

# Financial Profile

## 1. Personal Data

Name ..... Birth date .....

Social Security # .....

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? .....

**FINANCIAL VALUES/GOALS**

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

.....  
.....  
.....  
.....  
.....

**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 ..... .....



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.) .....

.....  
.....

**4. Liabilities**

	AMOUNT OF LOAN	PAYMENT	INTEREST RATE	TERM OF LOAN
Auto Loan	.....	.....	.....	.....
2nd Auto Loan	.....	.....	.....	.....
Credit Card Debt	.....	.....	.....	.....
Bank Loan	.....	.....	.....	.....
Business Loan	.....	.....	.....	.....
<b>TOTAL LIABILITIES</b>	.....			

**5. Expenses**

**INCOME TAXES** Please provide your most recent Federal and State Tax forms, and W2 s or pay stubs

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

**HOUSEHOLD EXPENSES**

	<b>MONTHLY</b>	<b>ANNUAL</b>
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	.....	.....
<b>TOTAL HOUSEHOLD EXPENSES</b>	.....	.....

**FOOD/CLOTHING/TRANSPORTATION EXPENSES**

Groceries	.....	.....
Wine/beverages	.....	.....
Eating Out	.....	.....
Clothing	.....	.....
Laundry/Dry Cleaning	.....	.....
Auto (gas, oil, filters)	.....	.....
Auto Insurance Premiums	.....	.....

	MONTHLY	ANNUAL
License Tax	.....	.....
Tolls / BART / MUNI	.....	.....
<b>TOTAL FOOD / CLOTHING / TRANS.</b>	.....	.....
<b>OTHER COMMITTED EXPENSES</b>		
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	.....	.....
<b>TOTAL OTHER COMMITTED EXPS.</b>	.....	.....
<b>DISCRETIONARY EXPENSES</b>		
Entertaining/Dining Out	.....	.....
Recreation/Travel	.....	.....
Cash Charity Contributions	.....	.....
Gifts	.....	.....
Hobbies	.....	.....
Home Improvements	.....	.....
Miscellaneous Purchases	.....	.....
<b>TOTAL DISCRETIONARY EXPS..</b>	.....	.....

MONTHLY

ANNUAL

**BUSINESS EXPENSES**

Self-Employment Expenses .....

Employee, Unreimbursed .....

**TOTAL BUSINESS EXPENSES** .....

**TOTAL ALL EXPENSES** .....

**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? .....

.....

.....

**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? .....

.....

**8. Emergency Fund**

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

.....

## 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?

.....  
.....  
.....

What is the longevity in your family? .....

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

.....  
.....  
.....

## 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? .....

.....