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Confidential Client Financial Profile

For the purpose of producing a

Certified Financial Plan

Client Name: _____

Date: _____

Getting Started with your Financial Plan

Congratulations! You are now on the path to accomplishing your financial goals. This profile has been designed to gather information that will help us develop your comprehensive financial plan. Don't be intimidated if you don't know the answers to the questions. Just fill out the information that you do know and return along with photocopies of the items listed in the checklist. We will do the rest.

Steps to complete Data Gathering:

1. Print this workbook and fill-in data that you have readily available.

2. Try to furnish photocopies of the following information.
 - Paystubs
 - Investment Account Statements (brokerage, mutual fund, variable annuity)
 - Retirement Account Statements (401k, 403b, IRA's)
 - Pension Plan information
 - Insurance Policies (life, disability, LTC) (Employer provided or Individual)
 - Insurance Policies (auto and home)
 - Mortgage Statement
 - Additional loan statements (home equity, auto, etc)
 - Credit Card statement (if it has a balance)
 - Employee Benefit Statement
 - Tax Return (previous year)
 - Legal documents (wills, trusts, buy/sell agreements)

The more information that you can provide us the better, however don't let it hold you up. If you can get us the basics of your cashflow, assets, liabilities and insurance we can get started.

Personal Information

1. Client #1 Personal Information

Title: First Name: Last Name: Date of Birth: Gender: Tax Filing Status:

Contacts

Home Phone #: Business Phone #: Cell Phone #:

Email Address:

Address

Street: City: State: Zip Code:

Client #1 Employer Info

Employer Name Title:

Occupation:

Address

Street: City: State: Zip Code:

2. Client #2 Personal Information

Title: First Name: Last Name: Date of Birth: Gender: Tax Filing Status:

Contacts

Home Phone #: Business Phone #: Cell Phone #:

Email Address:

Address

Street: City: State: Zip Code:

Client #2 Employer Info

Employer Name Title:

Occupation:

Address

Street: City: State: Zip Code:

Dependents

1. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:

Address (if different from clients)

Street: City: State: Zip Code:

2. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:

Address (if different from clients)

Street: City: State: Zip Code:

3. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:

Address (if different from clients)

Street: City: State: Zip Code:

4. Dependent

First Name: Last Name: Date of Birth: Relationship: Dependent of:

Address (if different from clients)

Street: City: State: Zip Code:

Notes:

Other Professional Advisors that you work with

1. Professional Advisor **CPA**

Name:	Practice Name:
Email Address:	Business Phone #
Street Address:	
State:	Zip Code:

2. Professional Advisor **Insurance Agent**

Name:	Practice Name:
Email Address:	Business Phone #
Street Address:	
State:	Zip Code:

3. Professional Advisor **Banker**

Name:	Practice Name:
Email Address:	Business Phone #
Street Address:	
State:	Zip Code:

4. Professional Advisor **Other**

Name:	Practice Name:
Email Address:	Business Phone #
Street Address:	
State:	Zip Code:

Investment Profile Questionnaire - All Portfolios

This questionnaire will identify an asset allocation mix that will help you attain your financial goals. By analyzing your investment objectives, time horizon and risk tolerance, we can determine a proposed asset allocation mix. Please read and answer all questions carefully.

Time Horizons

1. When do you expect to begin withdrawing money from your investment account?
 - Less than 1 year
 - 1 to 2 years
 - 3 to 4 years
 - 5 to 7 years
 - 8 to 10 years
 - 11 or more years

2. Once you begin withdrawing money from your investment account, how long do you expect the withdrawals to last?
 - I plan to take a lump sum distribution
 - 1 to 4 years
 - 5 to 7 years
 - 8 to 10 years
 - 11 or more years

Risk Tolerance

3. Inflation, the rise in prices over time, can erode your investment return. Long-term investors should be aware that, if portfolio returns are less than the inflation rate, their ability to purchase goods and services in the future might actually **decline**. However, portfolios with long-term returns that significantly exceed inflation are associated with a higher degree of risk.

Which of the following portfolios is most consistent with your investment philosophy?

- Portfolio 1** will most likely exceed long-term inflation by a significant margin and has a high degree of risk.
- Portfolio 2** will most likely exceed long-term inflation by a moderate margin and has a high to moderate degree of risk.
- Portfolio 3** will most likely exceed long-term inflation by a small margin and has a moderate degree of risk.
- Portfolio 4** will most likely match long-term inflation and has a low degree of risk.

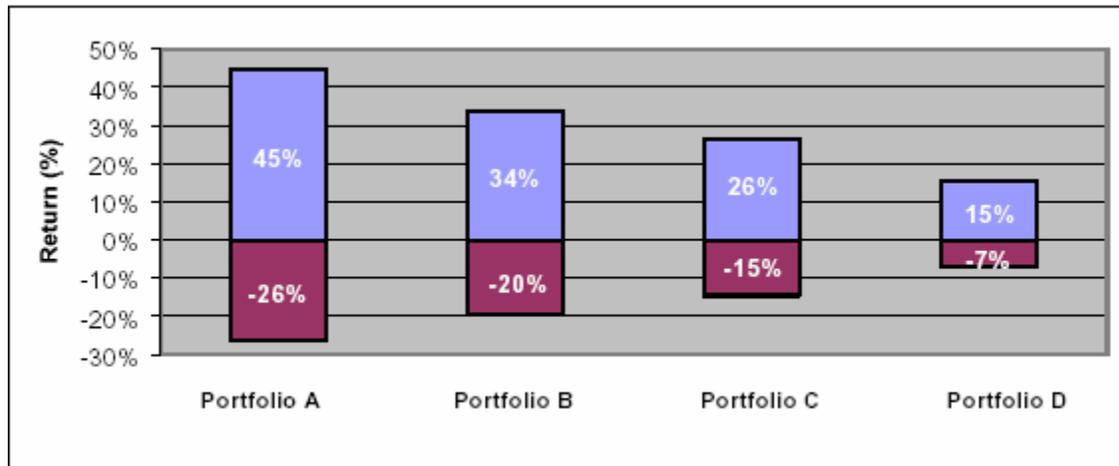
4. Portfolios with the highest average returns also tend to have the highest chance of short-term losses. The table below provides the average dollar return of four hypothetical investments of \$100,000 and the possibility of losing money (ending value of less than \$100,000) over a **one-year holding period**. Please select the portfolio with which you are most comfortable.

Probabilities After 1 Year

	Possible Average Value at the End of One Year	Chance of Losing Money at the End of One Year
<input type="radio"/> Portfolio A	\$106,000	16%
<input type="radio"/> Portfolio B	\$107,000	21%
<input type="radio"/> Portfolio C	\$108,000	25%
<input type="radio"/> Portfolio D	\$109,000	28%

5. Investing involves a trade-off between risk and return. Historically, investors who have received high long-term average returns have experienced greater fluctuations in the value of their portfolio and more frequent short-term losses than investors in more conservative investments have. Considering the above, which statement best describes your investment goals?
- Protect the value of my account.** In order to minimize the chance for loss, I am willing to accept the lower long-term returns provided by conservative investments.
 - Keep risk to a minimum** while trying to achieve slightly higher returns than the returns provided by investments that are more conservative.
 - Balance** moderate levels of risk with moderate levels of returns.
 - Maximize long-term investment returns.** I am willing to accept large and sometimes dramatic fluctuations in the value of my investments.
6. Historically, markets have experienced downturns, both short-term and prolonged, followed by market recoveries. Suppose you owned a well-diversified portfolio that fell by 20% (i.e. \$1,000 initial investment would now be worth \$800) over a short period, consistent with the overall market. Assuming you still have 10 years until you begin withdrawals, how would you react?
- I would **not** change my portfolio.
 - I would **wait at least one year** before changing to options that are more conservative.
 - I would **wait at least three months** before changing to options that are more conservative.
 - I would **immediately** change to options that are more conservative.

7. The following graph shows the hypothetical results of four sample portfolios over a one-year holding period. The best potential and worst potential gains and losses are presented. Note that the portfolio with the best potential gain also has the largest potential loss. Which of these portfolios would you prefer to hold?



- Portfolio A
 - Portfolio B
 - Portfolio C
 - Portfolio D
8. I am comfortable with investments that may frequently experience large declines in value if there is a potential for higher returns.
- Agree
 - Disagree
 - Strongly disagree

Investment Information: (please fill out unless statements are included)

Investment & Retirement Accounts

1. Account Type: Brokerage / IRA / Annuity / 401k / 403b / College 529 / other (please circle one)

Name on Account (Owner): _____ Custodian/Broker: _____ Market Value: _____ Cost Basis: _____

Monthly or Annual contributions: _____ Employer match: _____

2. Account Type: Brokerage / IRA / Annuity / 401k / 403b / College 529 / other (please circle one)

Name on Account (Owner): _____ Custodian/Broker: _____ Market Value: _____ Cost Basis: _____

Monthly or Annual contributions: _____ Employer match: _____

3. Account Type: Brokerage / IRA / Annuity / 401k / 403b / College 529 / other (please circle one)

Name on Account (Owner): _____ Custodian/Broker: _____ Market Value: _____ Cost Basis: _____

Monthly or Annual contributions: _____ Employer match: _____

4. Account Type: Brokerage / IRA / Annuity / 401k / 403b / College 529 / other (please circle one)

Name on Account (Owner): _____ Custodian/Broker: _____ Market Value: _____ Cost Basis: _____

Monthly or Annual contributions: _____ Employer match: _____

5. Account Type: Brokerage / IRA / Annuity / 401k / 403b / College 529 / other (please circle one)

Name on Account (Owner): _____ Custodian/Broker: _____ Market Value: _____ Cost Basis: _____

Monthly or Annual contributions: _____ Employer match: _____

6. Account Type: Brokerage / IRA / Annuity / 401k / 403b / College 529 / other (please circle one)

Name on Account (Owner): _____ Custodian/Broker: _____ Market Value: _____ Cost Basis: _____

Monthly or Annual contributions: _____ Employer match: _____

Notes:

Cash Reserves / Savings: (please fill out unless statement are included)

1.Savings

owner:	Amount:	Monthly contribution:	Purpose:
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2.Checking

owner:	Amount:	Monthly contribution:	Purpose:
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3.Checking

owner:	Amount:	Monthly contribution:	Purpose:
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4.Money Market

owner:	Amount:	Monthly contribution:	Purpose:
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5.CD's

owner:	Amount:	Term (maturity)	Purpose:
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Other Assets (business or personal assets)

Description:	Owner:	Value:
Description:	Owner	Value:
Description:	Owner	Value:
Description:	Owner:	Value:
Description:	Owner	Value:
Description:	Owner	Value:

Notes:

Real Estate

1. Primary Residence

Address:	Purchase Date:	Purchase Amount:	Market Value:
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Ownership:	Monthly payment:	Interest Rate	Mortgage Balance:
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Property Taxes:	Insurance Cost:
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2. Second Residence

Address:	Purchase Date:	Purchase Amount:	Market Value:
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Ownership:	Monthly payment:	Interest Rate:	Mortgage Balance:
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Property Taxes:	Insurance Cost:
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3. Rental Property

Address:	Purchase Date:	Purchase Amount:	Market Value:
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Ownership:	Monthly payment:	Interest Rate:	Mortgage Balance:
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Annual Taxes	Annual Insurance:	Monthly Rental Income:
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Annual or Monthly Rental Expenses

4. Rental Property

Address:	Purchase Date:	Purchase Amount:	Market Value:
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Ownership:	Monthly payment:	Interest Rate:	Mortgage Balance:
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Annual Taxes	Annual Insurance:	Monthly Rental Income
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Annual or Monthly Rental Expenses

Automobiles / Boats / Recreational Vehicles

1. Auto #1

Type:	Monthly payment:	Interest Rate	Remaining Balance:
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Approximate value:	Insurance Cost::
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2. Auto #2

Type:	Monthly payment:	Interest Rate	Remaining Balance:
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Approximate value:	Insurance Cost::
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3. Other

Type:	Monthly payment:	Interest Rate	Remaining Balance:
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Approximate value:	Insurance Cost::
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4. Other

Type:	Monthly payment:	Interest Rate	Remaining Balance:
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Approximate value:	Insurance Cost::
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5. Other

Type:	Monthly payment:	Interest Rate	Remaining Balance:
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Approximate value:	Insurance Cost::
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Other Liabilities (credit cards, loans)

Description:	Monthly Payment	Interest Rate:	Balance:
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Description:	Monthly Payment	Interest Rate:	Balance:
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Description:	Monthly Payment	Interest Rate:	Balance:
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Notes:

Protection / Risk Management

Life Insurance Policies (individual or employer provided coverage)

1. Client #1 Life Insurance Policies

Individual or Employer provided:	Monthly Cost:	Term Period?:	Death Benefit:
Individual or Employer provided:	Monthly Cost:	Term Period?:	Death Benefit:
Individual or Employer provided:	Monthly Cost:	Term Period?:	Death Benefit:

2. Client #2 Life Insurance Policies

Individual or Employer provided:	Monthly Cost:	Term Period?:	Death Benefit:
Individual or Employer provided:	Monthly Cost:	Term Period?:	Death Benefit:
Individual or Employer provided:	Monthly Cost:	Term Period?:	Death Benefit:

Notes:

Disability Insurance Policies (individual or employer provided)

1. Client #1 Disability Insurance Policies

Individual or Employer provided:	Monthly Cost:	Benefit Period?:	Monthly Benefit:
Individual or Employer provided:	Monthly Cost:	Benefit Period?:	Monthly Benefit:
Individual or Employer provided:	Monthly Cost:	Benefit Period?:	Monthly Benefit:

2. Client #2 Disability Insurance Policies

Individual or Employer provided:	Monthly Cost:	Benefit Period?:	Monthly Benefit:
Individual or Employer provided:	Monthly Cost:	Benefit Period?:	Monthly Benefit:
Individual or Employer provided:	Monthly Cost:	Benefit Period?:	Monthly Benefit:

Notes:

LTC Insurance Policies

1. Client #1 Long Term Care Insurance

Type:	Monthly or Daily Benefit:	Benefit Period:	Inflation Protection:
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Monthly or Annual Cost:

2. Client #2 Long Term Care Insurance

Type:	Monthly or Daily Benefit:	Benefit Period:	Inflation Protection:
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Monthly or Annual Cost:

Notes:

If you are not sure how to answer the questions regarding insurance please provide a photocopy of the policy information page.

Cash Flow

Income

1. Client #1 Employment Income

Salary:	Monthly Gross income:	or	Annual Gross Income:
Bonus:	Annual Amount:		When do you receive:

2. Client #2 Employment Income

Salary:	Monthly Gross income:	or	Annual Gross Income:
Bonus:	Annual Amount:		When do you receive:

Pensions (future estimated benefit – or current benefit if retired)

1. Client #1 Pension Income

Annual Gross Pension:	Cost of Living adjustment?
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Is it joint and survivor or single life?

2. Client #2 Pension Income

Annual Gross Pension:	Cost of Living adjustment?
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Is it joint and survivor or single life?

Social Security & Other Income (estimated or current benefits)

1. Client #1 Social Security & Other Income

Monthly Social Security:		
Other Income:	Annual Amount:	Monthly Amount:

2. Client #2 Social Security & Other Income

Monthly Social Security:		
Other Income:	Annual Amount:	Monthly Amount:

Current Lifestyle Expenses (this is used to calculate retirement income needs)

Expenses (detailed monthly)

Monthly Expense	Amount
Housing	
Mortgage or Rent	\$
Homeowner Dues:	\$
HO Insurance:	\$
Property Taxes:	\$
Maintenance:	\$
Improvements:	\$
Utilities:	\$
Cable:	\$
Telephone:	\$
Other:	\$
Food	
Groceries:	\$
Dining Out :	\$
Transportation	
Auto Loans:	\$
Auto Insurance:	\$
Auto Maintenance:	\$
Monthly Fuel Expense:	\$
Annual Tag / Tax	\$
Healthcare/Personal	
Health Insurance :	\$
Prescriptions:	\$
Personal Care:	\$
Life Insurance	\$
Disability Insurance:	\$
Long Term Care Ins:	\$
Other Medical:	\$
Entertainment	
Recreation:	\$
Travel:	\$
Hobbies:	\$
Memberships:	\$
Miscellaneous	
Education:	\$
Child Care:	\$
Gifts to Family:	\$
Charitable Donations:	\$
Other:	\$
Other:	\$

Your Financial Goals & Objectives:

What are your objectives for your life, disability & LTC insurance?

Life Insurance Objective for Client 1

Briefly indicate your desires for what you would like covered in the event of your premature death

Cover outstanding liabilities: mortgage / auto loans / credit card debt

Cover Accumulation Goals: college education / retirement

Cover living expenses: family / spouse (from basic capital needs to full human life value)

Cover potential estate tax liabilities:

Life Insurance Objective for Client 2

Briefly indicate your desires for what you would like covered in the event of your premature death

Cover outstanding liabilities: mortgage / auto loans / credit card debt

Cover Accumulation Goals: college education / retirement

Cover living expenses: family / spouse (from basic capital needs to full human life value)

Cover potential estate tax liabilities:

Disability Insurance Objective for client 1

Briefly indicate your desires for what you would like covered in the event of a long-term illness or injury

Disability Insurance Objective for client 2

Briefly indicate your desires for what you would like covered in the event of a long-term illness or injury

Long Term Care Insurance Objective for client 1

Briefly indicate your desires for what you would like covered in the event of a long-term care illness

Long Term Care Insurance Objective for client 2

Briefly indicate your desires for what you would like covered in the event of a long-term care illness

Your Financial Goals & Objectives:

What are your objectives for kid's education, investments and retirement?

1. Education Goal for:

College:	Member:	Start Age:	Start Year:	Years of Attendance:
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2. Education Goal for:

College:	Member:	Start Age:	Start Year:	Years of Attendance:
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3. Education Goal for:

College:	Member:	Start Age:	Start Year:	Years of Attendance:
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4. Education Goal for:

College:	Member:	Start Age:	Start Year:	Years of Attendance:
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Investment & Retirement Objectives

The analysis looks at current lifestyle expenses for retirement needs. Please make any notes regarding changes below: (changes in lifestyle, location, income, etc.)

Estate Planning

Will Information: Do you have your Will, Living Will and Powers of Atty?

Client #1

Family Member:	Has a Will: (Yes/No)	Last Updated On: (Date)		
Cash Bequests: (Yes/No)	Asset Bequests: (Yes/No)	Credit Shelter Trust: (Yes/No)	Marital Trust: (Yes/No)	Living Trust: (Yes/No)
Qualified Terminable Interest Property Trust (QTIP): (Yes/No)	Other Testamentary Trusts: (Yes/No)			

Location of Will:

Client #2

Family Member:	Has a Will: (Yes/No)	Last Updated On: (Date)		
Cash Bequests: (Yes/No)	Asset Bequests: (Yes/No)	Credit Shelter Trust: (Yes/No)	Marital Trust: (Yes/No)	Living Trust: (Yes/No)
Qualified Terminable Interest Property Trust (QTIP): (Yes/No)	Other Testamentary Trusts: (Yes/No)			

Location of Will:

Advanced Estate Issues:

Please note any special details that we should know about your estate or beneficiaries.

