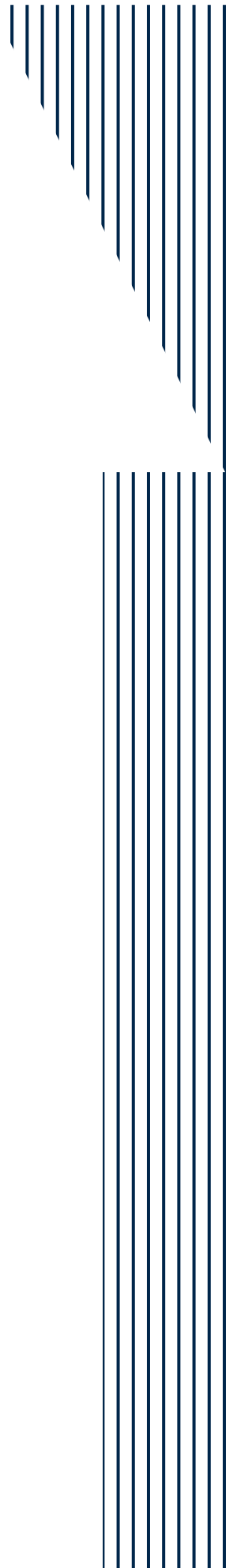


**CONFIDENTIAL**

**Financial Planning Data Sheet**



<b>INTERVIEW DATE</b>	<b>INTERVIEWED BY</b>	<b>REFERRED BY</b>	<b>PLAN FEE</b>
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## Family Data

	BIRTH DATE	BIRTH PLACE	SOCIAL SECURITY	US CITIZEN
<b>LAST NAME</b>			- -	Y N <input type="checkbox"/> <input type="checkbox"/>
<b>CLIENT</b>			- -	<input type="checkbox"/> <input type="checkbox"/>
<b>SPOUSE/CO-CLIENT</b>			- -	<input type="checkbox"/> <input type="checkbox"/>
<b>DEPENDENT</b>			- -	<input type="checkbox"/> <input type="checkbox"/>
<b>DEPENDENT</b>			- -	<input type="checkbox"/> <input type="checkbox"/>
<b>DEPENDENT</b>			- -	<input type="checkbox"/> <input type="checkbox"/>

<b>STREET ADDRESS</b>	<b>YRS AT THIS ADDRESS</b>
-----------------------	----------------------------

<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
-------------	--------------	------------

<b>HOME PHONE</b>	<b>CELLULAR</b>	<b>EMAIL ADDRESS</b>
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<b>CLIENT WORK PHONE</b>	<b>CELLULAR</b>	<b>EMAIL ADDRESS</b>
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<b>SPOUSE WORK PHONE</b>	<b>CELLULAR</b>	<b>EMAIL ADDRESS</b>
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<b>MARRIED</b> <input type="checkbox"/> Y <input type="checkbox"/> N _____ <small>DATE</small>	<b>DIVORCED</b> <input type="checkbox"/> Y <input type="checkbox"/> N _____ <small>DATE</small>	<b>REMARRIED</b> <input type="checkbox"/> Y <input type="checkbox"/> N _____ <small>DATE</small>	<b>WIDOW</b> <input type="checkbox"/> Y <input type="checkbox"/> N _____ <small>DATE</small>
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## Employment Data

<b>SELF EMPLOYED</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>INCORPORATED</b> <input type="checkbox"/> Y <input type="checkbox"/> N	_____ <small>DATE</small>	_____ <small>STATE</small>	_____ <small>CORPORATION YEAR</small>
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<b>EMPLOYER CLIENT</b>	<b>OCCUPATION</b>	<b>YRS W/THIS EMPLOYER</b>
------------------------	-------------------	----------------------------

<b>BUSINESS ADDRESS</b>
-------------------------

<b>RETIREMENT PLAN</b>
------------------------

<b>EMPLOYER SPOUSE</b>	<b>OCCUPATION</b>	<b>YRS W/THIS EMPLOYER</b>
------------------------	-------------------	----------------------------

<b>BUSINESS ADDRESS</b>
-------------------------

<b>RETIREMENT PLAN</b>
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## Personal Data

<b>ARE YOUR PARENTS LIVING? CLIENT</b>	<b>SPOUSE</b>
--	---------------

<b>DO YOU HAVE A CURRENT WILL? CLIENT</b> <input type="checkbox"/> Y <input type="checkbox"/> N _____ <small>DATE LAST REVIEWED</small>	<b>SPOUSE</b> <input type="checkbox"/> Y <input type="checkbox"/> N _____ <small>DATE LAST REVIEWED</small>
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## Personal Data CONTINUED

DO YOU HAVE A TRUST?  Y  N      DO YOU HAVE A DURABLE POWER OF ATTORNEY?  Y  N

ACCOUNTANT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

LAWYER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

LIFE INSURANCE AGENT \_\_\_\_\_ PHONE \_\_\_\_\_

COMPREHENSIVE (AUTO, HOME) AGENT \_\_\_\_\_ PHONE \_\_\_\_\_

BANKING NAME \_\_\_\_\_ CHECKING \_\_\_\_\_

WHAT GRADE ARE YOUR CHILDREN IN?

WILL YOU PAY FOR YOUR CHILDREN'S or GRANDCHILDREN'S EDUCATION?  Y  N  UNDECIDED

PUBLIC COLLEGE?  Y  N      PRIVATE COLLEGE?  Y  N

ESTIMATE (In today's dollars) FOR COLLEGE AND/OR POST GRADUATE SCHOOL PER CHILD, PER YEAR \$ \_\_\_\_\_

ANY POTENTIAL GIFTS or SAVINGS PLANNED?  Y  N \$ \_\_\_\_\_ ASSETS SET ASIDE FOR YOUR CHILDREN?  Y  N \$ \_\_\_\_\_

## Family Income

	ANNUAL SALARY	BONUS	SELF EMPLOYED	SOCIAL SECURITY	INVESTMENT INCOME	OTHER
CLIENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPOUSE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ANY ANTICIPATED INHERITANCE?  Y  N      AMOUNT \$ \_\_\_\_\_

## Investment Planning

INDICATE THE ITEMS YOU CONSIDER MOST IMPORTANT IN YOUR PERSONAL FINANCIAL MANAGEMENT PROGRAM  
USE 1 AS MOST IMPORTANT and 5 AS LEAST IMPORTANT (PLEASE CIRCLE)

Increase current income	1 2 3 4 5	Conservation of capital for Heirs	1 2 3 4 5
Children's education	1 2 3 4 5	Provide care to elderly parents	1 2 3 4 5
Grandchildren's education	1 2 3 4 5	Leave legacy to a charity	1 2 3 4 5
Long-term growth of capital	1 2 3 4 5	Retirement/financial independence	1 2 3 4 5
		Risk management (Life, Disability Ins.)	1 2 3 4 5

EXPECTED ANNUAL PERCENTAGE GROWTH OF YOUR INVESTED ASSETS BEFORE TAXES \_\_\_\_\_

DO YOU SPEND TIME MANAGING YOUR ASSETS?  Y  SOME  N

HOW EXPERIENCED ARE YOU AT MANAGING YOUR INVESTMENTS?  NO EXPERIENCE  MODERATE  EXPERIENCED

DO YOU FOLLOW A PLAN FOR SAVINGS AND INVESTMENTS?  Y  N      IF YES, DESCRIBE AND INDICATE HOW LONG YOU HAVE BEEN DOING SO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Insurance Data

## CURRENT LIFE INSURANCE

TYPE	POLICY OWNER	INSURED	INSURANCE AMOUNT	ANNUAL PREMIUM	CASH VALUE	LOANS	INSURING COMPANY

IN THE EVENT OF PREMATURE DEATH OF A SPOUSE, WHAT IS THE MONTHLY INCOME NEED FOR THE SURVIVING SPOUSE AND CHILDREN

WIFE \$ \_\_\_\_\_ HUSBAND \$ \_\_\_\_\_

WILL THE SURVIVING SPOUSE WORK?  Y  N POTENTIAL INCOME-WIFE \$ \_\_\_\_\_ HUSBAND \$ \_\_\_\_\_

ADDITIONAL SURVIVOR INCOME?  Y  N MONTHLY INCOME \$ \_\_\_\_\_

DO YOU HAVE PERSONAL LIABILITY COVERAGE?  Y  N AMOUNT \$ \_\_\_\_\_

DO YOU HAVE LONG TERM CARE INSURANCE?  Y  N AMOUNT \$ \_\_\_\_\_

ANY CURRENT TOBACCO USE? CLIENT  Y  N SPOUSE  Y  N

## CURRENT DISABILITY INSURANCE

	MONTHLY BENEFIT	ANNUAL PREMIUM	MONTHLY AMOUNT	WAITING PERIOD	PAYOUT PERIOD	INSURANCE COMPANY
CLIENT						
CLIENT EMPLOYER						
SPOUSE						
SPOUSE EMPLOYER						

DESIRED MONTHLY INCOME IF DISABLED? \$ \_\_\_\_\_ SPOUSE \$ \_\_\_\_\_

HOW LONG WOULD YOUR PRESENT SALARY CONTINUE IF DISABLED? \_\_\_\_\_ SPOUSE \_\_\_\_\_

SOCIAL SECURITY DISABILITY INCOME EXPECTED PER MONTH? \$ \_\_\_\_\_ SPOUSE \$ \_\_\_\_\_ OTHER INCOME \$ \_\_\_\_\_

# Banking Data

	CLIENT	SPOUSE	JOINT	MATURITY	INTEREST RATE
PERSONAL CHECKING					
REGULAR SAVINGS					
BUSINESS CHECKING					
BUSINESS SAVINGS					
MONEY MARKET FUND					
CREDIT UNION					
CERT. OF DEPOSIT					
BONDS-TOTALS					
SAVINGS E or H					
CORPORATE					
MUNICIPALS					

## ☐ Non-Retirement Investments (Stocks, Bonds, Mutual Funds)

INVESTMENT NAME	OWNER	SHARES	PURCHASE DATE	COST	MARKET VALUE	MATURITY	YIELD

	VALUE	WHERE	INTEREST RATE	CONTRIB./ YEAR	OWNER	ISSUE DATE
FIXED ANNUITIES						
VARIABLE ANNUITIES						

STOCK OPTIONS  Y  N

## ☐ Retirement Investments: Vested Amounts

OWNER	TYPE (401k, IRA, etc.)	VALUE	ANNUAL CONTRIB.	COMPANY MATCH

## ☐ Risk Profile and Investment Objections

This profile will help in building the base of information needed to determine the selection of your asset allocation. **Please circle the number to the right** that best matches your situation.

### INVESTMENT OBJECTIVES

Which of the following best describes your investment objectives?

- Preserving principal and earning a moderate amount of current income**
- Generating a high amount of current income**
- Generating some current income and increasing the value of my assets**
- Increasing the value of my assets substantially**

1  
2  
3  
4

Five years from now, what do you expect your standard of living to be?

- The same as it is now**
- Somewhat better than it is now**
- Substantially better than it is now**

1  
2  
3

Ten years from now, what do you expect your portfolio value to be?

- The same as or a little more than it is today**
- Moderately greater than it is today**
- Substantially greater than it is today**

1  
2  
3

What are your current income needs from this portfolio?

- More than 4% annually**
- 2% to 4% annually**
- 0% to 2% annually**

1  
2  
3

What is the ultimate goal for your accumulated estate?

- To deplete it during your lifetime**
- Primarily for your needs w/bequests to heirs secondary**
- Primarily for your needs w/endowment of any remainder to charity or organization**

1  
2  
3

## TIME HORIZON

What is the time frame for you to achieve your financial goals?

- 0-5 years** 1
- 5-10 years** 4
- 10-15 years** 7
- 15 years or longer** 10

What is your primary financial goal?

- Wealth preservation** 1
- Education funding** 4
- Retirement planning** 7
- Long-term wealth accumulation** 10

What is your age?

- Over 56** 1
- 46-55** 4
- 36-45** 7
- 20-35** 10

## RISK TOLERANCE

You just received your retirement plan in a lump sum of money. How would you invest it?

I would invest in something that offered...

- ...moderate current income and was very safe.** 1
- ...high current income with a moderate amount of risk.** 2
- ...high total return (current income plus capital appreciation) with a moderately high amount of risk.** 3
- ...substantial capital appreciation even though it had a high amount of risk.** 4

Which of the following statements best describes your reaction if the value of your portfolio declined 15% to 20%?

- I would be very concerned because I cannot accept fluctuations in the value of my portfolio.** 1
- If the amount of income I received was unaffected, it would not bother me.** 2
- I invest for long-term growth but would be concerned about even a temporary decline.** 3
- I invest for long-term growth and accept temporary fluctuations due to market influences.** 4

Which of the following investments would you feel most comfortable owning?

- Certificates of deposit** 1
- U.S. Government securities** 2
- Stocks of older, established companies** 3
- Stocks of newer, growing companies** 4

How optimistic are you about the long-term prospects for the U.S. economy?

- Pessimistic** 1
- Unsure** 2
- Somewhat optimistic** 3
- Very optimistic** 4

Which of the following best describes your attitude about investments outside the U.S.?

- Pessimistic** 1
- Unsure** 2
- May provide attractive investment opportunities** 3
- Provide very attractive investment opportunities** 4

TOTAL

X

SIGNATURE OF INVESTOR

DATE

NAME OF ADVISOR

 PLEASE SUBMIT for REVIEW

- THE LAST TWO (2) YEARS TAX RETURNS**
  - ALL INSURANCE POLICIES**
  - CURRENT (NON-RETIREMENT INVESTMENT) BROKERAGE or MUTUAL FUND STATEMENTS**
  - CURRENT (RETIREMENT INVESTMENT) STATEMENTS**
- 

 **Notes:**