

Your Financial Profile

The first step in developing a sound financial plan is to have a clear idea of where you stand today. 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 bank statements at hand to determine household expenses.

Date: _____

<i>Client</i>		<i>Second Person</i>	
Name:		Name:	
Address		Address	
City	State Zip	City	State Zip
Phone		Phone	
SS#	Birthdate	SS#	Birthdate
Occupation		Occupation	
Business Name	Phone	Business Name	Phone
Email Address		Email Address	
<i>Dependent(s)</i>			
Name		Name	
SS#	Birthdate	SS#	Birthdate

Determining your net worth: Assets

	Owner*	Purpose**	Current value
Personal			\$ _____
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 or jointly.

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

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Assets (continued)

Business and investment real estate	Owner*	Purpose**	Current value
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 or jointly.

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

Determining your net worth: Liabilities

	Debtor ***	Current balance	Original balance	Origination date
Personal				
Mortgage on first residence	_____	\$ _____	\$ _____	____/____/____
Mortgage on second residence	_____	\$ _____	\$ _____	____/____/____
Mortgage on other residences	_____	\$ _____	\$ _____	____/____/____
Auto loans	_____	\$ _____	\$ _____	____/____/____
Bank loans	_____	\$ _____	\$ _____	____/____/____
Charge accounts and credit cards	_____	\$ _____	\$ _____	____/____/____
Investment real estate loans	_____	\$ _____	\$ _____	____/____/____
Business loans	_____	\$ _____	\$ _____	____/____/____
Other liabilities	_____	\$ _____	\$ _____	____/____/____

*** Indicate whether the debtor of the liability is the client, second person or both

Total liabilities

\$ _____

Total assets \$ _____

Total liabilities \$ _____

Net worth \$ _____ (assets less liabilities)

Your Financial Profile

Determining your cash flow — *Income and expenses*

Annual income

	Client	Second person
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

	Monthly total	Annual total
Committed expenses	\$ _____	\$ _____
Liability expenses	\$ _____	\$ _____
Mortgage payment on first residence	\$ _____	\$ _____
Mortgage payment on second residence	\$ _____	\$ _____
Mortgage payment on other residences	\$ _____	\$ _____
Auto loan payments	\$ _____	\$ _____
Charge account payments	\$ _____	\$ _____
Business loan payments	\$ _____	\$ _____
Investment property loan payments	\$ _____	\$ _____
Other liability payments _____	\$ _____	\$ _____
Total liability expenses	\$ _____	\$ _____
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Income taxes		
Federal income tax withholding and estimated payments □ client	\$ _____	\$ _____
Federal income tax withholding and estimated payments □ second person	\$ _____	\$ _____
State and local income tax withholding □ client	\$ _____	\$ _____
State and local income tax withholding □ second person	\$ _____	\$ _____
FICA (Social Security) tax	\$ _____	\$ _____
Total income taxes	\$ _____	\$ _____

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Expenses (continued)

	Monthly total	Annual total
Committed expenses (continued)	\$ _____	\$ _____
Household expenses	\$ _____	\$ _____
Real estate taxes	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Homeowner's insurance premiums	\$ _____	\$ _____
Other household _____	\$ _____	\$ _____
Total household expenses	\$ _____	\$ _____
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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	\$ _____	\$ _____
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Other committed expenses		
Adult/other education	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Personal care	\$ _____	\$ _____
Medical/dental care	\$ _____	\$ _____
Prescription drugs	\$ _____	\$ _____
Dependent care/child daycare	\$ _____	\$ _____
Client expense 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)		

Your Financial Profile

Expenses (continued)

	Monthly total	Annual total
Discretionary expenses	\$ _____	\$ _____
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 IRAs	\$ _____	\$ _____
Contributions to second person IRAs	\$ _____	\$ _____
Employee contributions to client qualified retirement plans	\$ _____	\$ _____
Employee contributions to second person 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 expenses \$ _____

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	
	A	B	A	B	A	B
1. Having readily available money for emergencies and opportunities.						
2. Having financial protection against disability, liability, hospitalization, premature death and nursing home care.						
3. Accumulating dollars to provide for education (personal, children's, grandchildren's).						
4. Accumulating dollars for reasons not listed above (e.g., down payment on a home, a vacation, a car).						
5. Avoiding unnecessary taxes.						
6. Accumulating resources to provide income for retirement.						
7. Putting your affairs in order to ensure a smooth transition of assets to family and beneficiaries at death.						

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

Checklist: Review this checklist of items that you should bring when you meet with your financial advisor.

- | | |
|---|---|
| <input type="checkbox"/> Completed copy of "Your Financial Profile" | <input type="checkbox"/> All pertinent information regarding mortgages/loans (i.e., original balance, interest rate and term) |
| <input type="checkbox"/> Latest paycheck stubs and bank statements | <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"/> Most recent federal and state income tax returns | <input type="checkbox"/> Latest employee benefit manual/statements and retirement plan statement |
| <input type="checkbox"/> Life and health insurance policies (including life, disability, income, major medical, nursing home) | <input type="checkbox"/> Latest wills and trust statements |
| <input type="checkbox"/> Declaration pages of property and casualty insurance policies (includes summary of current coverage for automobile, home and personal liability) | <input type="checkbox"/> Information on unique financial events or situations such as a major purchase, debt refinancing, expected inheritance, etc. |

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 financial advisor.

