



Confidential Planning Profile

1. Personal Information

Today's Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Preferred Contact Phone _____

Email _____

Marital Status _____ Date of Birth _____

Family:

Name	Relationship	Date of Birth

Employment:

	Self	Spouse
Employer		
Position/Title		
Annual Salary		

Other Sources of Income:

Source (i.e. rental income, pension, dividends, etc.)	Annual Income

Estimated taxable income for the current year _____



Health:

	Yes	No
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Does your spouse smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Do any members of your family have significant health problems?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any health issues: _____

2. Financial Planning Goals

Please list your objectives in having this financial plan prepared and their relative importance, such as:

- Investing for a comfortable retirement
- Purchasing a home or vacation home
- Providing for your children's education
- Changing your career or starting a small business
- Providing for your family in the event of you or your spouse's death
- Making gifts to charity or relatives
- Developing or revising your investment strategy



3. Current Net Worth

Please list your current banking and investment accounts, and provide copies of your most recent account statements if available.

	Bank or Custodian	Type	Owner	Balance
<i>Ex</i>	<i>Fidelity</i>	<i>IRA</i>	<i>Self</i>	<i>\$ 195,000</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Other Assets (i.e. house, rental property, business, land, etc.)

Asset Description	Estimated Value

Liabilities (i.e. mortgage, car loan, student loans, credit cards)

Liability Description	Current Balance



4. Living Expenses

If you have a household budget, please attach. If not, please complete the following monthly expenses for the current month, to the extent you have this data.

<u>Fixed Expenses</u>	<u>Amount</u>
Rent or Mortgage	
Car Payment	
Credit Card Payments	
Other Loan Payments	
Auto Insurance	
Life Insurance	
Alimony/Child Support	
Child Care	
Cable TV / Internet / Home Phone	

<u>Variable Expenses</u>	
Alcohol/Cigarettes	
Auto Maintenance	
Bank/ATM Fees	
Cell Phones	
Children's Activities	
Clothing	
Diapers	
Dining Out	
Entertainment/Leisure	
Gasoline	
Gifts Given	
Groceries	
Other Household Expenses	
Out of Pocket Medical	
Personal Care (Hair etc.)	
Pets	
Travel	
Utilities	

Total Monthly Living Expenses _____



5. Estate Planning

Self Spouse

Do you have a will?

Do you have a trust?

6. Insurance

Please describe any insurance policies, including life, disability, health, and liability.

7. Other

Please provide any other information you believe would assist in planning.