



CONFIDENTIAL FINANCIAL INFORMATION AND PRIVACY POLICY

Our Team uses the following questionnaire to ensure that accurate information is used in making financial planning recommendations to clients. Remember the more accurate the information is that you provide, the better we can do in making proper financial planning recommendations. The proper recommendation can be crucial in helping you to accomplish your retirement & financial planning goals and objectives.

Please keep in mind that if information is not collected properly regarding your assets, liabilities, income, and expenditures it could result in the production of poor, or even, inaccurate financial planning projections, net worth statements, and retirement cash flow analysis.

All information gathered through these forms and shared with our team will be kept strictly confidential. It will only be shared with office staff that assist in the financial planning process. Please call if you have any questions. We look forward to working with you.

We promise our clients these things:

- Always explain all the risks of each investment because everything has a risk.
- Always explain the benefits of each investment because there is a reason for the recommendation.
- Always explain the costs and expenses of everything we do-whether hidden or not hidden.
- Always be honest with you-whether it is good news or bad.

CLIENT CONFIDENTIAL FINANCIAL PROFILE

(Please fill in prior to your appointment. If not sure, leave blank. Print clearly, OK to approximate amounts. **Please bring most recent tax return & other financial statements.**)

PERSONAL INFORMATION:

CLIENT

SPOUSE/PARTNER

| | | |
|-----------|--|--|
| NAME | | |
| BIRTHDATE | | |
| ADDRESS | | |
| PHONE | | |
| EMAIL | | |

CHILDREN:

| NAME(S) | M/F | BIRTHDATE | INFORMATION |
|---------|-----|-----------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

EMPLOYMENT INFORMATION:

CLIENT

SPOUSE/PARTNER

| | | |
|------------------|--|--|
| PROFESSION/TITLE | | |
| EMPLOYER | | |
| YEARS OF SERVICE | | |

RETIREMENT & DISABILITY BENEFITS:

CLIENT

SPOUSE/PARTNER

| | | |
|--------------------------|-----------------|-----------------|
| DESIRED RETIREMENT AGE | | |
| SOCIAL SECURITY ELIGIBLE | | |
| SOCIAL SECURITY @ FRA | \$ _____/MO. | \$ _____/MO. |
| EMPLOYER PENSION | \$ _____ @ AGE: | \$ _____ @ AGE: |
| PENSION SUBJECT TO COLA | | |
| SURVIVOR BENEFIT | \$ _____/MO. | \$ _____/MO. |
| DISABILITY INCOME | \$ _____/MO. | \$ _____/MO. |

RETIREMENT ASSETS & DESIRED RETIREMENT LIFESTYLES:

CLIENT

SPOUSE/PARTNER

| | CURRENT BAL. | ANNUAL CONT. | CURRENT BAL. | ANNUALCONT. |
|-----------------|--------------|--------------|--------------|-------------|
| ROTH IRA | \$ | \$/% | \$ | \$/% |
| TRADITIONAL IRA | \$ | \$/% | \$ | \$/% |
| SIMPLE IRA | \$ | \$/% | \$ | \$/% |
| SEP IRA | \$ | \$/% | \$ | \$/% |
| 401K | \$ | \$/% | \$ | \$/% |
| PROFIT SHARING | \$ | \$/% | \$ | \$/% |
| OTHER: | \$ | \$/% | \$ | \$/% |
| OTHER: | \$ | \$/% | \$ | \$/% |

Desired Net Income in Retirement:

INSURANCE POLICIES: Owned: Personally OR Employer Provided

| Owner | Type of Insurance | Face amount | Cash value | Mthly Premiums | Beneficiaries |
|-------|-------------------|-------------|------------|----------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

REAL ESTATE ASSETS:

| Owner | Property Type | Value | Amount of Debt |
|-------|---------------|-------|----------------|
| | | | |
| | | | |
| | | | |

INVESTMENT ASSETS (Outside of Retirement Accounts)

| Owner | Type of Account | Current Value | Annual Additions | Notes |
|-------|-----------------|---------------|------------------|-------|
| | | | | |
| | | | | |
| | | | | |

DEBT OBLIGATIONS

| Owner | Type of Debt | Int. Rate | Mthly Pmt. | Amt. of Debt | Expected Pay off Date |
|-------|--------------|-----------|------------|--------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

SOURCES OF INCOME

| | CLIENT | SPOUSE/PARTNER |
|------------------------|--------|----------------|
| Salary/Bonus | | |
| Self-Employment Income | | |
| Pension | | |
| Social Security | | |
| Dividends | | |
| Taxable Interest | | |
| Tax Free Income | | |
| Other Income | | |

OTHER PROFESSIONAL ADVISORS AND INFORMATION

Tax Professional _____ Attorney: _____
 Do you have: A Will _____ A Trust _____ POA _____ Last reviewed _____

YOUR FINANCIAL GOALS & CONCERNS:
