

Financial Profile

1. Personal Data

Name Birth date

Spouse / Partner Birth date

Social Security # s

Dependent(s)

Name Birth date

Name Birth date

Address

City State Zip

Home Phone # Work Phone #

Cell Phone or Pager # Fax #

Email Address(es)

May we contact you via email? Email for financial matters

May we contact you at your work phone?

Occupation

How many years in your line of work? Employee? Self-Employed?

Job Title

Employer Name

Employer Address

City State Zip

Annual Gross Income Bonus

Stock Options Type

Other Employment Income, please describe

Do you have plans to make a job or career change?

How many years in your line of work? Employee? Self-Employed?

Spouse / Partner Job Title

Employer Name

Employer Address

City State Zip

Annual Gross Income Bonus

Stock Options Type

Other Employment Income, please describe

Any plans to make a job or career change?

How many years in your line of work? Employee? Self-Employed?

FINANCIAL VALUES/GOALS

Please list the reasons why you are seeking help from a financial planner; be as specific as you can.

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2. Net Worth – Assets and Liabilities

Primary Residence

Primary Residence Mortgage

Interest Rate on Mortgage Term of Mortgage

Date of Purchase Purchase Price

Vacation Home

CURRENT VALUE

Investment Property

Automobile(s)

2nd Automobile

Art, jewelry, household

CHECKING/SAVINGS ACCOUNTS

Cash/Checking Account(s)

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Money Market Account(s)

CD, Credit Union, other

STOCKS AND BONDS

Please list the total value of accounts and attach statements for specifics

Stocks and Stock Mutual Funds

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Stock Options

Limited Partnerships

Bonds

Other investment assets

TOTAL STOCKS & BONDS

RETIREMENT ASSETS

CURRENT VALUE

IRA(s)

Regular

SEP

Roth

401K/403B

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Vested Interest in Pension

Other Retirement Assets

TOTAL RETIREMENT ASSETS

Do you have any loans outstanding in your 401K?

Please attach copies of latest statements for all accounts

3. Other Income (inheritance, hobby income, royalty,s etc.)

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4. Liabilities

AMOUNT OF LOAN

PAYMENT

INTEREST RATE

TERM OF LOAN

Auto Loan

2nd Auto Loan

Credit Card Debt

Bank Loan

Business Loan

TOTAL LIABILITIES

5. Expenses

INCOME TAXES Please provide your most recent Federal and State Tax forms, and W2s or pay stubs

	MONTHLY	ANNUAL
Federal Income Tax
State & local Income Tax
FICA (Social Security) Tax
Medicare, CaSDI
Estimated Tax, if self-employed
TOTAL INCOME TAXES

HOUSEHOLD EXPENSES

Mortgage or Rent	.....	.....
Property Taxes	.....	.....
PG&E	.....	.....
Cable/HBO	.....	.....
Internet	.....	.....
Phone(s)	.....	.....
Garbage	.....	.....
Water	.....	.....
Newspaper	.....	.....
Homeowners Ins. Premium	.....	.....
Renters Insurance Premium	.....	.....
Repairs / Maintenance	.....	.....
Furnishings	.....	.....
Home Alarm	.....	.....
Gardening	.....	.....
Housecleaning	.....	.....
TOTAL HOUSEHOLD EXPENSES	.....	.....

FOOD/CLOTHING/TRANSPORTATION EXPENSES

	MONTHLY	ANNUAL
Groceries
Wine/beverages
Eating Out
Clothing
Laundry/Dry Cleaning
Auto (gas, oil, filters)
Auto Insurance Premiums
License Tax
Tolls / BART / MUNI
TOTAL FOOD / CLOTHING / TRANS.

OTHER COMMITTED EXPENSES

Alimony	.....	.....
Adult/Other Education	.....	.....
Personal Care	.....	.....
Medical/Dental Care	.....	.....
Prescription Drugs	.....	.....
Childcare	.....	.....
College Expenses	.....	.....
Life Insurance Premiums	.....	.....
Pet Care	.....	.....
Disability Ins. Premiums	.....	.....
Medical Ins. Premiums	.....	.....
Out of Pocket Med. Expenses	.....	.....
TOTAL COMMITTED EXPS.	.....	.....

MONTHLY

ANNUAL

DISCRETIONARY EXPENSES

Entertaining/Dining Out	.....	.....
Recreation/Travel	.....	.....
Cash Charity Contributions	.....	.....
Gifts	.....	.....
Hobbies	.....	.....
Home Improvements	.....	.....
Miscellaneous Purchases	.....	.....
TOTAL DISCRETIONARY EXPS.	.....	.....

BUSINESS EXPENSES

Self-Employment Expenses
Employee, Unreimbursed
TOTAL BUSINESS EXPENSES

TOTAL ALL EXPENSES

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SAVINGS

Contribution to IRA
Contribution to 401K / 403B
Contribution to Pension Plan
Other Savings Plans	.....	.....
TOTAL SAVINGS	.....	.....

6. Estate Planning

What kind of estate planning have you done? Do you have a will or trust?

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7. Insurance Protection

DISABILITY INCOME INSURANCE (SHORT- AND LONG-TERM)

Company Name

Insured

Annual Premium

Annual Benefits

Waiting Period

Benefit Period

LIFE INSURANCE POLICY

Company Name

Type

Owner

Insured

Primary Beneficiary

Current Death Benefit

Cash Surrender Value

Outstanding Loan Value

Annual Premium

LONG-TERM CARE POLICY

Company Name

Terms

If you don't have a long-term care policy, have you considered it?

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8. Emergency Fund

Do you have 6 months' living expenses saved, and in a liquid investment account?

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9. Retirement Planning

Have you considered when you want to stop working?

How do you envision your retirement years? Where do you want to be living and what would you like to be doing?

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What is the longevity in your family?

Please provide any other information that you think is pertinent to your current financial situation.

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10. Personal Advisors

Sometimes it is necessary to collaborate with your other advisors; these advisors will *not* be contacted without your permission.

Accountant or CPA

Estate Planning Attorney

Long Term Care Rep

Life Insurance Rep

Coach

Business Lawyer

Mortgage Broker

Would you feel comfortable recommending these advisors to other people?

Are you happy with the service they provide?

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