

Your

FINANCIAL

Profiles



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

THE FACTS

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

PERSONAL INFORMATION					
Your Name					
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			
Your Spouse's Name					
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			
Your Employer			
Title		Address	
Work Phone		Work Email	
Spouse's Employer			
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		Total Monthly Expenses:	

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>

BUSINESS OWNERSHIP

Please list all businesses owned by you and/or your spouse including the structure (i.e. LLC, C or S Corp, etc.)

<i>BUSINESS NAME</i>	<i>BASE VALUE</i>	<i>TAX-BASIS</i>	<i>OWNER</i>	<i>% OWNERSHIP</i>

INSURANCE

Please list all insurance policies you and your spouse have including life, disability, long-term care and umbrella.

<i>TYPE OF INSURANCE</i>	<i>COMPANY</i>	<i>YOU/ SPOUSE</i>	<i>FACE AMOUNT</i>	<i>ANNUAL PREMIUM</i>	<i>CASH VALUE</i>	<i>LOANS</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?

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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?	

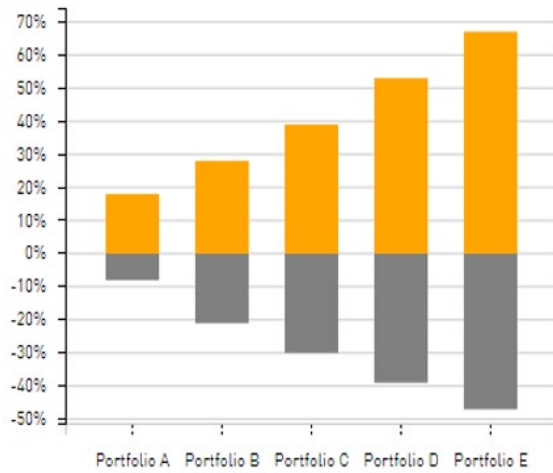
INVESTMENTS

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					
	1	2	3	4	5	6	7	8	9	10
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					
	1	2	3	4	5	6	7	8	9	10

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

Client's Name:
Date:

Expense Worksheet

Northeast Planning Associates, Inc.

	Monthly	or	Annual
HOUSING			
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	_____		_____
Total	_____		_____
CHILD CARE			
Support Payments	_____		_____
Daycare/ Education	_____		_____
Sports Activities	_____		_____
Other	_____		_____
Total	_____		_____
TRANSPORTATION			
Loan/ Lease Payment #1	_____		_____
Loan/ Lease Payment #2	_____		_____
Loan/ Lease Payment #3	_____		_____
Gasoline	_____		_____
Maintenance/Improvements	_____		_____
Registration/ Inspection/ Excise Tax	_____		_____
Other	_____		_____
Total	_____		_____
GROCERIES			
Food/ Beverages	_____		_____
Household supplies	_____		_____
Other	_____		_____
Other	_____		_____
Total	_____		_____

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

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

TOTAL EXPENSES