CLIENT FINANCIAL PROFILE

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Your Financial Profile

The first step in developing a sound financial plan is to have a clear idea of where you stand today. You can start by collecting the financial information outlined in this profile. It will give you a record of your assets, liabilities, income and expenses. It may be helpful to have your checkbook register at hand to determine household expenses.

Client A			*Client B*		
Name:			Name:		
Address			Address		
City	State	Zip	City	State	Zip
Phone			Phone		
SS#	Birthdate		SS#	Birthdate	
Occupation			Occupation		
Business Name	Phone/email		Business Name	Phone/email	

Dependent(s)					
Name		Name		Name	
SS#	Birthdate	SS#	Birthdate	SS#	Birthdate

Determining your net worth — *Assets and liabilities*

Assets	**Owner***	**Purpose****	**Current value**

*Indicate whether the asset is owned by the client A, B or jointly.
**Indicate whether the purpose of the asset is for cash reserves, education, an accumulation goal or retirement.

Personal	________	________	$________
Primary residence	________	________	$________
Vacation home/second residence	________	________	$________
Automobile(s)	________	________	$________
Other personal assets	________	________	$________
Other personal assets	________	________	$________
Total personal assets			**$________**
Liquid and investment			
Cash			
Cash/checking account(s)	________	________	$________
Money market account(s)	________	________	$________
CD, credit union, other accounts	________	________	$________
Fixed			
Bonds and bond mutual funds	________	________	$________
U.S. government obligations/funds	________	________	$________
Net cash surrender value in life insurance plans	________	________	$________
Tax –free municipal bonds/funds	________	________	$________
Equity			
Stocks and stock mutual funds	________	________	$________
Stock options	________	________	$________
Limited partnerships	________	________	$________

Other investment assets	__________	__________	$__________
Total liquid and investment assets			**$__________**

Business and investment real estate:

Investment real estate	__________	__________	$__________
Business(es)	__________	__________	$__________
Notes receivable	__________	__________	$__________
Total real estate			$__________

Retirement

IRA	__________	__________	$__________
IRA	__________	__________	$__________
Keogh (self-employed) plans	__________	__________	$__________
Keogh (self-employed) plans	__________	__________	$__________
Qualified retirement plan (e.g., 401(k))	__________	__________	$__________
Qualified retirement plan (e.g., 401(k))	__________	__________	$__________
Annuities	__________	__________	$__________
Other retirement assets__________	__________	__________	$__________
Total retirement assets			**$__________**

Total Assets $__________

(add personal assets, liquid and investment assets, business and investment real estate, and retirement assets)

Liabilities	**Debtor ****	**Current balance**	**Original balance**	**Origination date**
Personal				
Mortgage on first residence	__________	$__________	$__________	____/____/____
Mortgage on second residence	__________	$__________	$__________	____/____/____
Mortgage on other residences	__________	$__________	$__________	____/____/____
Auto loans	__________	$__________	$__________	____/____/____
Bank loans	__________	$__________	$__________	____/____/____
Charge accounts and credit cards	__________	$__________	$__________	____/____/____
Investment real estate loans	__________	$__________	$__________	____/____/____
Business loans	__________	$__________	$__________	____/____/____
Other liabilities	__________	$__________	$__________	____/____/____

Total Liabilities **$__________**

*** Indicate whether the debtor of the liability is client A, B or both.

Total assets	**$__________**
Total liabilities	**$__________**
Net worth	**$__________**

(assets less liabilities)

Determining your cash flow — *Income and expenses*

Annual income	A	B
Employment (wages, salaries, bonuses)	$________	$________
Self-employment/business income	$________	$________
Social Security benefits	$________	$________
Other government benefits	$________	$________
Taxable investment income	$________	$________
Nontaxable investment income	$________	$________
Pensions (if currently receiving)	$________	$________
Other income – taxable________	$________	$________
Other income – nontaxable________	$________	$________
Total annual income	**$________**	**$________**
Combined total annual income		**$________**

Expenses	Monthly total	Annual total
Committed expenses	$________	$________
Liability expenses	$________	$________
Mortgage payment on first residence	$________	$________
Mortgage payment on second residence	$________	$________
Mortgage payment on other residences	$________	$________
Auto loan payments	$________	$________
Charge account payments	$________	$________
Business loan payments	$________	$________
Investment property loan payments	$________	$________
Other liability payments________	$________	$________
Total liability expenses	**$________**	**$________**

Income taxes		
Federal income tax withholding and estimated payments – client	$________	$________
Federal income tax withholding and estimated payments – second person	$________	$________
State and local income tax withholding – client	$________	$________
State and local income tax withholding – second person	$________	$________

FICA (Social Security) tax	$________________	$________________
Total income taxes	**$________________**	**$________________**
Household expenses	**$________________**	**$________________**
Real estate taxes	**$________________**	**$________________**
Rent	**$________________**	**$________________**
Utilities	**$________________**	**$________________**
Homeowner's insurance premiums	**$________________**	**$________________**
Other household____	**$________________**	**$________________**
Total household expenses	**$________________**	**$________________**

Food/clothing/transportation expenses	$________________	$________________
Food	**$________________**	**$________________**
Clothing/laundry/dry cleaning		
Auto maintenance (gas, oil, filters, etc.)		
Auto insurance premiums	$________________	$________________
License tax	$________________	$________________
Other transportation________________________	$________________	$________________
Total food/clothing/transportation/expenses	**$________________**	**$________________**

Other committed expenses		
Adult/other education	$________________	$________________
Telephone	$________________	$________________
Personal care	$________________	$________________
Medical/dental care	$________________	$________________
Prescription drugs	$________________	$________________
Dependent care/child daycare	$________________	$________________
Client expense paid in pre-tax benefit dollars (other than retirement plan)	$________________	$________________
Second person expenses paid in pre-tax benefit dollars	$________________	$________________
Business meals/travel	$________________	$________________
Alimony payments	$________________	$________________
Other living expenses	$________________	$________________
Life insurance premiums	$________________	$________________
Disability income insurance premiums	$________________	$________________
Medical insurance premiums	$________________	$________________
Umbrella policy premiums	$________________	$________________
Other insurance premiums______________________	$________________	$________________
Other committed expenses______________________	$________________	$________________
Total other committed expenses	**$________________**	**$________________**
Total committed expenses (add liability expenses, income taxes, household expenses, food/clothing/transportation expenses, and other committed expenses)	**$________________**	**$________________**

	Monthly total	Annual total
Discretionary expenses	$____________	$____________
Entertainment/dining	$____________	$____________
Recreation/travel	$____________	$____________
Cash charitable contributions	$____________	$____________
Gifts	$____________	$____________
Hobbies	$____________	$____________
Home improvements	$____________	$____________
Miscellaneous purchases	$____________	$____________
Other discretionary expenses____________ (tax deductible)	$____________	$____________
Other discretionary expenses____________ (not tax deductible)	$____________	$____________
Total discretionary expenses	**$____________**	**$____________**
Savings and investments	$____________	$____________
Contributions to client IRAs	$____________	$____________
Contributions to second person IRAs	$____________	$____________
Employee contributions to client qualified retirement plans	$____________	$____________
Employee contributions to second person qualified retirement plans	$____________	$____________
Systematic asset additions/reinvested earnings:	$____________	$____________
Asset name____________	$____________	$____________
Asset name____________	$____________	$____________
Asset name____________	$____________	$____________
Asset name____________	$____________	$____________
Asset name____________	$____________	$____________
Asset name____________	$____________	$____________
Total savings and investments	$____________	$____________
Total expenses (add committed expenses, discretionary expenses, and savings and investments)	**$____________**	**$____________**

Combined total annual income	**$**____________
Total annual expenses	**$**____________
Annual discretionary income **(Subtract annual expenses from annual income. This is what you may save or spend each year. Additional discretionary income may be obtained by reducing discretionary expenses.)**	**$**____________
% of discretionary income that can be used to meet goals	____________**%**

Insurance protection

Disability income insurance policies (short and long-term)

	Policy 1	Policy 2	Policy 3	Policy 4
Company name				
Insured				
Annual premium	$	$	$	$
Annual benefits	$	$	$	$
Waiting period				
Benefit period				

Life insurance policies

	Policy 1	Policy 2	Policy 3
Company name			
Type			
Owner			
Insured			
Primary beneficiary			
Current death benefit	$	$	$
Cash surrender value	$	$	$
Outstanding loan value	$	$	$
Annual premium	$	$	$
Annual benefit available at disability (includes waiver of premium)	$	$	$

	Policy 4	Policy 5	Policy 6
Company name			
Type			
Owner			
Insured			
Primary beneficiary			
Current death benefit	$	$	$
Cash surrender value	$	$	$
Outstanding loan value	$	$	$
Annual premium	$	$	$
Annual benefit available at disability (includes waiver of premium)	$	$	$

Identifying your financial values

To make the financial planning process successful for you, you must have a clear understanding of your needs and priorities. Your financial plan should focus on the areas that have “value” or importance to you.

Please check the box on each scale that most accurately reflects the importance of each category at this time in your life.

	Very Important		Important		Not Important	
	A	B	A	B	A	B
1. Having readily available money for emergencies and opportunities.						
2. Having financial protection against disability, liability, hospitalization, premature death and nursing home care.						
3. Accumulating dollars to provide for education (personal, children's, grandchildren's).						
4. Accumulating dollars for reasons not listed above (e.g., down payment on a home, a vacation, a car).						
5. Avoiding unnecessary taxes.						
6. Accumulating resources to provide income for retirement.						
7. Putting your affairs in order to ensure a smooth transition of assets to family and beneficiaries at death.						

Please specify goal estimate amounts for each category:

	A	B
1. Having readily available money for emergencies and opportunities.		
2. Having financial protection against disability, liability, hospitalization, premature death and nursing home care.		
3. Accumulating dollars to provide for education (personal, children's, grandchildren's).		
4. Accumulating dollars for reasons not listed above (e.g., down payment on a home, a vacation, a car).		
5. Avoiding unnecessary taxes.		
6. Accumulating resources to provide income for retirement.		
7. Putting your affairs in order to ensure a smooth transition of assets to family and beneficiaries at death.		

In general, how willing are you to risk the loss of or decrease in your original principal for the opportunity to achieve a higher rate of return? (circle one)

Highly stable 1 — 2 — 3 — 4 Aggressive

How would you rank the five following factors when making investment decisions? (1 is most important, 5 is least important)

___ Diversification ___Stability ___Rate of return ___Growth potential ___Marketability & liquidity

Checklist

Review this checklist of items that you should bring when you meet with your financial advisor.

☐	Completed copy of your "Financial Profile".	☐	All pertinent information regarding mortgages / loans (i.e., original balance, interest rate and term).
☐	Latest paycheck stubs and bank statements.	☐	All pertinent information on present investments such as stocks, bonds, mutual funds, certificates, etc. (i.e., maturity dates and yields).
☐	Most recent federal and state income tax returns.	☐	Latest employee benefit manual, statements and retirement plan statement.
☐	Life and health insurance policies (including life, disability, income, major medical, nursing home).	☐	Latest wills and trust statements.
☐	Declaration pages of property and casualty insurance policies (includes summary of current coverage for automobile, home and personal liability).	☐	Information on unique financial events or situations such as a major purchase, debt refinancing, expected inheritance, etc.

By completing this profile of your financial standing, you've started the process of developing your personal financial plan. Keep this profile handy for your reference, and be sure to bring it with you when you meet with your financial advisor.

Additional Notes: ______________________________________ **Date:** ____________________

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