

This will help guide our discussions, consultations, and recommendations. Please read through before completing and use additional sheets if necessary. Existing clients need only complete information that has changed since our last planning session.

Name: _____ Birthday: _____

Name: _____ Birthday: _____

Street, City, State, Zip: _____

Home phone: _____ Work/Mobile phones: _____

Fax: _____ E-mail addresses: _____

Preferred methods of communication: in person phone email

Accountant: _____ Attorney: _____

Dependents (Children, Parents, Other): _____

Current Interest Areas and Planning Priorities

Rate each on a scale of 0 – 3. (from 0=not concerned with now, to 3=very interested in)

___ Sustainable & responsible investing	___ Current income from assets	___ Estate planning
___ Retirement, Financial Independence	___ Maximum investment growth	___ Insurance review
___ Portfolio risk assessment	___ Short-term liquidity	___ Tax management
___ Investment diversification	___ Philanthropy	___ Job security
___ Education savings	___ Personal debt management	___ Other: _____

Retirement and Financial Independence (if applicable)

Amount contributing towards financial independence each year _____

At what age would you (or would 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 _____

Legacy and Estate Planning

Related personal, financial, or philanthropic goals if applicable: _____

Will last updated: _____ Trust last updated: _____ Living Will, Medical Directives: _____

Cohabitation agreement (if applicable): _____

Durable Power of Attorney date: _____

Any major changes since these documents prepared? _____

Financial Review Planner

Name: _____ Date: _____ Page 2 of 4

Goals, Objectives, and Money Profile

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.

Possible Uses of Your Wealth	Core values	Ought to	Fun to	n/a
Providing for my/our 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 volunteerism, travel, second or different home, 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 thoughts and feelings about what you wish to accomplish with your money and your life:

Likely significant *changes* to your income or assets in the future:

Estimated Annual Income Sources

type | employer or source | last year | this year | next year

For example, gross salary, pension, Social Security, significant investment income, and own *net* business income (after expenses).

Estimated Monthly Living Expenses

<u>current fixed essentials</u>	<u>\$/mo.</u>	<u>current variable</u>	<u>\$/mo.</u>
Housing & Household Operations		Federal Taxes	
Food (groceries)		State/Local Taxes	
Health & Medical Care		Transportation	
Utilities		Recreation	
Other		All Other	
	sub-total: _____		sub-total: _____
	fixed and variable total _____		

Financial Review Planner

Name: _____ Date: _____ Page 3 of 4

Tax-deferred Assets (IRA, retirement, and pension plans)

title and type | brief description or investment name | recent \$ value (summarize or attach statements)

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

title and type | brief description or investment name | recent \$ value (summarize or attach statements)
(Make note if there are significant differences between cost basis and current value.)

Liabilities (debts)

mortgage, charge, or loan | interest rate % | \$ payment/month | balance due

Life and Health Insurance

name of carrier | benefit amount and limit | annual premium | date last reviewed with agent/advisor
Health Insurance

Life Insurance

Disability Income Insurance

Long Term Care Insurance

Property and Casualty Insurance

name of carrier | benefit amount and limit | annual premium | date last reviewed with agent/advisor
Auto

Home

Umbrella/Liability/Other

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Name: _____ Date: _____ Page 4 of 4

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:

Do you track investments or financial planning by computer or Internet? If yes, how and how often?

Have there been any financial services or investing experiences you regretted or were *dissatisfied* with?

What financial services or investing experiences have you been *satisfied* with?

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