

Financial Solutions - John W. Fiege, PFP

Affordable Peace of Mind

**Confidential
Personal**

Financial Profile

Date Completed: _____

	Name	Age	Life Expectancy	Date of Birth	Social Security #
Client 1				/ /	- -
Client 2				/ /	- -
Children & Dependents				/ /	- -
				/ /	- -
				/ /	- -

Home Address			Home Phone	() -
			Home Fax #	() -
Email			Line 2 #	() -

	Client 1	Client 2
OCCUPATION	# Years at Job:	# Years at Job:
Business Name		
Business Address		
Business Phone	() -	() -
Fax Number	() -	() -
Cell Number	() -	() -
Email		
Target Age to Retire	1st Choice: 2nd Choice:	1st Choice: 2nd Choice:

Miscellaneous Information:

Marriage Date	/ /	
Referral Source		
# of Years in Current Home		
Client 1: US Citizen	Yes	No
Client 2: US Citizen	Yes	No

	Name	Phone #
Insurance Agent		
Stockbroker		
CPA		
Attorney		
Other Advisor		

Please list addresses on back if not local.

CONFIDENTIAL

Data Gathering is the first important step in financial planning process and proper data gathering is a required standard practice. Unless required by law, information provided in this profile will not be released without client consent.

CURRENT ANNUAL INCOME - also attach recent PAY STUBS if possible

	Client 1	Increase rate/yr	Client 2	Increase rate/yr
Salary (Gross)				
Bonus				
Net Business Income (Loss)				
Dividends / Interest				
Social Security				
Net Rental Prop. Income (Loss)				
Gifts				
Retirement Income*				
Other				
Total Gross Income				

*If pension income please describe any survivorship options below.

RESIDENCE - Complete Lines 3-8 Only If Planning to Sell

ASSET		Res.#1	Res.#2
1	Current Residence Market Value		
2	Original Cost+Improvements		
3	Client Age at Sale		
4	Sales Costs (% of sale price)		
5	Cost of Replacement Home		
6	New Mortgage (% of replacement home price)		
7	Interest Rate on New Mort. Loan		
8	Number of Years for New Loan		

EMPLOYEE BENEFITS

Please enter group insurance policies on page 3 and note that they are group plans.
 Bring list and costs of all benefits your employer provides, whether you use them currently or not.
 Enter retirement plans on page 4 and bring full information package with you.
 Bring any statements/pension plans/ other benefits from previous employers as well.

INSURANCE SUMMARY Please bring policies to first meeting.

LIFE INS. CO.	Type Term/Perm	Group or Individual	Insured	Annual Premium	Policy Face Amount	Current Cash Value	Cash Value at Retirement	Present Loan Balance	Smoker Y/N

DISABILITY INS. CO.	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until ?	Residual Benefits Y/N?

Do you carry Business Overhead Expense Insurance (Y/N)?

HEALTH INS. CO.	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until ?	Residual Benefits Y/N?

LONG TERM CARE	Insured	Daily Benefit	Inflation Rider Y/N	Group or Individual	Waiting Period	Premium & Frequency	Benefits Period (Yrs)	At Home Benefit %	Group

AUTO INS. CO.	Insured	Liability Limit I.e. 100/300	Deductible	Uninsured Limit 100/300
#1				
#2				
Other				

Towing Yes No
Stacking* Yes No
Umbrella Policy Yes No

Do you have umbrella liability insurance? Yes / No **Amt. Coverage** _____ Premium _____
 Do you have a termite bond? Yes / No If yes, company _____ Premium _____
 Do you have flood insurance? Yes / No If yes, company _____ Premium _____

Home Ins. Company _____
 Deductible \$ _____ Liability Limit \$ _____
 Wind/Hail Deductible \$ _____
 Replacement Value Coverage? Yes / No What would cost to replace be? \$ _____

* Stacking - combing the uninsured motorist limits for two related insureds in one policy

ASSETS Bring All Statements Listing These Assets and Liabilities With You To First Appointment (or copies)

	Amount	*Title	*Type
Checking			
Savings			
Money Market			
CDs (1) Mat. Date			
(2) Mat. Date			
Mutual Funds			
Bonds			
Stocks			
REITs			
Mortgage/Note Receivable			
Annuities			
Life Insurance Cash Value			
Limited Partnerships			
IRA - Client 1 (Roth or Trad)	/		
Client Contributions Annual			
IRA - Client 2 (Roth or Trad)	/		
Client Contributions Annual			
Retirement Plan Client 1	/		
Company/Client Contributions Annual			
Vested Amount			
Retirement Plan Client 2	/		
Company/Client Contributions Annual			
Vested Amount			
Investment Property			

	Amount	*Title
Personal Residence(s)		
Personal Property		
Auto 1		
Auto 2		
Furniture		
Jewelry/Art		
Other		
TOTAL ASSETS		

LIABILITIES			Term in	
	Int %	Months	Current Bal	
1st Mortgage (orig. amt. _____)				
Date of Origin _____ Term _____				
Monthly Pmt. (Prin.+Int. only)				
2nd Mortgage (orig. amt. _____)				
Date of Origin _____ Term _____				
Monthly Pmt. (Prin.+Int. only)				
Home Equity Line				
Credit Cards				
Notes Payable				
Vehicle Loan (orig. bal. _____)				
Date of Origin _____ Term _____				
Vehicle Loan (orig. bal. _____)				
Date of Origin _____ Term _____				
Investment Loans				
Margin Account Balance				
Future Obligations				
Other				
TOTAL LIABILITIES				

NET WORTH

Total Assets	
Total Liabilities	
NET WORTH	

* Title (or owner of liability account):
 1 = client 1 2= client 2 J = Joint Tenants WROS C = Tenants in Common T = Tenants by Entireties
 *T=Taxable F=Tax Free D=Tax Deferred E=Equity Q=Qualified

EXPENSES

Standard Monthly (or note if Annual)

Description	Client (1, 2 or Joint)	% Tax Deductible (if applicable)	Amount/month (or per year)	Index Rate	Start Date	End Date	% While Retired*	% While Disabled
Tithe								
Electricity								
Oil (If applicable)								
Propane gas (if applicable)								
Cable TV (or dish)								
Telephone								
Auto fuel								
Auto repair and maintenance								
Medical (doctor, dentist, medicines)								
Clothing								
Groceries								
Household (furniture, furnishings, repairs)								
Recreation and Entertainment - Vacation								
Dues & Subscriptions.								
Auto insurance								
Health/Dental/Vision Insurance								
Homeowner's Insurance								
Alimony (if any)								
Child support (if any)								
Personal property tax								
Property tax								
Charity								
Gifts (B-days, Christmas)								

Expenses, Continued

Planner Note: Enter the following expenses as Standard unless specific assets are linked to them.

Education Include Private K-12, Undergraduate College, and Post Graduate College

Member <i>(For whom the expense is incurred)</i>	Type <i>(e.g., Tuition fees, room and board)</i>	Goal <i>(2 year CC, 2 year Full) or (4 year state school)</i>	Amount and Frequency <i>(Enter ? If Unknown)</i>	Inflation Rate	Start Age <i>(When student begins education)</i>	Years <i>(number of years expense will be incurred)</i>	Linked Assets <i>(Asset(s) used to fund this expense)</i>

Major Purchases *May be one time expenses or multi-year expenses.*
Consider Your Goals for 12 Months, 1-3 Years, and longer term

Expense Description <i>(Vehicle, home, wedding, retirement)</i>	Member <i>(Client, Co-client or Joint)</i>	% Deduct, <i>(if applicable)</i>	Amount <i>(approximation)</i>	Frequency <i>(specify in years)</i>	Inflation Rate	Start Date	End Date	Linked Funding Assets

Estate Planning Documentation

Client 1

Client 2

	*Name/Date	Attorney	*Name/Date	Attorney
Will				
Executor				
Power of Attorney				
To Whom Delegated				
Health Care Power of Attorney				
To Whom Delegated				
Living Will				
Living Trust				
Name of Trust				
Trustee(s)				
Successor Trustee(s)				

Are your assets retitled to Trust? Yes / No

Are beneficiary designations consistent with latest estate planning documents? Yes / No

Life Insurance Trust			

Life Ins ownership changed to Trust? Yes / No

If you have children, have you named a guardian in your will? Yes / No

Have you named a primary and contingent beneficiary for each financial account you own? Yes / No

Is your attorney the same for all documents? Yes / No

Where are your original estate planning documents stored?

Tax Data (Please Bring Tax Returns for Previous 3 Years)

Tax Filing Status: (Check one) Single: _____ Joint: _____ Head of Household: _____

Other Tax Adjustments:

Self employment medical insurance premiums (Total Amt/Increase Rate) \$ _____ %
 Alimony - Payable to Age: _____ Amount/Increase Rate \$ _____ %

*Name/Date - Please use which ever one may apply

ADDITIONAL CLIENT GOALS AND COMMENTS

How much do you save & invest for your long-term retirement?
(Please state in annual terms)

401K/403b	Client 1	\$	Client 2	\$
Other: savings, CDs, mutual funds	Client 1	\$	Client 2	\$

Do you plan to increase this amount by a certain % each year? If so, how much? _____% or inflation _____
circle

What % of your current living expenses (adjusted for inflation) do you expect to need in retirement? _____%

Do you expect to spend more on travel & entertainment for a certain period? Annual Amt. _____ # Yrs. _____

When do you expect to buy your next vehicles? 1st: Year _____ Cost _____ 2nd: Year _____ Cost _____

Personal & family goals in the next 12 months (Not necessarily expenses - those go on pages 5 & 6)

Goals in the next three to five years:

Goals after next five years:

Special Circumstances or Concerns:

PLEASE READ AND SIGN BELOW

I realize that Financial Planning recommendations depend largely on accurate information provided by the client. By my signature below I acknowledge the completeness and accuracy of the data provided in these data forms and the Data Gathering process.

Client 1

Date

Client 2

Date