

Personal Profile

This comprehensive, personal summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It's the essential first step in organizing a sensible financial plan for your future.

Checklist of items to bring to initial consultation

- | | |
|--|---|
| <input type="checkbox"/> Confidential Profile | <input type="checkbox"/> Copy of last social security statement |
| <input type="checkbox"/> All brokerage statements | <input type="checkbox"/> All insurance policies including home, auto, boat, umbrella, life & disability |
| <input type="checkbox"/> Last year's tax return | <input type="checkbox"/> Rates & terms of mortgage/consumer debt |
| <input type="checkbox"/> All annuity and long term care policies | <input type="checkbox"/> Copies of Wills & Trusts |
| <input type="checkbox"/> All IRA, pension, & other retirement statements | |

Family Information

Your Name	Nickname	Age	Birth Date	Social Security #
Spouse's Name	Nickname	Age	Birth Date	Social Security#
Address	City	State	Zip	
Home Phone	Mobile Phone	Email Address		
Children's Names	Age	State of Residents	# of Grandchildren	

Occupation

Your job title	Employer	# of years	Retirement Date
Spouse's job title	Employer	# of years	Retirement Date

Advisors

Broker's Name	Firm Name	City, State	Do you have a preference or commitment to this provider? (check one)	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attorney's Name	Firm Name	City, State	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accountant's Name	Firm Name	City, State	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Agent's Name	Firm Name	City, State	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Goals Profile

1. Five years from today, how do you expect your household annual income to change?

- | | |
|---|--|
| <input type="checkbox"/> To grow substantially | <input type="checkbox"/> To decrease substantially |
| <input type="checkbox"/> To grow moderately | <input type="checkbox"/> To decrease moderately |
| <input type="checkbox"/> To stay about the same | |

2. With income generated from your portfolio for the next _____ years, you plan to:

- | | |
|---|--|
| <input type="checkbox"/> Use it for living expenses | <input type="checkbox"/> Reinvest all income |
| <input type="checkbox"/> Use some and reinvest some | |

3. Five years from today, how do you expect your portfolio value to change?

- Portfolio is not my primary concern. I am more concerned with current income
- The same as or slightly more than today
- Greater than today
- Substantially greater than today

4. Items with which you would like assistance. (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Provide financial security at retirement | <input type="checkbox"/> Pay for college education for children |
| <input type="checkbox"/> Review tax planning opportunities | <input type="checkbox"/> Review my estate plan |
| <input type="checkbox"/> Review my risk coverage's | <input type="checkbox"/> Minimize the cost of probate & estate taxes |
| <input type="checkbox"/> Provide portfolio management | <input type="checkbox"/> Review household budget & debts |

5. How much income do you want from your portfolio now? \$ _____/year.

6. How much income do you want during your retirement years? \$ _____/year.

7. Other Goals:

General Risk Tolerance

1. Expected Return: Given historical returns on different kinds of investments, my desired level of investment return is above average.
Strongly Disagree Strongly Agree
2. Risk Tolerance: I am willing to bear an above-average level of investment risk (volatility). I can accept occasional years with negative investment returns.
Strongly Disagree Strongly Agree
3. Holding Period: I am willing to maintain investment positions over a reasonably long period of time (generally considered 10 years or more).
Strongly Disagree Strongly Agree
4. Liquidity: I do not need to be able to readily convert my investments into cash. Aside from my portfolio, have adequate liquid net worth to meet major near-term expenses.
Strongly Disagree Strongly Agree
5. Ease of Management: I want to be very actively involved in the monitoring and decision-making required to manage my investments.
Strongly Disagree Strongly Agree
6. Dependents: There are no or only a few dependents that rely on my income and my investment portfolio for support.
Strongly Disagree Strongly Agree
7. Income Source: My major source of income is adequate, predictable and steadily growing.
Strongly Disagree Strongly Agree
8. Insurance Coverage: I have an adequate degree of insurance coverage.
Strongly Disagree Strongly Agree
9. Investment Experience: I have prior investment experience with stocks, bonds, and international investments. I understand the concept of investment risk.
Strongly Disagree Strongly Agree
10. Debt/Credit: My debt level is low and my credit history is excellent.
Strongly Disagree Strongly Agree

Risk You Can Accept

1. How important is capital preservation?

Not at all Moderately important Very important
1 2 3 4 5 6 7 8 9

2. How important is growth?

Not at all Moderately important Very important
1 2 3 4 5 6 7 8 9

3. How important is low volatility?

Not at all Moderately important Very important
1 2 3 4 5 6 7 8 9

4. How important is inflation protection?

Not at all Moderately important Very important
1 2 3 4 5 6 7 8 9

5. How important is current cash flow?

Not at all Moderately important Very important
1 2 3 4 5 6 7 8 9

6. How much risk are you willing to take to achieve a higher return?

None at all A moderate amount A lot
1 2 3 4 5 6 7 8 9

Income Statement

Monthly

Annual

Income

Salary and wages _____

Dividends & interest _____

Child support _____

Alimony _____

Social security _____

Pension _____

IRA _____

Rents & annuities _____

Trust distributions _____

Other _____

Total Income _____

Expenses

Housing

Mortgage/rent _____

Property taxes _____

Home repairs _____

Association fee _____

Utilities _____

Other _____

Insurance

Home _____

Auto _____

Medical _____

Life _____

Other _____

Saving

Retirement _____

Education _____

Home _____

Vacation _____

Other _____

Taxes

Federal Income _____

SS & Medicare _____

Other _____

Debt payments

Home equity loan _____

Auto loan _____

Collage loan _____

Credit cards _____

Other _____

Transportation

Gas/Transit _____

Repairs _____

Food/Clothing

Groceries _____

Eating out _____

Clothing/shoes _____

Entertainment

Cable/videos _____

Internet _____

Hobbies _____

Vacation _____

Other

Child support _____

Alimony _____

Day care _____

Barber/Salon _____

Gifts/giving _____

Fitness _____

Other _____

Total Expenses _____

Net Income (deficit) _____

Balance Sheet

As of:

Assets:

Checking	_____
Saving	_____
CDs	_____
Bonds	_____
Stocks	_____
Brokerage	_____
IRA	_____
401k, 403b	_____
Cash value of life insurance	_____
Primary home	_____
Other real estate	_____
Notes receivable	_____
Auto(s)	_____
Business	_____
Personal property	_____
Other	_____
Total Assets	_____

Liabilities:

Mortgage	_____
Home equity	_____
Auto	_____
Student loans	_____
Credit cards	_____
Taxes	_____
Other	_____
Total Liabilities	_____
Net Worth	_____

Notes / Other: