



Financial Profile

The following data is strictly confidential. The information will be analyzed in order to develop a personalized financial analysis. The analysis will provide a basis for making recommendations for specific investments and other financial tools that you should consider to help you meet your needs and achieve your goals.

Section 1: Income

		YOU		YOUR SPOUSE	
Category	Monthly Amount	Annual Amount		Monthly Amount	Annual Amount
Salary					
Self Employment					
Interest & Dividends					
Pensions & Annuities					
Social Security					
Spousal Support					
Rental Property (net)					
Other Income					
Total Income					

Personal & Family Expenses Please enter either the monthly or annual amount of each expense, and provide details if needed

Total Household Expenses

Category	Monthly Amount	or Annual Amount	Details
Alimony			
Associations/Dues			
Automobile Fuel			
Automobile Insurance			
Automobile Maintenance			
Automobile Loan / Lease			
Cable/Internet			
Charity			
Child Care			
Child Support			
Clothing / Dry Cleaning			
Clothing Purchases - You			
Clothing Purchases - Children			
Country Club / Other Memberships			
Credit Card Payments			
Entertainment			
Food / Dining			
Food / Groceries			
Gifts			
Hobbies			
Home Furnishings			
Home Improvements			
Home Lawn / Maintenance / Trash			
Home Security			

Category	Monthly Amount	Annual Amount	Details
Homeowners Association Fees			
Maid Service / Nanny			
Insurance Premium - Disability			
Insurance Premium - Life			
Insurance Premium - LTC			
Insurance Premium Medical/Dental			
Medical Expenses (Co-pay etc.)			
Medical – Prescriptions			
Personal Care			
Pet Care			
Professional Fees			
Property Taxes			
Rent			
Student Loan Payment			
Subscriptions			
Telephone – Land Line			
Telephone – Cell Phone			
Utilities			
Vacation/Travel			
Cash / Misc. Expenses			
Other Expenses			
Other Expenses			
Other Expenses			

Section 3: Assets

Real Estate Assets

	Primary Residence	Secondary Residence	Investment Property 1	Investment Property 2
Property Name				
Address 1:				
Address 2:				
City, State, Zip				
Purchase Year				
Purchase Amount				
Current Value				
Tax Basis				
Ownership (Client, Spouse, Joint etc.)				
Number of years you plan to hold the property?				
Expected Appreciation Rate				

Other Assets

Asset	Description	Ownership (Spouse, Joint etc.)	Purchase Price	Current Value	Outstanding loan? Y or N
Automobile 1					
Automobile 2					
Personal Property 1					
Personal Property 2					
Other:					
Other:					

Section 4: Liabilities

Mortgage	Primary Residence	Secondary Residence	Investment Property 1	Investment Property 2
Institution Name				
Original Loan Amount				
Date of Loan				
Current Balance				
Interest Rate				
Loan Term (Years)				
Monthly Payment				
Payment Type (Principal only, Balloon etc.)				
Do you currently have online access with this institution?				

Home Equity Line	Primary Residence	Secondary Residence	Investment Property 1	Investment Property 2
Institution Name				
Original Loan Amount				
Date of Loan				
Current Balance				
Interest Rate				
Loan Term (Years)				
Monthly Payment				
Payment Type (Principal only, Balloon etc.)				
Do you currently have online access with this institution?				

Other Liabilities	Loan 1	Loan 2	Loan 3	Loan 4
Loan Description Ex. Auto, Credit Card, Student, Personal etc.				
Owner Name				
Institution Name				
Original Loan Amount				
Date of Loan				
Current Balance				
Interest Rate				
Loan Term (Years)				
Payment Frequency				
Payment Amount				
Payment Type (Principal only, Balloon etc.)				
Annual Fee				
Is interest collateralized?				
Is interest deductible?				
Do you have online account access?				
	Loan 5	Loan 6	Loan 7	Loan 8
Loan Description				
Owner Name				
Institution Name				
Original Loan Amount				
Date of Loan				
Current Balance				
Interest Rate				
Loan Term (Years)				
Payment Frequency				
Monthly Payment				
Payment Type (Principal only, Balloon etc.)				
Annual Fee				
Is loan collateralized?				
Is interest deductible?				
Do you have online account access?				

Section 5: Cash Reserves

Category	Name of Institution	Average Balance	Monthly Contributions	Online Access?
Primary Checking Account				
Secondary Checking Account				
Savings Account				
Other:				
Other:				
Other:				
Other:				

Section 6: Retirement Plans

Type of Plan	Account Holder	Market Value \$	Monthly Contribution	Monthly Employer Contribution

Section 7: Pension Plans (Direct Income Sources)

Name of Pension	Plan Holder	Monthly Amount	Age Pension Begins	Percent Vested

Section 8: Emergency Reserves

It is recommended that you have two to six months worth of living expenses set aside for emergencies.

What amount is comfortable for you? \$ _____ What amount do you currently have? \$ _____

Section 9: Retirement Goals

What age do you want to retire? _____ What age does your spouse want to retire? _____

Monthly Gross Income desired at retirement (in today's dollars): \$ _____

Section 10: Education Goals

Student Name	School (if known)	Yearly Expense (if known)	Years Until Needed

Do you expect your child(ren) to go to college? _____ Public or Private? _____
In state or out of state? _____ Do you intend to partially or fully fund your child's education? _____

Section 11: Family Information

Child #1

Name _____ Birth Date _____ SS# _____

Address _____ Marital Status _____ Spouse's Name _____

Child #2

Name _____ Birth Date _____ SS# _____

Address _____ Marital Status _____ Spouse's Name _____

Child #3

Name _____ Birth Date _____ SS# _____

Address _____ Marital Status _____ Spouse's Name _____

Child #4

Name _____ Birth Date _____ SS# _____

Address _____ Marital Status _____ Spouse's Name _____

Grandchildren

Name _____ Age _____ Birth Date _____ SS# _____ Parent's Name _____ Marital Status _____

Name _____ Age _____ Birth Date _____ SS# _____ Parent's Name _____ Marital Status _____

Name _____ Age _____ Birth Date _____ SS# _____ Parent's Name _____ Marital Status _____