Financial Profile Questionnaire

Date Completed

Client Name ____

Home Address ____

Business Address ____

Office Telephone ____________________ Home Telephone ____________________

Office FAX ____________________ Home FAX ____________________

Cell Phone ____________________ Pager ____________________

Office e-mail ____________________ Home e-mail ____________________

Date Prepared

Prepared By

Abbreviations

C	Client	JTWROS	Joint Tenancy with Right of Survivorship
S	Spouse	TE	Tenancy by the Entirety
CH	Child	TC	Tenancy in Common
		CP	Community Property

Advisory Data

Name	Address	Telephone
Accountant		
Attorney		
Banker		
Broker		
Casualty Agent		
Life and Health Agent		
Trust Officer		

Family and Dependent Data

Name	Date of Birth	Social Security #	Health Problems	Dependents	Remarks
Client					
Spouse					
Children					
Others					

Asset Data

Asset	Titling	Date Acquired	Cost or Basis	Current Fair Market Value	Encumbrances (Int. Pmt, Bal, Maturity)	Current Yield
Cash/Cash Equivalents						
Money Market Instruments						
Annuities and Fixed-Income Securities						
Common Stock						
Mutual Funds						
Options, Commodities, and Collectibles						
Real Estate (active)						
Real Estate (passive)						
Royalties, Mineral Interests, and Other Investments						
Retirement Plans						
Closely Held Business						
Personal Residence						
Vacation Home						
Household Contents						
Automobiles						
Jewelry, Guns and Collections						
Other Personal Property						
Notes Receivable						

Liability Data
Indebtedness not listed above

Liability	Date Incurred	Original Amount	Current Balance	Payment Maturity	Interest Rate
Consumer Credit					
Loans and Notes Payable					
Other Indebtedness					
Business Debt You Have Guaranteed					
Other Contingent Liabilities					
Loans Against Insurance Policies					
Alimony and/or Support Payments					

Life Insurance on Client or Spouse or Owned on the Lives of Others

Type of Policy	Ownership	Insured	Beneficiary	Premium & Dividend Option	Current Cash Value	Policy Loan Outstanding	Face Amount

Income Data

	Self	Spouse	Joint
Salary			
Self-Employment Income			

What changes do you expect in the next few years?

Why?

List all other sources of income for the client and spouse with a notation as to the annual amount and whether the income is active (noted “A”), passive (“P”), or portfolio (“Port”) income for tax purposes.

Income Source	Amount	Classification	Expected Duration

Expense Data (Indicate if each item is Fixed (F) or Variable (V)

Type	Fixed/Variable	Self	Spouse	Joint

What changes do you expect in the next few years?

Outlay Data

Do you have a savings and investment target amount you aim for each year?

How much?

Have you been successful?

Do you have a formal budget you use for family expenditures?

Do you feel you need one?

Investment Data

Are you satisfied with your investment results?

If so, why? If not, why not?

What is most important to you in investing your money (return, safety of principal, diversification, and so forth)?

Are there any investments you would rule out for yourself?

Are there any investments you would prefer over others? Why?

What is your attitude toward investment risk?

Why have you chosen the investments in your portfolio?

How do you arrive at investment decisions?

Are any of your assets earmarked for a specific use at this point?

Estate Planning Data

Do you have a will?

Date last reviewed:

Does your spouse have a will?

Date last reviewed:

How does your will distribute your property?

Have you set up any trusts?

Do any trusts pay you or your family an income?

Does anyone possess a remainder interest in any property?

If so, what?

What amounts do you and your spouse expect in inheritances?

In the event of your death:

Would you want your spouse to pay off any specific debts?

How much income would your family need?

Would this amount change your children leave home?

In the event of your death:

Would you want your spouse to pay off any specific debts?

How much income would your family need?

Would this amount change when your children leave home?

In the event of your spouse's death:

Would you want to pay off any specific debts?

How much income would your family need?

Would this amount change when your children leave home?

What do you expect in terms of inflation?

Return on investments?

How does this compare with your current return?

If both you and your spouse die, whom would you want as your children's guardian?

Should that person also be guardian of your children's assets?

Are there any others for whom you should provide in your estate plan?

Are either or both of you experienced at handling large amounts of money?

Would either of you like to have assistance in handling your money in the event of the other's death?

Would you want your children to receive their inheritance in a lump sum at age 18?

If not, when?

Are there any special needs that might suggest consideration of an unequal distribution of estate assets to your children?

Give details (what, how much, when, to whom, and so forth) of any gifts for which you have filed (or should have filed) a gift tax return.

Retirement Planning Data

When do you plan to retire?

Does your spouse plan to retire at that time as well?

What will be your income sources?

Is there anything specific you want to do in preparation for retirement?

What amount of income will provide you the ability to do what you want to do?

Where do you plan to retire?

Will you keep your current home?

Miscellaneous Financial Goals Data

Do you have any other financial goals we have not discussed (new home, car, boat, travel plans, starting a business, returning to school, and so forth)?

Disability Data

What would you live on if you or your spouse became disabled?

____

____

How much income would you need?

____

____

Do you and your spouse currently have disability income insurance?

____

How much?

____

From what source?

____

Give details of any trusts, powers of attorney, or living wills you have set up to plan for a disability.

____

____

Medical Insurance Data

Do you have health insurance?

____

If yes, ___ Group____ Individual

What is the deductible amount?

What is the monthly premium?

Education Data

Do you expect to have to pay higher education costs for any dependents?

What do you estimate the cost to be?

Have you taken any steps to prepare for this?

Would you consider doing so?

Risk Management Data

In what sports and hobbies do you and your family engage?

In what other activities (civic and otherwise) do you and your family engage?

What contractual obligations have you and your family assumed?

Do you have any “attractive nuisances” on your property (such as a swimming pool)?

Do you have any dangerous pets?

Do you employ anyone at your home (domestics, contractors, agents, and so forth)?

Do you carpool?

Who drives?

Do you serve on any boards of directors?

Do you have any sources of professional liability?

Do you carry on any business activities from your home?

Are you involved in any charity work?

Do you handle money from any organization?

Do you rent out any property?

Do you work on your own vehicles?

Are you involved in any partnerships?

Who are your partners?

Do you own any property in joint name with someone other than your spouse or in an association (such as a condominium)?

To the best of your knowledge, is all of your property adequately insured?

Priorities

List and rank your five most important financial goals in order of importance.

1.____

2.____

3.____

4.____

5.____

What are the main problems with which you want this process to assist you?

1.____

2.____

3.____

4.____

5.____