintenance/Repairs.....	_____	_____
Vacations.....	_____	_____
Home Furnishings.....	_____	_____
Gifts/Birthdays/Holidays.....	_____	_____
Charitable donations.....	_____	_____
Subtotal Discretionary	=====	=====
Total Expenses (before income taxes)	=====	=====

Special Income/Expenses

<u>Description</u>	<u>Annual Amount</u>	<u>Increase Rate</u>	<u>Start Year</u>	<u># of Yrs</u>
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____

Educational Funding

Child	School Cost	(A) Current Balance Saved	Years In School	Annual Contributions
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Traphagen Risk Assessment Questionnaire

Time Horizon: 1. What is your current age? Less than 45 (5)
 Your current situation and 45 to 55 (4)
 future income needs 56 to 65 (3)
 66 to 75 (2)
 Older than 75 (1)

2. When do you expect to start drawing income? Not for at least 20 years (5)
 In 10 to 20 years (4)
 In 5 to 10 years (3)
 Not now, but within 5 years (2)
 Immediately (1)

Score: _____ out of 10

Short-Term Risk Attitudes: 3. Which of these statements would best describe Who cares? One calendar quarter means nothing (5)
 Attitude toward short-term your attitudes about the next three months' I wouldn't worry about losses in that time frame (4)
 volatility performance on investments? If losses were greater than 10%, I'd be concerned (3)
 I can only tolerate short-term losses (2)
 I'd have a hard time accepting any losses (1)

4. Which of these statements would best I don't mind if I lose money (5)
 describe your attitudes about the next I can tolerate a loss (4)
 three years' performance on I can tolerate a small loss (3)
 investments? I'd have a hard time tolerating any losses (2)
 I need to see at least a little return (1)

Score: _____ out of 10

Long-Term Goals/Expectations: 5. What is your investment goal? Aggressive Growth (5)
 View on how investments should Moderate Growth (4)
 perform over the long term Growth & Income (3)
 Income (2)
 Capital Preservation (1)

6. Assuming normal market conditions, what Keep pace with the stock market (5)
 would you expect from investments over Slightly trail stock market, but make a good profit (4)
 the long-term? Trail stock market, but make a moderate profit (3)
 Have some stability, but make modest profits (2)
 High degree of stability, but make small profits (1)

7. Suppose stock market performs poorly over To lose money (5)
 the next decade, what would you expect To make very little or nothing (4)
 from investments over the long-term? To earn a little gain (3)
 To earn a modest gain (2)
 Little effect by what happens in the stock market (1)

8. Long-term expectations for stock returns? 0 to 2% (1)
 3 to 5% (2)
 6 to 8% (3)
 9 to 10% (4)
 10% + (5)

9. Long-term expectations for bond returns? 0 to 2% (1)
 3 to 4% (2)
 5 to 6% (3)
 7 to 8% (4)
 8% + (5)

Score: _____ out of 25

Traphagen Risk/Investment Assessment Returns

Category	Score	Results				
		Stable Value	Capital Preservation	Balanced	Moderate Growth	Growth/ Aggressive Growth
Time Horizon***	out of 10	2 to 3	4 to 5	6 to 7	8 to 9	10
Short-Term Risk Attitudes	out of 10	2 to 3	4 to 5	6 to 7	8 to 9	10
Long-Term Goals & Expectations	out of 25	5 to 9	10 to 14	15 to 19	20 to 24	25
Expected Stock Return (Answer #8 Average)		x .10 =	x .40 =	x .60 =	x .75 =	x .85 =
Expected Bond Return (Answer #9 Average)		x .90 =	x .60 =	x .40 =	x .25 =	x .15 =
Total Expected Return (Stock + Bond)						

*** Time Horizon helps identify portfolio risk limits

Instructions:

- 1) Tally scores from Risk Questionnaire and input into the score section
- 2) Circle corresponding values based off scores inputted.
- 3) Results from Short-Term and Long-Term Risk/Expectations will determine portfolio for expected return. If results are different, continue with steps 4 and 5 for both portfolios to provide an expected return range.
(i.e. Short-Term = **7** and Long-Term = **16**, you are **Balanced**) or
(i.e. Short-Term = **5** and Long-Term = **15**, you are both **Capital Preservation** and **Balanced**)
- 4) Thus, using the examples above, take the average return expectations from question 8 and 9 and input into the corresponding portfolio based off previous input, in this case **Capital Preservation** and **Balanced** Portfolio.
(i.e. Stocks 6 to 8 (average = **7**) and Bonds 0 to 2 (average = **1**))
- 5) Last, multiply average expected returns by the corresponding portfolio's weightings, adding the two figures together for your Total Expected Return.
(i.e. **Balanced** → (7x.60 = **4.2%**) + (1x.40 = **.4**), therefore Total Expected Return → **4.6%**)
(i.e. **Capital Preservation** → (7x.40 = **2.8**) + (1x.60 = **.6**), therefore Total Expected Return → **3.4%**)

Traphagen Portfolio Summary

Stable Value: Ultra conservative allocation. Appropriate for investors who can tolerate very little volatility, wish to minimize the risk of capital loss, and have a very short term time horizon (less than 2 years). Designed for wealth protection with income as a secondary objective.

Capital Preservation: Very conservative allocation. Appropriate for conservative investors or investors with a short term investment horizon (2 - 3 years). Designed for income, wealth protection, and liquidity with growth as a secondary objective.

Balanced: Moderately conservative allocation. Appropriate for conservative investors or investors with a short / intermediate term investment horizon. Designed for income, wealth protection, and growth.

Moderate Growth: Moderate Investment Allocation. Appropriate for moderately risk tolerant investors with an intermediate to long term investment horizon (5-10+ years.) Designed for growth and income.

Growth: Aggressive Allocation. Appropriate for investors with a long term investment horizon and a high tolerance for risk. Predominately designed for growth with income as a secondary objective.

Aggressive Growth: Most aggressive allocation. Appropriate for very aggressive investors with a long term investment horizon (10 years +). Designed for growth.

Goals - Death or Disability

1. How do you want your estate distributed among your beneficiaries?
2. What is your spouse's minimum income requirement?
3. What income would you want him/her to have if possible?
4. What is the minimum income required for your family until all the children are no longer dependent?
5. Will any child be dependent after attaining maturity? Give details.
6. To what degree is spouse capable of managing financial affairs?
7. Will spouse continue to live in present home?
8. Should mortgage be paid off?
9. Should spouse be protected against possible senility, second spouse, caprices, etc.?

Additional Information

1. Do you or your spouse expect an inheritance?
2. Is it important that you retain full control of your assets during your lifetime?
3. Any additional considerations?

Goals - Children

1. Should your children be permitted to consume capital or income only?
2. When and how should capital be distributed?
3. Should any special problems be considered and special allowances made, i.e. for example, for physical defects, personality, ability, etc.?
4. What educational and business opportunities do you wish to be provided for them if possible?

Your Financial Goals

Indicate any other goals you wish to obtain and your outlook on your financial future.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____
