



# Confidential Personal & Financial Profile

## Head of Household Information:

Marital Status:  Single  Married  Divorced  Widowed Wedding Anniversary: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Retired  YES  NO

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How long: \_\_\_\_\_ Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone (\_\_\_\_) \_\_\_\_\_ Previous Military Service  YES  NO

## Spouse Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Retired  YES  NO

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How long: \_\_\_\_\_ Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone (\_\_\_\_) \_\_\_\_\_ Previous Military Service  YES  NO

## Banks and Credit Unions

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Approximate Balance</u>
	Checking			
	Savings			

## Retirement Accounts (401k,IRA, Roth, TSP, 403b, etc.)

<u>Location of Account (Bank, Broker, Employer)</u>	<u>Type of Account (401(k), 403(b), IRA, TSP, Roth)</u>	<u>Approximate Market Value</u>	<u>Account Holder</u>
Current Employer			

## Stock and Bond Certificates

<u>Name of Stock/Bank</u>	<u>Number of Shares</u>	<u>Approximate Market Value</u>	<u>Account Holder</u>

## Mutual Funds and/or Brokerage Accounts

<u>Name of Brokerage Firm or Mutual Fund</u>	<u>Approximate Market Value</u>	<u>Account Holder</u>

## Real Estate and Residence

<u>Property Address</u>	<u>Original Cost</u>	<u>Approximate Market Value</u>	<u>Debt Owed</u>	<u>Payment</u>

## Family Business / Partnerships

<u>Name of Partnership</u>	<u>Type of Investment</u>	<u>Amount Invested</u>	<u>Market Value</u>

## Long Term Care

<u>Insured</u>	<u>Monthly Benefit / Premium Amount</u>

## Life Insurance

<u>Name of Company</u>	<u>Insured</u>	<u>Type of Insurance</u>	<u>Cash Value</u>	<u>Death Benefit</u>

## All Current and Future Expected Income

Source	Account Holder	Current or Future	Monthly Gross	Monthly Net	Survivorship %
Employer		<b>C / F</b>			
Employer		<b>C / F</b>			
Pension		<b>C / F</b>			
Pension		<b>C / F</b>			
SS at Age		<b>C / F</b>			
SS at Age		<b>C / F</b>			
Rental Income		<b>C / F</b>			

### Children (even if not living at home)

Name	Sex	Date of Birth	Dependent	Funds Needed for College
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	

Consumer Debt (not including mortgage): \$ \_\_\_\_\_

**Do you Have...?**       Will       Trust       Attorney       Tax Advisor       Investment Advisor

1. Approximate Monthly Expenses: \_\_\_\_\_

2. What are your Primary Financial Concerns? \_\_\_\_\_

3. When do you plan to retire? \_\_\_\_\_

### **APPOINTMENT CHECKLIST: (Please provide ALL statements that apply to you.)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Annuity Statements   | <input type="checkbox"/> Last Year's Tax Return  | <input type="checkbox"/> Mutual Fund Statement   |
| <input type="checkbox"/> Bank Statements      | <input type="checkbox"/> Life Insurance Policies | <input type="checkbox"/> Retirement Account Statements   |
| <input type="checkbox"/> Brokerage Statements | <input type="checkbox"/> Most Recent Paystub     | <input type="checkbox"/> Social Security Statements<br><small>(estimated benefit page)</small> |