

Financial Review

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New Clients: Please read through, then go back and complete applicable sections. Use additional sheets if necessary. This information is used to help guide our in-depth discussions and consultations with you. Through this process, we can offer you worthwhile direction and advice.

Existing Clients: Please complete sections that have changed since our last review.

Name: _____ Birthday: _____
Name: _____ Birthday: _____
Street, City, State, Zip: _____
Home phones: _____ Work/Other phones: _____
Fax phone: _____ E-mail addresses: _____
Accountant: _____ Attorney: _____
Children, Parents, or Other Dependents; Birthday; Grade; College Bound; Adults: _____

Estimated Income Sources

Type; Employer or Source; Last Year; This Year; Next Year (List gross pay or net business income)

Estimated Monthly Living Expenses

<u>Fixed</u>	<u>\$/mo.</u>	<u>Variable</u>	<u>\$/mo.</u>
Housing & Household Operations		Federal Taxes	
Food (groceries)		State/Local Taxes	
Health & Medical Care		Transportation	
Utilities		Recreation	
Other:		Clothing	
		All Other	
	Sub-total		Sub-total
			Total:

Retirement and Financial Independence Planning Concepts (if applicable)

Amount you are contributing towards financial independence each year _____
If applicable, at what age would you like to be financially independent/retired _____
Through what age might you want to live on investments and pensions _____
How much monthly income, in today's dollars, would you be comfortable with _____

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IRA, Retirement, and Pension Plans

Title and type; investment description; recent \$ value (summarize or attach recent statements):

Other Financial Accounts (individual, joint, trust, etc.)

Title and type; investment description; recent \$ value (summarize or attach recent statements)
Please make note if there are significant differences between cost and current value:

Liabilities (debts)

Mortgage, charge, or loan; interest rate %; \$ payment/month; balance due:

Life and Health Insurance

Name; type; benefit amounts and limits; annual premium; date last reviewed coverage with agent/advisor:
Health Insurance

Life Insurance

Disability Income Insurance

Long Term Care Insurance

Property and Casualty Insurance

Name; type; benefit amounts and limits; annual premium; date last reviewed coverage with agent/advisor:
Auto

Home

Umbrella/Liability/Other

Legacy and Estate Planning

Legacy Goals (personal, financial, legal, philanthropic):

Will last updated: _____ Trust last updated: _____ Living Will, Medical Directives date: _____
Durable Power of Attorney date: _____ Major life or household changes since documents prepared? _____

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Areas of Interest and Priorities

Rate each on a scale of 0 – 3. i.e., 0=not concerned with now, 3=very interested in

<input type="checkbox"/> Socially responsible investing	<input type="checkbox"/> Investment diversification	<input type="checkbox"/> Estate planning
<input type="checkbox"/> Philanthropy planning	<input type="checkbox"/> Keeping funds liquid	<input type="checkbox"/> Adequate insurance
<input type="checkbox"/> Current portfolio risk too high/low	<input type="checkbox"/> Maximum investment growth	<input type="checkbox"/> Tax management
<input type="checkbox"/> Retirement planning	<input type="checkbox"/> Current income from assets	<input type="checkbox"/> Job security
<input type="checkbox"/> Education fund planning	<input type="checkbox"/> Amount of personal debt	<input type="checkbox"/> Other:

Goals, Objectives, and Money Profile

Complete this table indicating the following ideas:

Core Values. A deep core value you stand for or feel regarding how your wealth should be used.

Ought To. You feel obligated, a commitment, family belief, or a societal norm.

Fun To. Would make you feel good, add zip to who you are and how you feel. Not obligation.

Possible Uses of Your Wealth	Core Values	Ought To	Fun To	n/a
Providing for my family's ongoing needs. Day-to-day living, mortgage, transportation, vacations, children's needs.				
Support for parents, siblings, other family members.				
Leaving an inheritance for children or other family.				
Adjusting select parts of current lifestyle such as more expensive travel, second or different home, or hobby.				
Supporting a major change in work or career.				
Actualizing a very different direction for my life.				
Adjusting the level of philanthropy and giving.				
Other:				
Other:				

Additional thoughts and feelings about what you wish to accomplish with your money and your life:

What *changes* in your income or assets are likely in the future?

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Money Style and History

How was your experience with other financial advisers? (Including CPA, unpaid friend, family, etc.)

How often (monthly, quarterly, or annually) do you review:

Investments--

Insurance--

Financial Planning--

Are you tracking your investments or financial planning by computer? If yes, how and how often?

What financial services or investments have you been *dissatisfied* with? If any, please explain why also.

What financial services or investments have you been *satisfied* with? If any, please explain why also.

Is there anything else that you wish to share that might be helpful?