



Confidential Personal Financial Profile

Date Completed: _____

	Name	Age	Life Expectan	Date of Birth	Social Security #
Client 1				/ /	- -
Client 2				/ /	- -
Children & Dependents				/ /	- -
				/ /	- -
				/ /	- -

Home Address			Home Phone	() -
			Home Fax	() -
Email			Cell Phone	() -

	Client 1	Client 2
OCCUPATION	# of Years	# of Years
Business Name		
Business Address		
Business Phone	() -	
Fax Number	() -	
Email		
Current Income		

Miscellaneous Information:

Anniversary Date	/ /	Insurance Agent	
Referral Source		Banker	
# of Years in Current Home		Tax Preparer	
	Client 1	Client 2	
Country of Citizenship		Attorney	
Driver's License #		Stockbroker	
		Other Advisor	

CONFIDENTIAL

Data Gathering is the first important step in financial planning process and proper data gathering is required per the Practice Standards of the CFP Board. Unless required by law, information provided in this profile will not be released without client consent.

ASSETS

		*Type
Checking		
Savings		
Money Market		
CDs (1) Mat. Date		
(2) Mat. Date		
Mutual Funds		
Bonds		
Stocks		
REITs		
Mortgage/Note Receivable		
Annuities		
Life Insurance Cash Value		
Limited Partnerships		
IRA - Client 1	/	
Company/Client Contributions Annual		
IRA - Client 2	/	
Company/Client Contributions Annual		
Retirement Plan Client 1		
Vested Amount		
Retirement Plan Client 2		
Vested Amount		
Investment Property		

Personal Residence(s)	
Personal Property	
Auto 1	
Auto 2	
Furniture	
Jewelry/Art	
Other	
TOTAL ASSETS	

LIABILITIES

1st Mortgage (Int.Rate____)	
Date of Origin____ Term____	
Monthly Pmt. (Prin.+Int. only)	
2nd Mortgage (Int.Rate____)	
Date of Origin____ Term____	
Monthly Pmt. (Prin.+Int. only)	
Home Equity Line	
Int. Rate _____	
Credit Cards	
Notes Payable	
Automobile Loans	
Investment Loans	
Margin Account Balance	
Future Obligations	
Other	
TOTAL LIABILITIES	

NET WORTH

Total Assets	
Total Liabilities	
NET WORTH	

*T=Taxable F=Tax Free D=Tax Deferred E=Equity Q=Qualified

Date Completed: _____

Estate Planning Documentation

	<u>Client 1</u>		<u>Client 2</u>	
	*Name/Date	Attorney	*Name/Date	Attorney
Will				
Executor				
Power of Attorney				
To Whom Delegated				
Advanced Health Care Directive				
To Whom Delegated				
Living Will				
Living Trust				
Name of Trust				
Trustee(s)				
Settlor(s)				
Beneficiary(ies)				

Are your assets retitled to Trust? Yes / No

Have you amended this trust? Yes / No Date of Amendment _____

Insurance Summary

	<u>Client 1</u>		<u>Client 2</u>	
	Amount	Insurer	Amount	Insurer
Life Insurance				
Group (G) or Individual (I)?				
Disability Insurance				
Group (G) or Individual (I)?				
Health Insurance				
Group (G) or Individual (I)?				
Long Term Care Insurance				
Group (G) or Individual (I)?				

Do you have homeowner's insurance? Yes / No Liability Amount _____

Do you have automobile insurance? Yes / No Liability Amount _____

Do you have umbrella liability insurance? Yes / No Liability Amount _____

*Name/Date - Please use which ever one may apply

CLIENT GOALS AND OBJECTIVES

Immediate goals in the next 12 months (Include major expenditures; house, car, college education, wedding, real estate, providing for retirement, etc.):

Goals in the next three to five years:

Goals beyond that:

Special Circumstances or Concerns:

DOCUMENT CHECKLIST

OTHER INFORMATION NEEDED

Most recent tax returns (Form 1040 plus Schedules)

Investment Statements, including taxable & retirement

Check if provided

INVESTMENT KNOWLEDGE QUESTIONNAIRE

Instructions:

The questions in this profile will help us assess your current investment knowledge. If this questionnaire is completed by two clients each of you should answer the questions as independently as possible. We will review this questionnaire together during our introductory meeting.

Client 1 Client 2

1-5	1-5

1. Please rank your level of investment experience on a scale of 1 to 5.

- 1- None
- 2- Limited
- 3- Good
- 4- Very Good
- 5- Extensive

2. For each of the following asset classes, identify a number on a scale from 1 to 5 that most correctly reflects your level of familiarity. The more familiar the higher the number. You may use any number more than once.

1-5	1-5

- a. Certificate of Deposits or savings accounts
- b. Treasury securities or government bonds
- c. Common or preferred stock
- d. Corporate or municipal bonds
- e. Real Estate
- f. Commodities
- g. Futures & Options

3. For each of the following investment vehicles, identify a number on a scale from 1 to 5 that most correctly reflects your level of familiarity. The more familiar the higher the number. You may use any number more than once.

1-5	1-5

- a. Individual securities
- b. Open-end or closed-end mutual funds
- c. ETFs (Exchange Traded Funds)
- d. Limited or General Partnerships
- e. Structured products

4. How often do you value your investment portfolio?

Check one

- a. **Daily**
- b. **Weekly**
- c. **Monthly**
- d. **Quarterly**
- e. **Annually**

5. How much time are you willing to spend on managing your portfolio?

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- a. Please indicate the number of hours each month that you are willing to spend

6. What is the "best" investment that you ever made?

Client 1	
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a. _____

Client 2	
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b. _____

7. What is the "worst" investment that you ever made?

Client 1	
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a. _____

Client 2	
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b. _____