Personal Financial Planning Profile

Please fill out the next three pages and gather the documents listed on the last page.

If you have scheduled a **Financial Jump Start**, please mail, fax, upload or drop off the information two weeks before your appointment.

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

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Personal Financial Planning Profile

General Information

Today's date: ________________

Client's name: ___________________ Co-Client's name: _________________

Birth Date: ___________________ Birth Date: _________________

Address: ____

____

Phone Numbers: ________________ (home) ______________________ (cell)

Preferred E-Mail Address: ____

How did you hear about us? ____

Please check one: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other

Children:	Name	Birthdate

	Client	Co-Client
Please check:	☐ Employed ☐ Self-Employed ☐ Retired	☐ Employed ☐ Self-Employed ☐ Retired
Occupation:	__________________________	__________________________

Financial Planning Priorities and Goals

What are your three most important financial concerns or goals?

1. ____

____

2. ____

____

3. ____

Asset Information *Please estimate the value of the following:*

Checking, Savings/CD, Money Market Funds $ ________________

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

Your Home $ ______________ Other Real Estate $ ________________

Stocks, Bonds $ ______________ Mutual Funds $ ________________

Other Assets $ ______________

Liability Information *Please estimate the value of the following:*

Primary Mortgage $ ____________ Other Mortgages $ ________________

Installment Loans $ ____________ Credit Cards $ ________________

Other Liabilities $ ____________

Annual Earned Income

Salary(ies) $ ____________ Commission $ ________________

Bonus $ ____________ Other Income $ ________________

Is income fairly uniform and reliable? ☐ Yes ☐ No

Contributions

Are you contributing on a regular basis to a retirement plan such as 401(k), 403(b) or deferred compensation, or to an IRA? ☐ Yes ☐ No

Life Insurance

How much life insurance do you have?

Client $ __________ Co-Client $ __________

Wills

Do you have a will(s)? ______________ Date Signed: __________

Please continue →

Other Information

How much do you expect to earn on your investments?

6-8% _____ 8-10% _____ 10-12% _____ 12-15% _____ 15% + _____

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

____

____

Have you ever been unhappy with the recommendations of a stockbroker, insurance agent and/or financial adviser or consultant? ____________ If yes, please explain:

Is there any other information you would like to provide at this time?

Please provide the following documents two weeks before your Financial Tune-Up:

- Tax returns for last two years
- Most recent brokerage/mutual fund statement(s)
- Most recent retirement plan and Social Security statement(s)
- Most recent IRA, 401(k), 403(b) or Deferred Compensation statement(s)
- Any other relevant financial documents

Signed: _________________________ Date: ______________________

Thank you