

Your

# FINANCIAL

Profiles



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**CERTIFIED FINANCIAL PLANNER™**

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*In addition to this form information, please provide any or all of these types of documents to give us further insight into your finances:*

- Copies of all wills and trusts
- Previous year's tax return(s)
- Copies of recent statements from:
  - Bank Accounts
  - Investment Accounts
  - Insurance Policies
  - Annuities
- Copy of recent pay stub(s)
- Business financial statements
- Copies of employer benefit programs
  - Group Life
  - Health Insurance
  - Disability
  - Pension/Retirement Plans
- Copy of driver's license

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<b>Not Insured by NCUA or Other Government Agency</b>	<b>Not Credit Union Guaranteed</b>
<b>Not Credit Union Deposits or Obligations</b>	<b>May Lose Value</b>

# THE FACTS

This section provides us with a snapshot of your current situation, telling us where you are financially right now.

PERSONAL INFORMATION					
<b>Your Name</b>					
Birthdate		Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Residential Address					
Phone		Email			
Mailing Address (if different)					
Social Security Number					
Drivers License #		State of Issue		Expiration	
Do you have a will?		Dated			
Do you have a trust?		Dated			
<b>Your Spouse's Name</b>					
Birthdate		Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Phone		Email			
Social Security Number					
Drivers License #		State of Issue		Expiration	
Does your spouse have a will?		Dated			
Does your spouse have a trust?		Dated			

DEPENDENTS				
RELATION	NAME	BIRTHDATE	SEX	ADDRESS IF NOT AT HOME

EMPLOYMENT			
<b>Your Employer</b>			
Title		Address	
Work Phone		Work Email	
<b>Spouse's Employer</b>			
Title		Address	
Work Phone		Work Email	

INCOME					
	<i>ANNUAL AMOUNT</i>	<i>YOU/SPOUSE?</i>	<i>GUARANTEED</i>	<i>STARTS</i>	<i>ENDS</i>
Salary/Bonus			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary/Bonus			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		

MONTHLY LIVING EXPENSES			
Mortgage/Rent		Home Furnishings	
Property Taxes		Dental Ins. & Medical Co-Pays	
Utilities		Prescriptions	
Housing Maintenance		Life/Med/DI Insurance	
Property Insurance		Education/Self-Improvement	
Child Care/Tuition		Entertainment	
Car Payments		Vacations	
Gas/Maintenance		Charitable Contributions	
Car Insurance		Alimony/Child Support	
Food		Gifts	
Clothing		Ongoing Support Payments	
Personal Care/Cash		Miscellaneous	
Installment Payments		<b>Total Monthly Expenses:</b>	

**PROPERTY**

This section includes both real estate (primary residence, rental property, etc.) and personal property (boats, cars, valuable collections, etc.)

<i>REAL ESTATE/ PERSONAL</i>	<i>CURRENT VALUE</i>	<i>TAX BASIS</i>	<i>OWNER</i>	<i>DESCRIPTION</i>

**INVESTMENTS & SAVINGS**

Please list all investment (IRA, 401(k), brokerage, etc.) and bank (checking, savings, CDs, etc.) accounts or simply provide your most recent account statements.

<i>ACCOUNT TYPE</i>	<i>YOU/SPOUSE/ BOTH?</i>	<i>COST BASIS</i>	<i>CURRENT VALUE</i>	<i>MONTHLY CONTRIBUTION</i>

**LIABILITIES**

<i>MORTGAGES/LOANS/ CREDIT CARD BALANCES</i>	<i>OWNER</i>	<i>INTEREST RATE</i>	<i>CURRENT BALANCE</i>	<i>MONTHLY PAYMENT</i>



## EMPLOYEE BENEFITS

<i>YOU</i>					
Medical Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			Monthly Cost	
Group Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount		Monthly Cost	
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount		Monthly Cost	
Long Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount		Monthly Cost	
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly/Lump Sum at Age:			
Profit Sharing/401(k) (% , dollars per month, etc.)			Employer Matching %		
Other					
<i>SPOUSE</i>					
Medical Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			Monthly Cost	
Group Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount		Monthly Cost	
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount		Monthly Cost	
Long Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount		Monthly Cost	
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly/Lump Sum at Age:			
Profit Sharing/401(k) (% , dollars per month, etc.)			Employer Matching %		
Other					

## ADVISORS

Do you have durable power of attorney (health and/or financial decisions)?					
Attorney Name		Email		Phone	
Address					
Accountant Name		Email		Phone	
Address					
Does anyone else advise you on financial matters ( <i>financial advisor, a relative, friend or colleague</i> )?					

# THE FUTURE

*In this section, please tell us where you want to go:  
What are your dreams, your financial goals, and what are you hoping we can help you achieve?*

In what areas do you feel we can help you?

--

RETIREMENT			
<i>YOU</i>			
At what age would you like to retire?		Are you eligible for retirement social security?	
Do you plan on working part-time or full-time in retirement?			
If yes, how much do you anticipate earning?		To age?	
<i>SPOUSE</i>			
At what age would you like to retire?		Are you eligible for retirement social security?	
Do you plan on working part-time or full-time in retirement?			
If yes, how much do you anticipate earning?		To age?	
<i>COMBINED</i>			
In today's dollars, from all sources, how much monthly income will you need to retire?			

FAMILY			
Is it important to provide your children with the opportunity to go to college?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, in today's dollars, how much do you anticipate college will cost?			
What type of college are you considering?	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Both		
Do you have a specific family member whom you/your spouse can confide in and who could assist in the event of critical financial and/or medical matters?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a family member (or other) health care advocate been named who can speak on you/your spouse's behalf?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you/your spouse anticipate a substantial inheritance at some point?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, from whom?		Approximate Amount?	

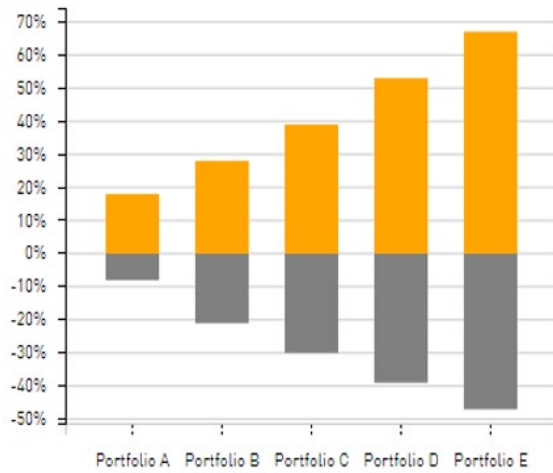
**INVESTMENTS**

For planning purposes, what is a reasonable, long-term rate of return on your investments?										
Before retirement	%	After retirement	%							
What is a reasonable long-term inflation rate assumption?			%							
PLEASE CIRCLE THE LEVEL OF IMPORTANCE OF THE FOLLOWING TO YOU IN REGARDS TO YOUR INVESTMENTS:										
	NOT IMPORTANT				VERY IMPORTANT					
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Capital preservation?	1	2	3	4	5	6	7	8	9	10
Growth?	1	2	3	4	5	6	7	8	9	10
Low volatility?	1	2	3	4	5	6	7	8	9	10
Inflation protection?	1	2	3	4	5	6	7	8	9	10
Income/Cash flow?	1	2	3	4	5	6	7	8	9	10
How much risk are you willing to take to pursue a higher return?	LOW RISK				HIGH RISK					
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>

**RISK**

Which of the statements below best describes your purposes for your investment accounts?	
	<i>I want to minimize potential declines and significant fluctuations in the value of my account by investing in lower risk, more conservative investments.</i>
	<i>I want a moderately high level of income (interest and dividends) from the account, with some modest growth opportunity over the long-term</i>
	<i>I prefer a balance of income (interest and dividends) with longer-term growth.</i>
	<i>My primary goal is to maximize the value of my account as much as possible over a long-term timeframe.</i>
When will you begin drawing money from this specific investment account?	
	<i>10+ years</i>
	<i>5-10 years</i>
	<i>3-5 years</i>
	<i>1-3 years (for supplemental income needs, such as retirement)</i>
	<i>I plan on immediately withdrawing money from this account</i>
Over the next several years, you expect your annual income (salary, rental properties, pensions, social security, etc.) to:	
	<i>Stay about the same</i>
	<i>Grow moderately</i>
	<i>Grow substantially</i>
	<i>Decrease moderately</i>
	<i>Decrease substantially</i>

Which of the five sample portfolios to the right represent your goals for your investment accounts and the most acceptable range of outcomes over a 1 year period? The figures presented are hypothetical and do not represent actual returns of an investment portfolio. No guarantee is made regarding future performance.



*Portfolio A: Average Return 4% Best Return 18% Worst Return -8%*

*Portfolio B: Average Return 5% Best Return 28% Worst Return -21%*

*Portfolio C: Average Return 7% Best Return 39% Worst Return -30%*

*Portfolio D: Average Return 8% Best Return 53% Worst Return -39%*

*Portfolio E: Average Return 10% Best Return 67% Worst Return -47%*

If your investments were to decline in value significantly over a 3 month period, how might you react?

*I would consider this decline as an opportunity to add to my investments*

*Because I invest for long-term growth, I can accept temporary fluctuations*

*Although I invest for long-term growth, a short-term decline would concern me*

*I would be very concerned because I can't accept my account losing value*

In recent years, how have your personal investments changed?

*My investments have shifted towards lower risk, lower return profile*

*No meaningful change in the risk profile of my investments*

*I have shifted my investments towards a higher risk, higher return profile*

### DISCUSSION TOPICS

Some information requires more than simply filling out a form. Please check the box next to any of the topics below that you would like to discuss as a part of your work with me.

- Proper handling of diminished mental capacity (i.e. What are your expectations of your loved ones and/or advisors should that occur?)
- Your financial legacy (i.e. Is it your intention to spend your assets, pass on some or all to your heirs, or some other plan?)
- Values or principles that you would like to see continued throughout your family's generations

<b>Client's Name:</b>
<b>Date:</b>

**Expense Worksheet**

Northeast Planning Associates, Inc.

	Monthly	or	Annual
<b>HOUSING</b>			
Mortgage	_____		_____
Condo Fees/ Association Fees	_____		_____
Electricity/ Gas	_____		_____
Water	_____		_____
Garbage Removal	_____		_____
Telephone/ PC	_____		_____
Cable/ Satellite TV/ Internet	_____		_____
Security System	_____		_____
Pool Service	_____		_____
Lawn Service	_____		_____
Maid Service	_____		_____
Maintenance/ Improvements	_____		_____
Property Taxes	_____		_____
Pest/ Bug Service	_____		_____
Homeowner's Insurance/ Other	_____		_____
<b>Total</b>	_____		_____
<b>CHILD CARE</b>			
Support Payments	_____		_____
Daycare/ Education	_____		_____
Sports Activities	_____		_____
Other	_____		_____
<b>Total</b>	_____		_____
<b>TRANSPORTATION</b>			
Loan/ Lease Payment #1	_____		_____
Loan/ Lease Payment #2	_____		_____
Loan/ Lease Payment #3	_____		_____
Gasoline	_____		_____
Maintenance/Improvements	_____		_____
Registration/ Inspection/ Excise Tax	_____		_____
Other	_____		_____
<b>Total</b>	_____		_____
<b>GROCERIES</b>			
Food/ Beverages	_____		_____
Household supplies	_____		_____
Other	_____		_____
Other	_____		_____
<b>Total</b>	_____		_____

	Monthly	or	Annual
<b>CLOTHING</b>			
Client #1	_____		_____
Client #2	_____		_____
Children	_____		_____
<b>Total</b>	_____		_____
<b>FURNISHINGS</b>			
Inside/ Outside	_____		_____
<b>Total</b>	_____		_____
<b>PERSONAL CARE AND CASH</b>			
Dry Cleaning	_____		_____
Hair/ Nails/ Facials	_____		_____
Cosmetics/ Shoe Shine	_____		_____
Massage	_____		_____
Health Club	_____		_____
Other	_____		_____
<b>Total</b>	_____		_____
<b>MEDICAL/ DENTAL/ VISION</b>			
Co-Pay(s)/ Deductibles	_____		_____
Prescriptions/ Health Care Costs	_____		_____
Health Insurance Premium	_____		_____
Other	_____		_____
<b>Total</b>	_____		_____
<b>EDUCATION SELF IMPROVEMENT</b>			
Private School/ College	_____		_____
Classes/ Books/ Paper	_____		_____
Association Fees/ Subscriptions	_____		_____
Hobbies/ Other	_____		_____
<b>Total</b>	_____		_____
<b>INSTALLMENT DEBT PAYMENTS</b>			
Student Loans	_____		_____
Credit Cards	_____		_____
Other	_____		_____
<b>Total</b>	_____		_____
<b>PROFESSIONAL SERVICES</b>			
Financial Planner	_____		_____
Accountant	_____		_____
Other	_____		_____
<b>Total</b>	_____		_____

	Monthly	or	Annual
<b>ENTERTAINMENT</b>			
Dining Out	_____		_____
Sports Tickets	_____		_____
Theater Tickets	_____		_____
Recreation/ Hobbies	_____		_____
Movies/ Videos	_____		_____
Club Membership Fees	_____		_____
Other	_____		_____
<b>Total</b>	_____		_____
<b>VACATIONS AND HOLIDAY</b>			
Travel Tickets	_____		_____
Hotels	_____		_____
Food	_____		_____
Entertainment	_____		_____
Auto	_____		_____
Other	_____		_____
<b>Total</b>	_____		_____
<b>CHARITABLE CONTRIBUTIONS</b>			
Favorite Charity	_____		_____
Cash Donations	_____		_____
Other	_____		_____
<b>Total</b>	_____		_____
<b>GIFTS</b>			
Holidays	_____		_____
Birthdays	_____		_____
Weddings	_____		_____
Other	_____		_____
<b>Total</b>	_____		_____
<b>PETS</b>			
Food	_____		_____
Veterinarian	_____		_____
Pet Insurance/ Other	_____		_____
<b>Total</b>	_____		_____
<b>MISCELLANEOUS</b>			
Support/ Alimony	_____		_____
Other	_____		_____
Other	_____		_____
<b>Total</b>	_____		_____

**TOTAL EXPENSES**