PRACTICAL FINANCIAL PLANNING

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PRELIMINARY FINANCIAL PROFILE

The information you provide on this form is confidential. If you prefer, you may attach copies of statements showing the information requested. If you do not have exact values available, please feel free to provide estimates.

GENERAL INFORMATION

Today's date ____________________________

CLIENT		**CO-CLIENT**	
Name	______________________	Name	______________________
Birth Date	______________________	Birth Date	______________________
US Citizen?	☐ Yes ☐ No	US Citizen?	☐ Yes ☐ No

Home Address ____
____
____

Phone Numbers

	Client	Co-Client
Home	______________	______________
Work	______________	______________
Cell	______________	______________

E-mail ______________________ ______________________

How often do you check for e-mail messages?

______________________ ______________________

What is your preferred method of communication?

☐ Cell Phone ☐ Home Phone ☐ Work Phone ☐ Email ☐ Cell Phone ☐ Home Phone ☐ Work Phone ☐ Email

☐ Employed ☐ Self-Employed ☐ Retired ☐ Employed ☐ Self-Employed ☐ Retired
☐ Unemployed ☐ Unemployed

Occupation ______________________ ______________________

Marital Status

☐ Single ☐ Married (Date of marriage ____________) ☐ Widowed (Since __________)
☐ Divorced (Year divorce finalized ________________) ☐ Other ______________________

Children or Dependents

Name	Birthdate	Biological or adoptive child of: Client	Co-Client	Other Relationship
______________	______________	☐	☐	______________
______________	______________	☐	☐	______________
______________	______________	☐	☐	______________
______________	______________	☐	☐	______________

FINANCIAL PLANNING PRIORITIES AND GOALS

What are your three most important financial concerns or goals?

1. ____

____

____

2. ____

____

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3. ____

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ASSET AND LIABILITY INFORMATION

Checking, Savings/CDs, Money Market Funds $ ____________________

Retirement Accounts (IRA's, 401(k)'s 403(b)'s, etc.) $ ____________________

Stocks, Bonds $ ____________________ Mutual Funds $ ____________________

Annuities $ ____________________ Other Assets $ ____________________

Your Home $ ____________________

First Mortgage

Balance $____________________

Monthly Payment $ ____________________

Includes escrow? ☐ Yes ☐ No

Rate _______% ☐ Fixed ☐ Variable

Original or refinanced term ___________ years

Remaining term _______ years

Other Real Estate $ ____________________

Second Mortgage/Home Equity Loan

Balance $____________________

Monthly Payment $ ____________________

Includes escrow? ☐ Yes ☐ No

Rate _______% ☐ Fixed ☐ Variable

Original or refinanced term ___________ years

Remaining term ______ years

Other Mortgage $ ____________________ Credit Cards $____________________

Installment Loans $ ____________________ Other Liabilities $ ____________________

ANNUAL EARNED INCOME

	CLIENT	**CO-CLIENT**
Salary	$ ____________	$ ____________
Commission	$ ____________	$ ____________
Bonus	$ ____________	$ ____________
Other Income	$ ____________	$ ____________

Is income fairly uniform and reliable?

☐ Yes ☐ No ☐ Yes ☐ No

RETIREMENT/OTHER INCOME

	CLIENT	CO-CLIENT
Social Security	$ __________________	$ __________________
Pension	$ __________________	$ __________________
Annuity	$ __________________	$ __________________
Other Income	$ __________________	$ __________________
Source	____________________	Source ____________________

RETIREMENT CONTRIBUTIONS

Are you contributing on a regular basis to a retirement plan such as 401(k), 403(b), 457, TSP, or an IRA?

☐ Yes - Annual Amount $ __________ ☐ No   ☐ Yes - Annual Amount $ __________ ☐ No

PENSION

CLIENT

Will you have a pension?

☐ Yes ☐ No

If so what kind of pension?

☐ Private ☐ FERS ☐ OPERS

☐ STRS ☐ SERS ☐ Other

CO-CLIENT

☐ Yes ☐ No

☐ Private ☐ FERS ☐ OPERS

☐ STRS ☐ SERS ☐ Other

Please provide details or attach most recent pension statement.

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____

____

____

LIFE INSURANCE AND ESTATE PLANNING

How much life insurance do you have?

	CLIENT	CO-CLIENT
Amount	$ ______________________________	$ ______________________________
Type	________________________________	________________________________

Do you have:

A will?	☐ Yes, dated _______________	☐ No
A health care power of attorney and/or living will?	☐ Yes, dated _______________	☐ No
A trust?	☐ Yes, dated _______________	☐ No

OTHER INFORMATION

Living expenses (excluding income taxes) $ __________________ ☐ per year ☐ per month
☐ Actual ☐ Estimated ☐ Not sure

What do you expect to earn on your investments?
4-6% ☐ 6-8% ☐ 8-10% ☐ 10-12% ☐ 12% + ☐ Not sure ☐

What did you do the last time the stock market went down by 5% or more?

____

____

At what age do you hope/expect to retire? Client ______________ Co-Client ____________

Have you ever been unhappy with the recommendations of a stockbroker, insurance agent and/or financial adviser or consultant? ☐ Yes ☐ No If yes, please explain.

____

____

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What else do we need to know to understand your financial situation?

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Additional documents needed for our meeting

- Tax returns for last three years
  - Federal
  - State (including school district, if applicable)
  - Local
- Most recent statements for:
  - Savings, Checking, Money Markets, CDs
  - Brokerages
  - Mutual funds
  - Retirement plans—401(k), 403(b), 457, TSP, etc.
  - IRAs—traditional and Roth

Signed ________________________________ ________________________________
Client Co-Client

________________________________ ________________________________
Date Date

Thank you!