

Confidential Profile

BASIC INFORMATION

Your Name _____

Nickname _____ Age _____

Birth Date (mm/dd/yyyy) _____

Spouse's Name _____

Nickname _____ Age _____

Birth Date (mm/dd/yyyy) _____

Residence Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____ Fax _____

E-Mail Address _____

GENERAL

Are you anticipating any major lifestyle changes?
(i.e., marriage, divorce, retirement, moving, etc.)

Yes No Uncertain

If so, what changes are you expecting?

Are you comfortable with your current cash flow?

Yes No Uncertain

Do you anticipate any significant changes in your cash flow?

Yes No Uncertain

Do you anticipate any major expenditures in the near future?

Yes No Uncertain

If so, what expenditures are you expecting?

ESTATE PLANNING

Do you have updated/adequate wills?

Yes No Uncertain

Have you established any trusts?

Yes No Uncertain

Will you be receiving a significant inheritance?

Yes No Uncertain

Have you adequately considered estate taxes?

Yes No Uncertain

Do you have long-term health care coverage?

Yes No Uncertain

FAMILY

of Children _____ Oldest _____ Youngest _____

of Grandchildren _____ Oldest _____ Youngest _____

OCCUPATION

Your Job Title _____

Employer (last, if retired) _____

Number of Years _____ Retirement Date _____

Spouse's Job Title _____

Employer (last, if retired) _____

Number of Years _____ Retirement Date _____

PROTECTION

Do you have any current health problems?

Yes No Uncertain

Do you have adequate medical coverage?

Yes No Uncertain

Amount _____

Company _____

Premium _____

Do you have enough life insurance?

Yes No Uncertain

Amount _____

Company _____

Premium _____

Does your spouse have enough life insurance?

Yes No Uncertain

Amount _____

Company _____

Premium _____

Do you have an emergency fund (money set aside in savings)?

Yes No Uncertain

| Investment Goals | Low Priority | | | | | High Priority | | | | |
|---|--------------|---|---|---|---|---------------|---|---|---|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Principal Should be Safe | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Long Term Growth | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Short Term Profits | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Return Should Exceed Inflation Rate | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Building A Reliable Income Plan | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Leaving Money to My Heirs | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Diversification of Portfolio | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Reducing My Fees | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Reducing My Taxes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Plan For Long Term Care | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Provide For My Family In The Event Of My (My Spouse's) Death. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Minimize The Cost of Probate and Estate Taxes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Being Involved With Investments | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

What % of your money are you comfortable having at risk?

- 0
 20
 40
 60
 80
 100

What do you consider a satisfactory rate of return? _____%

Other Goals:

What is important to you about money?

If you could change three things about your current financial situation, what would you change?

1. _____
2. _____
3. _____

Please list any current concerns:

INVESTOR EXPERIENCE & HISTORY

How much investing experience do you have (in years)?

Stocks _____ Mutual Funds _____ Bonds _____
 Variable Annuities _____ REIT's _____ Options _____
 ETF _____ Fixed Annuities _____ CD's _____

FAMILY ASSETS

PERSONAL

| | Debt | Payment | Current Value |
|--------------------------------|-------|---------|-----------------|
| Primary Residence | _____ | _____ | \$ _____ |
| Vacation Home/Second Residence | _____ | _____ | \$ _____ |
| Automobile(s) | _____ | _____ | \$ _____ |
| Other Personal Assets _____ | _____ | _____ | \$ _____ |
| Other Personal Assets _____ | _____ | _____ | \$ _____ |
| Total Personal Assets | | | \$ _____ |

Retirement

| | Owner | Purpose | Custodian | Current Value |
|--|-------|---------|-----------|-----------------|
| Cash | _____ | _____ | _____ | \$ _____ |
| IRA | _____ | _____ | _____ | \$ _____ |
| IRA | _____ | _____ | _____ | \$ _____ |
| 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, and retirement assets)

\$ _____

Total Liabilities

| Home _____ | Credit Cards _____ | Other _____ | Total _____ |
|------------|--------------------|-------------|-------------|
|------------|--------------------|-------------|-------------|

FAMILY INCOME

ANNUAL INCOME

| | Primary | Secondary |
|---------------------------------------|-----------------|-----------------|
| Employment (wages, salaries, bonuses) | \$ _____ | \$ _____ |
| Self-employment/business income | \$ _____ | \$ _____ |
| Social Security benefits | \$ _____ | \$ _____ |
| Pensions (if currently receiving) | \$ _____ | \$ _____ |
| Investment income | \$ _____ | \$ _____ |
| Other income | \$ _____ | \$ _____ |
| Total annual income | \$ _____ | \$ _____ |
| COMBINED TOTAL ANNUAL INCOME | | \$ _____ |

Do you currently withdraw from your investments to meet your cash flow needs? Yes No How Much _____

What minimum income will you need in retirement? _____

Have you done any Social Security planning? Yes No

FAMILY MONTHLY EXPENSES

| Fixed _____ | Variable _____ | Total _____ |
|-------------|----------------|-------------|
|-------------|----------------|-------------|

