



ST. JOHN & ASSOCIATES
INTEGRATED PERSONAL FINANCIAL SERVICES

Focus on Your Future

500 Sun Valley Drive • Suite D4 • Roswell, Georgia 30076 • 770.642.7631 Office • 770.993.9807 Fax • Advisor@StJohnFinancial.com

Name (1): _____

Street: _____

City, State, ZIP: _____

Home phone: _____

Cell phone: _____

Work phone: _____

E-mail: _____

Date of birth: _____

Please contact by (select one):

- E-mail
- Phone

Name (2): _____

Street: _____

City, State, ZIP: _____

Home phone: _____

Cell phone: _____

Work phone: _____

E-mail: _____

Date of birth: _____

FAMILY MEMBERS *(Please list children and other dependents)*

Name	Relationship	Date of birth	Dependent	Resides? (City & State)
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____

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 1: _____	\$ _____
Vehicle 2: _____	\$ _____
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	Minimum payment	Actual payment	Current balance	Original balance
_____	_____	_____	% _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	% _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	% _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	% _____	\$ _____	\$ _____	\$ _____	\$ _____

Who prepares your tax return?

- Self
- Paid Preparer

Name: _____

Do you have estate-planning documents?

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

Wills	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Living trusts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
General POA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Medical POA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Healthcare Directive	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

In the event my current retirement projections fall short of my goals, I would implement the following remedies.

(Rank in order of preference, 1-5)

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

(Please note: we do not sell insurance. We review to make sure you are properly insured.)

	Client (1)		Client (2)	
	Group	Individual	Group	Individual
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"/>
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"/>
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:

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			n/a	
Broker	1	2	3	4			n/a	
Accountant	1	2	3	4			n/a	
Tax preparer	1	2	3	4			n/a	
Attorney	1	2	3	4			n/a	
Insurance agent	1	2	3	4			n/a	

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 |

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

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

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

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

(E.g.: Client referral, Professional referral, Website, NAPFA, FPA, MD Preferred, Seminar, etc.)

Signature

Date

St. John & Associates, Inc.

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