

Your Financial Planning Goals & Investment Objectives

How important are the following Financial Planning Objectives? Please rank in the order of importance. (1 = most important, 3 = least)

- 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)

If retirement is one of your goals, at what age would you like to retire?

Your spouse? (if applicable)

How important are the following investment objectives? Please rank in the order of importance (1 = most important, 3 = least)

- Increase current income
Spread risk among investments (i.e. diversity)
Have cash available for emergencies or investment opportunities (i.e. liquidity)
Accumulate funds that will keep pace with inflation or do better than inflation
Use borrowed funds to increase return from my investments (i.e. leverage)
Minimize the time I have to spend managing my investments

What Is Your Attitude Towards Risk?

Check the one that best describes your attitude:

- Strongly dislike risk, prefer very safe investments (i.e. insured savings, government securities, etc.)
Prefer little risk. I want to know how much my investment will pay (i.e. highly-rated bonds)
Willing to assume some risk (i.e. stocks, mutual funds, etc.)
Prefer greater risk (i.e. speculative stocks and other investments where the return is uncertain, but may be substantial)

Miscellaneous Information

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:

Three horizontal lines for explanation.

Do you expect any inheritances, legal settlements or gifts that may affect your financial plan?

- Yes No

If yes, please explain:

Three horizontal lines for explanation.

Your Name

Preliminary Personal Financial Planning Profile

The following information is strictly confidential and will not be disclosed to anyone without your consent.

Your Name
Address
Phone

# Personal Information

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

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

Spouse's Name: \_\_\_\_\_

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

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

Phone: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Check One: Married   
 Single   
 Divorced   
 Other

Check all that apply: You Spouse  
 Employed    
 Self-Employed    
 Retired

Your Occupation: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Ages: \_\_\_\_\_

Number of other dependents living with

you: \_\_\_\_ Ages: \_\_\_\_\_

Is anyone disabled: Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

# Asset Information

Please estimate the value of the following:

- ◇ Your home
- ◇ Other Real Estate
- ◇ Checking, Savings/CDs, Money Market Funds
- ◇ Stocks & Bonds, Mutual Funds
- ◇ Retirement Accounts (IRAs, 401Ks, SEPs, Keoghs)
- ◇ Company Savings & Profit Sharing Plans
- ◇ Other Assets

	less than 25k	\$25k to \$50k	\$50k to \$100k	\$100k to \$250k	\$250k to \$500k	more than \$500k
◇ Your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Checking, Savings/CDs, Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Stocks & Bonds, Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Retirement Accounts (IRAs, 401Ks, SEPs, Keoghs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Company Savings & Profit Sharing Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Other Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Liability Information

Please estimate the balances of the following:

- ◇ Outstanding Installment Loans, Credit Card Balances
- ◇ Mortgage(s) on your home
- ◇ Mortgage(s) on other Real Estate
- ◇ Other Liabilities

◇ Outstanding Installment Loans, Credit Card Balances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Mortgage(s) on your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Mortgage(s) on other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Other Liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Income & Expenditure Information

- ◇ Annual Household Income
- ◇ Is income fairly uniform & predictable? Yes  No
- ◇ Annual Living Expenditures (including Federal, State & Local Taxes)
- ◇ Annual Savings (including company savings plans, personal savings & contributions to retirement plans)

◇ Annual Household Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Annual Living Expenditures (including Federal, State & Local Taxes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Annual Savings (including company savings plans, personal savings & contributions to retirement plans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Income Tax Information

- ◇ Are all Federal, State & Local tax returns up to date and filed on time?  
 Yes  No
- ◇ Are any of your income tax filings on extension?  
 Yes  No

# Insurance Information

Which policies do you have? (Check all that apply)  
 Homeowners  Disability  Life Insurance  
 Total death benefit of life insurance:  
 You \_\_\_\_\_ Spouse \_\_\_\_\_  
 How many automobiles do you own? \_\_\_\_\_

# Estate Planning Information

Check the appropriate box:

- ◇ Do you and your spouse (if applicable) each have a will?
- ◇ Do your will(s) have trust arrangements?
- ◇ Do you and your spouse (if applicable) have a living trust?
- ◇ Do you and your spouse (if applicable) have health proxies?
- ◇ Do you and your spouse (if applicable) have a durable power?

	Yes	No	Don't Know
◇ Do you and your spouse (if applicable) each have a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Do your will(s) have trust arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Do you and your spouse (if applicable) have a living trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Do you and your spouse (if applicable) have health proxies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Do you and your spouse (if applicable) have a durable power?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>