

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.

Date: _____

Client		Second Person / Spouse		Dependent(s)	
Name		Name		Name	
SS#	Birthdate	SS#	Birthdate	SS#	Birthdate
Occupation		Occupation		Name	
Business name	Phone	Business name	Phone	SS#	Birthdate
Address				Name	
City	State	Zip	Phone	SS#	Birthdate

Determining Your Net Worth — *Assets and liabilities*

Assets

Personal

	Owner*	Purpose**	Current Value
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

\$ _____

* Indicate whether the asset is owned by the client, second person /spouse or jointly.

** Indicate whether the purpose of the asset is for cash reserves, education, an accumulation goal or retirement.

Assets (continued)

	Owner*	Purpose**	Current Value
Business and Investment Real Estate			
Investment real estate	_____	_____	\$ _____
Business(es)	_____	_____	\$ _____
Notes receivable	_____	_____	\$ _____
Total Business and Investment 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)

* Indicate whether the asset is owned by the client, second person/spouse or jointly.

** Indicate whether the purpose of the asset is for cash reserves, education, an accumulation goal or retirement.

Liabilities

Personal	Debtor***	Current Balance	Original Balance	Origination Date
Mortgage on first residence	_____	\$ _____	\$ _____	____/____/____
Mortgage on second residence	_____	\$ _____	\$ _____	____/____/____
Mortgage on other residence	_____	\$ _____	\$ _____	____/____/____
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 the client, second person/spouse, or both

Total Assets	\$ _____
Total Liabilities	\$ _____
Net Worth	\$ _____
(assets less liabilities)	

Determining Your Cash Flow — *Income and Expenses*

Annual Income

	Client	Second Person/Spouse
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 _____	\$ _____	\$ _____
<i>Total Annual Income</i>	\$ _____	\$ _____
<i>Combined Total Annual Income</i>		\$ _____

Expenses

Committed Expenses

Monthly Total

Annual Total

Liability Expenses

Mortgage payment on first residence	\$ _____	\$ _____
Mortgage payment on second residence	\$ _____	\$ _____
Mortgage payment on other residences	\$ _____	\$ _____
Auto loan payments	\$ _____	\$ _____
Bank loan payments	\$ _____	\$ _____
Charge account payments	\$ _____	\$ _____
Business loan payments	\$ _____	\$ _____
Investment property loan payments	\$ _____	\$ _____
Other liability payments _____	\$ _____	\$ _____
<i>Total Liability Expenses</i>	\$ _____	\$ _____

Income Taxes

Federal income tax withholding and estimated payments (client)	\$ _____	\$ _____
Federal income tax withholding and estimated payments (second person/spouse)	\$ _____	\$ _____
State and local income tax withholdings - client	\$ _____	\$ _____
State and local income tax withholdings – second person	\$ _____	\$ _____
FICA (Social Security) tax	\$ _____	\$ _____
<i>Total Income Tax</i>	\$ _____	\$ _____

Expenses (continued)

Committed Expenses (continued)	Monthly Total	Annual Total
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 education	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Personal care	\$ _____	\$ _____
Medical/dental care	\$ _____	\$ _____
Prescription drugs	\$ _____	\$ _____
Dependent care/child daycare	\$ _____	\$ _____
Client expenses 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)

Expenses (continued)

Discretionary Expenses	Monthly Total	Annual Total
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 IRA's	\$ _____	\$ _____
Contributions to second person/spouse IRA's	\$ _____	\$ _____
Employee contributions to client qualified Retirement plans	\$ _____	\$ _____
Employee contributions to second person/spouse 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 Expense	\$ _____
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		
1) Having readily available money for emergencies and opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Having financial protection against disability, liability, hospitalization, premature death and nursing home care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Accumulating dollars to provide for education (personal, children’s, grandchildren’s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Accumulating dollars for reasons not listed above (e.g. down payment on a home, a vacation, a car).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify goals and estimate amounts: _____

5) Avoiding unnecessary taxes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Accumulating resources to provide income for retirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Putting your affairs in order to ensure a smooth transition of assets to family and beneficiaries at death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 and Liquidity

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 personal financial planner.

Checklist

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

- | | |
|---|--|
| <input type="checkbox"/> Complete copy of “Your Financial Profile”
<input type="checkbox"/> Latest paycheck stub(s) and bank statement(s)
<input type="checkbox"/> Most recent federal & state income tax return(s)
<input type="checkbox"/> Life and health insurance policies (including life, disability income, major medical, nursing home)
<input type="checkbox"/> Declaration pages of property and casualty Insurance policies (including summary of current coverage for automobile, home and personal liability) | <input type="checkbox"/> All pertinent information regarding mortgage(s)/loan(s) (i.e. original balance, interest rate and term)
<input type="checkbox"/> All pertinent information on present investments such as Stocks, bonds, mutual funds, certificates, etc. (i.e. maturity dates and yields)
<input type="checkbox"/> Latest employee benefit manual(s)/statement(s) and retirement plan statement(s)
<input type="checkbox"/> Latest will(s) and trust statement(s)
<input type="checkbox"/> Information on unique financial events or situations such as a major purchase, debt refinancing, expected inheritance, etc. |
|---|--|