

500 SUN VALLEY DRIVE, SUITE D4
ROSWELL, GA 30076
770 642.7631 OFFICE 770 993.9807 FAX
ADVISOR@STJOHNFINANCIAL.COM



The Future is Now.

Name (1): _____

Street: _____

City, State, ZIP: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Fax (home or work): _____

E-mail: _____

Date of birth: _____

Date of completion: _____

Primary Contact Person during business hours:

Name (2): _____

Street: _____

City, State, ZIP: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Fax (home or work): _____

E-mail: _____

Date of birth: _____

Contact by (select one): E-mail: _____ Phone: _____

FAMILY MEMBERS (Please list children and other dependents)

Name	Relationship	Date of birth	Dependent	Resides? (City & State)
_____	_____	___ ___ ___	Y N	_____
_____	_____	___ ___ ___	Y N	_____
_____	_____	___ ___ ___	Y N	_____
_____	_____	___ ___ ___	Y N	_____

Employer (1): _____

Work address: _____

Title/Job: _____

Number of years with this employer: _____

Anticipated employment changes: _____

When do you plan to retire: _____

Salary: _____

Bonus/Commissions: _____

Self-employment income: _____

Other earned income: _____

Total (current year): _____

Employer (2): _____

Work address: _____

Title/Job: _____

Number of years with this employer: _____

Anticipated employment changes: _____

When do you plan to retire: _____

Salary: _____

Bonus/Commissions: _____

Self-employment income: _____

Other earned income: _____

Total (current year): _____

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 (401K, pension, IRA, SEP, etc.)

Type	Owner	Amount	Monthly Contributions
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Education Accounts (UGMA, UTMA, 529, etc.)

Type	Owner	Amount	Monthly Contributions
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Financial Accounts (Bank, mutual fund, brokerage, CDs, etc.)

Type	Owner	Amount	Monthly Contributions
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

You may either fill in the totals here, or send us statements for your accounts.

PERSONAL PROPERTY

	Estimated Value
Primary residence: _____	\$ _____
Vehicle: _____	\$ _____
Vehicle: _____	\$ _____
Other: _____	\$ _____

LIABILITIES

Credit cards	Interest rate	Avg. monthly payment	Current Balance
_____	% _____	\$ _____	\$ _____
_____	% _____	\$ _____	\$ _____
_____	% _____	\$ _____	\$ _____
_____	% _____	\$ _____	\$ _____

*If not paid in full each month

DEBTS

Residence, auto, business, school, etc.	When originated	Term	Interest rate	Scheduled payment	Actual payment	Current balance	Original balance
_____	_____	_____	% _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	% _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	% _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	% _____	\$ _____	\$ _____	\$ _____	\$ _____

Who prepares your tax return? Self
Paid Preparer

Name: _____

Address: _____

Do you have estate-planning documents?

State of residence and year
(When and in what state were they drafted?)

Wills	Yes	No
Living trusts	Yes	No
Power of attorney	Yes	No
Healthcare POA	Yes	No
Directive to physicians	Yes	No

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

Client (1)

Client (2)

_____	_____	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

Client (1)

Client (2)

Group

Individual

Group

Individual

Health
Disability
Disability
Life
Life
Life
Homeowners
Umbrella liability
Professional liability
Long-term care

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

Satisfaction Rating

<u>Advisor</u>	<u>Dissatisfied</u>		<u>Very Satisfied</u>			<u>Not Applicable</u>	<u>Your Rating</u>
Financial planner	1	2	3	4	5	_____	
Broker	1	2	3	4	5	_____	
Accountant	1	2	3	4	5	_____	
Tax preparer	1	2	3	4	5	_____	
Attorney	1	2	3	4	5	_____	
Insurance agent	1	2	3	4	5	_____	

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

(5=Most true, 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 |
| _____ | _____ | Analyze current estate plan and/or minimize estate taxes |
| _____ | _____ | Develop an overall investment strategy |
| _____ | _____ | Review mutual fund investment alternatives |
| _____ | _____ | Develop system to review investment portfolio performance |
| _____ | _____ | Set up a personal budget |
| _____ | _____ | Analyze mortgage-financing alternatives |
| _____ | _____ | Determine adequacy of life insurance coverage |
| _____ | _____ | Determine adequacy of disability insurance coverage |
| _____ | _____ | Determine adequacy of property/casualty insurance |
| _____ | _____ | Examine long-term care insurance alternatives |
| _____ | _____ | Determine ability to retire at future target retirement date |

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 _____%.

Important: What led you to St. John & Associates: _____

(E.g.: NAPFA, client referral, professional referral, FPA, MD Preferred, Seminar, etc.)

St. John & Associates, Inc.

500 Sun Valley Drive, Suite D-4, Roswell, GA 30076

Phone: (770) 642-7631 | Fax: (770)993-9807 | E-mail: advisor@stjohnfinancial.com