



*Confidential Financial Profile*

Date: \_\_\_\_\_

**CLIENT INFORMATION**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Health: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State / ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Title / Occupation: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State / ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Hobbies / Interests: \_\_\_\_\_

## SPOUSE'S INFORMATION

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Health: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State / ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Title / Occupation: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State / ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Hobbies / Interests: \_\_\_\_\_

## CHILDREN

Name	Date of Birth	Soc. Sec. No.	Age	Living With You?	Adopted?	Degree of Support
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## OTHER DEPENDENTS

Name	Age	Living With You?	Degree of Support
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## OBJECTIVES

What are your objectives in seeking financial advice?

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## INCOME

	Client	Spouse
Salary:	\$ _____	\$ _____
Bonus:	\$ _____	\$ _____
Investment Income:	\$ _____	\$ _____
Self-Employment Income:	\$ _____	\$ _____
Partnership Income:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
Alimony Received:	\$ _____	\$ _____
Child Support Received:	\$ _____	\$ _____
IRA Distributions:	\$ _____	\$ _____
Pension Income:	\$ _____	\$ _____
Royalty Income:	\$ _____	\$ _____
Trust Income:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Unemployment Compensation:	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
<b>TOTAL INCOME:</b>	<b>\$ _____</b>	<b>\$ _____</b>

## EXPENSES

### FIXED EXPENSES

#### Debts

Rent: \$ \_\_\_\_\_  
Mortgage #1: \$ \_\_\_\_\_  
Mortgage #2: \$ \_\_\_\_\_  
Other Real Estate: \$ \_\_\_\_\_  
Other Real Estate: \$ \_\_\_\_\_  
Auto #1: \$ \_\_\_\_\_  
Auto #2: \$ \_\_\_\_\_  
Credit Cards: \$ \_\_\_\_\_  
Student Loans: \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

#### Insurance

Automobile: \$ \_\_\_\_\_  
Homeowners/Renters: \$ \_\_\_\_\_  
Long Term Care: \$ \_\_\_\_\_  
Life #1: \$ \_\_\_\_\_  
Life #2: \$ \_\_\_\_\_  
Medical: \$ \_\_\_\_\_  
Dental: \$ \_\_\_\_\_  
Disability: \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

#### Support Payments

Alimony: \$ \_\_\_\_\_  
Child Support: \$ \_\_\_\_\_

#### Taxes

Federal Income: \$ \_\_\_\_\_  
State Income: \$ \_\_\_\_\_  
FICA: \$ \_\_\_\_\_  
Personal Property:  
Real Estate  
Property: \$ \_\_\_\_\_

#### Utilities

Cable: \$ \_\_\_\_\_  
Electric: \$ \_\_\_\_\_  
Fuel: \$ \_\_\_\_\_  
Gas: \$ \_\_\_\_\_  
Garbage: \$ \_\_\_\_\_  
Telephone: \$ \_\_\_\_\_  
Water: \$ \_\_\_\_\_

#### Professional

Dues /  
Memberships: \$ \_\_\_\_\_  
Education: \$ \_\_\_\_\_  
Supplies: \$ \_\_\_\_\_  
Miscellaneous: \$ \_\_\_\_\_

**TOTAL FIXED EXPENSES:** \$ \_\_\_\_\_

**VARIABLE EXPENSES**

**Household**

Gardener: \$ \_\_\_\_\_  
Home Furnishings: \$ \_\_\_\_\_  
Maid: \$ \_\_\_\_\_  
Repairs: \$ \_\_\_\_\_  
Miscellaneous: \$ \_\_\_\_\_

**Automobile**

Gasoline: \$ \_\_\_\_\_  
Maintenance: \$ \_\_\_\_\_  
Parking: \$ \_\_\_\_\_  
Registration / License: \$ \_\_\_\_\_

**Medical**

Doctor: \$ \_\_\_\_\_  
Dentist: \$ \_\_\_\_\_  
Prescriptions: \$ \_\_\_\_\_

**Children**

Allowances: \$ \_\_\_\_\_  
Recreation / Lessons: \$ \_\_\_\_\_  
Camp: \$ \_\_\_\_\_

**Education**

Tuition: \$ \_\_\_\_\_  
Room/Board: \$ \_\_\_\_\_  
Books/Supplies: \$ \_\_\_\_\_

**Groceries**

**Clothing**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Laundry / Cleaning: \$ \_\_\_\_\_

Personal Care: \$ \_\_\_\_\_

Pets: \$ \_\_\_\_\_

Subscriptions: \$ \_\_\_\_\_

Entertainment /

Recreation: \$ \_\_\_\_\_

Vacations: \$ \_\_\_\_\_

Gifts: \$ \_\_\_\_\_

Charities: \$ \_\_\_\_\_

Hobbies: \$ \_\_\_\_\_

Legal / Accounting: \$ \_\_\_\_\_

Banking: \$ \_\_\_\_\_

**Savings**

Education: \$ \_\_\_\_\_

Major Purchases: \$ \_\_\_\_\_

IRA: \$ \_\_\_\_\_

Keogh: \$ \_\_\_\_\_

401(k) #1: \$ \_\_\_\_\_

401(k) #2: \$ \_\_\_\_\_

Other Retirement: \$ \_\_\_\_\_

**Professional**

Dues / Memberships: \$ \_\_\_\_\_

Education: \$ \_\_\_\_\_

Miscellaneous: \$ \_\_\_\_\_

**TOTAL VARIABLE EXPENSES** \$ \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_

**LESS:**

**FIXED EXPENSES:** \$ \_\_\_\_\_

**VARIABLE EXPENSES:** \$ \_\_\_\_\_

**EXCESS / DEFICIT:** \$ \_\_\_\_\_

**EDUCATION EXPENSES**

Child	Start Date	Years of Education	Public or Private	Annual Cost	Your Portion
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**ASSETS**

**CASH AND CASH EQUIVALENTS**

	Client	Spouse	Joint
Checking:	\$ _____	\$ _____	\$ _____
Savings:	\$ _____	\$ _____	\$ _____
Money Market:	\$ _____	\$ _____	\$ _____
Certificates of Deposit:	\$ _____	\$ _____	\$ _____
Credit Union:	\$ _____	\$ _____	\$ _____

**INVESTMENTS (STOCK BONDS, MUTUAL FUNDS)**

Description	Current Value	Cost	Interest / Dividend	Maturity Date	Owner
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**RETIREMENT ACCOUNTS**

	Owner	Current Value	Employee Contribution	Employer Contribution
401(k) #1:	_____	\$ _____	\$ _____	\$ _____
401(k) #2:	_____	\$ _____	\$ _____	\$ _____
Pension:	_____	\$ _____	\$ _____	\$ _____
Profit Sharing:	_____	\$ _____	\$ _____	\$ _____
IRA #1:	_____	\$ _____	\$ _____	\$ _____
IRA #2:	_____	\$ _____	\$ _____	\$ _____
Other _____	_____	\$ _____	\$ _____	\$ _____
Other _____	_____	\$ _____	\$ _____	\$ _____

**REAL ESTATE**

	Date Acquired	Market Value	Original Cost	Improvements	Mortgage Balance
Residence - 1 <sup>st</sup> :	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Residence - 2 <sup>nd</sup> :	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other R/E:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other R/E:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

	Current Mortgage Balance	Interest Rate	Term	Monthly Payment	Owner
Residence - 1 <sup>st</sup> :	\$_____	_____%	_____	\$_____	\$_____
Residence - 2 <sup>nd</sup> :	\$_____	_____%	_____	\$_____	\$_____
Other R/E:	\$_____	_____%	_____	\$_____	\$_____
Other R/E:	\$_____	_____%	_____	\$_____	\$_____

**PERSONAL PROPERTY**

	Client	Spouse	Joint
Home Furnishings:	\$_____	\$_____	\$_____
Automobiles:	\$_____	\$_____	\$_____
Boat, Trailer, Airplane:	\$_____	\$_____	\$_____
Clothing:	\$_____	\$_____	\$_____
Jewelry, Silver:	\$_____	\$_____	\$_____
Antiques:	\$_____	\$_____	\$_____
Other _____	\$_____	\$_____	\$_____
Other _____	\$_____	\$_____	\$_____

**LIABILITIES**

**LIABILITIES (EXCLUDING REAL ESTATE)**

Creditor	Current Balance	Original Balance	Payment	Frequency	Interest Rate	Original Term	Debtor
_____	\$_____	\$_____	\$_____	_____	_____%	_____	_____
_____	\$_____	\$_____	\$_____	_____	_____%	_____	_____
_____	\$_____	\$_____	\$_____	_____	_____%	_____	_____
_____	\$_____	\$_____	\$_____	_____	_____%	_____	_____
_____	\$_____	\$_____	\$_____	_____	_____%	_____	_____
_____	\$_____	\$_____	\$_____	_____	_____%	_____	_____

**SUPPORT PAYMENTS**

Type	Amount	Frequency	Term
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

**CONTINGENT LIABILITIES**

	Client	Spouse
Are you an endorser, guarantor, or co-maker on any other loan?	\$ _____	\$ _____
Do you have any lease obligations?	\$ _____	\$ _____
Are any assets pledged, assigned, or hypothecated?	\$ _____	\$ _____

**RETIREMENT PLANNING**

**ANNUAL SAVINGS ( \$ OR % )**

	Client	Company Match	Spouse	Company Match	Total
401(k)	_____	_____	_____	_____	_____
IRA	_____	_____	_____	_____	_____
Roth-IRA	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Personal	_____	_____	_____	_____	_____

**ADDITIONAL INFORMATION**

**RETIREMENT PLANNING**

At what age, or date, do you plan to retire? \_\_\_\_\_

At what age, or date, does your spouse plan to retire? \_\_\_\_\_

What is your desired retirement income level (in today's dollars)? \$\_\_\_\_\_

Is this amount before or after taxes? \_\_\_\_\_

Do you anticipate relocating your residence when you retire? \_\_\_\_\_

Do you plan on working part time during retirement? \_\_\_\_\_

Do you or your spouse expect to receive any inheritances? \_\_\_\_\_

Do you or your spouse expect to provide financial support for anyone else? \_\_\_\_\_

Are you eligible for Social Security benefits? \_\_\_\_\_

Is your spouse eligible for Social Security benefits? \_\_\_\_\_

Have you and your spouse received a current (within 3 years) Social Security benefits statement? \_\_\_\_\_

If your health insurance coverage is through your employer and you retire before age 65, can you elect to continue coverage until age 65? \_\_\_\_\_

At what cost? \_\_\_\_\_

What are your objectives at retirement? \_\_\_\_\_  
Priority (High / Medium / Low)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**ESTATE PLANNING**

	Yes/No	Date	Last Reviewed
Do you have a will?	_____	_____	_____
Does your spouse have a will?	_____	_____	_____
Do you have any trusts?	_____	_____	_____
Do you have a power of attorney?	_____	_____	_____
Do you have a living will?	_____	_____	_____
Do you have a letter of instructions?	_____	_____	_____
Have you discussed location and contents of documents with your family?	_____	_____	_____
Do you anticipate receiving any inheritances?	_____	_____	_____
Do you anticipate having to support your parents or in-laws?	_____	_____	_____