

When do you plan to retire?	_____	When do you plan to retire?	_____
Salary:	_____	Salary:	_____
Bonus/Commissions:	_____	Bonus/Commissions:	_____
Self Employment Income:	_____	Self Employment Income:	_____
Other Earned Income:	_____	Other Earned Income:	_____
TOTAL (Current Yr) =	_____	TOTAL (Current Yr) =	_____

ASSETS

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Retirement Accounts [401(k), Pension, IRA, SEP, etc.]

<u>Type</u>	<u>Owner</u>	<u>Amount</u>	<u>Monthly Contributions</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Education Accounts [UGMA, UTMA, 529, etc.]

<u>Type</u>	<u>Owner</u>	<u>Designee</u>	<u>Amount</u>	<u>Monthly Contributions</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Financial Accounts [Bank, Mutual Fund, Brokerage, CD's, etc.]

<u>Account Name</u>	<u>Type</u>	<u>Balance</u>	<u>Ownership</u>	<u>Monthly Contributions</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Please attach a copy of your most current brokerage, mutual fund and retirement statements.

PERSONAL PROPERTY

	<u>Estimated Value</u>
Primary Residence _____	_____
Vehicle _____	_____
Vehicle _____	_____
Other _____	_____

LIABILITIES

<u>Credit Cards</u>	<u>Interest Rate</u>	<u>Average Monthly Payment*</u>	<u>Current Balance</u>
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____
_____	_____%	\$ _____	\$ _____

*If not paid in full each month

<u>Debts (Residence, Auto, Business, School)</u>	<u>When Originated</u>	<u>Term</u>	<u>Int Rate</u>	<u>Scheduled Payment</u>	<u>Actual Payment</u>	<u>Current Balance</u>	<u>Original Balance</u>
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$

Who prepares your tax return?

- Self
 Paid Preparer

Name _____
Address _____

Do you have estate planning documents?

State of Residence & Year
(When and in what state were they drafted?)

Wills	Y N	_____
Living Trusts	Y N	_____
Power of Attorney	Y N	_____
Healthcare POA	Y N	_____
Directive to Physicians	Y N	_____

In the event my current retirement projections fall short of my goals, I would implement the following remedies. (rank in order of preference)

<u>Person (1)</u>	<u>Person (2)</u>	
_____	_____	Work longer (retire later)
_____	_____	Reduce spending during working years
_____	_____	Reduce spending during retirement years
_____	_____	Attempt to increase the rate of return on retirement investments
_____	_____	Work part-time during retirement

INSURANCE	<u>Person (1)</u>		<u>Person (2)</u>	
	<u>Group</u>	<u>Individual</u>	<u>Group</u>	<u>Individual</u>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate your working relationships with each of the following advisors that apply:

Advisor	Satisfaction Rating					Not Applicable
	Dissatisfied		-	Very Satisfied		
Financial Planner	1	2	3	4	5	X
Broker	1	2	3	4	5	X
Accountant	1	2	3	4	5	X
Tax Preparer	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Insurance Agent	1	2	3	4	5	X

Indicate which of the following statements summarize your attitudes or beliefs using a scale of 1-5.

(5 being most true and 1 least true)

Client (1)	Client (2)	
_____	_____	I feel comfortable with aggressive growth investments.
_____	_____	I feel I/we can reduce our current living expenses to save more for the future if needed.
_____	_____	I need to focus my investment efforts on building cash reserves.
_____	_____	I am comfortable with investments that promise slow, long-term appreciation and growth.
_____	_____	I prefer predictable, steady return on my investments, even if the return is low.
_____	_____	I brood over bad investment decisions I have made.
_____	_____	My immediate concern is for income rather than growth opportunities.
_____	_____	I am an investment risk taker.
_____	_____	I make investment decisions comfortably and quickly.
_____	_____	My/our financial and legal affairs are in order, in the event of my/our death.
_____	_____	I/we feel adequately insured against the financial risks in our lives.

Please rate your financial concerns. (5=Highest concern, 1=Lowest concern)

	Client (1)					Client (2)				
Analyze Education costs and develop a funding strategy	1	2	3	4	5	1	2	3	4	5
Analyze current estate plan and/or minimize estate taxes	1	2	3	4	5	1	2	3	4	5
Develop an overall investment strategy	1	2	3	4	5	1	2	3	4	5
Review mutual fund investment alternatives	1	2	3	4	5	1	2	3	4	5
Develop system to review investment portfolio performance	1	2	3	4	5	1	2	3	4	5
Set up a personal budget	1	2	3	4	5	1	2	3	4	5
Analyze mortgage financing alternatives	1	2	3	4	5	1	2	3	4	5
Determine adequacy of life insurance coverage	1	2	3	4	5	1	2	3	4	5
Determine adequacy of disability insurance coverage	1	2	3	4	5	1	2	3	4	5
Determine adequacy of property/casualty insurance	1	2	3	4	5	1	2	3	4	5
Examine long-term care insurance alternatives	1	2	3	4	5	1	2	3	4	5
Determine ability to retire at future target retirement date	1	2	3	4	5	1	2	3	4	5

Have you ever been turned down for insurance? Yes No

Have you received a copy of your credit report recently? Yes No

Your TOTAL estimated monthly living expenses are currently \$_____.

The percentage of your children's college education costs you desire to fund is _____%.