

All About Me - My Financial Planning Data Form

Section 1 - General Information

Client A: Full Name: _____ DOB: _____

Social Security Number: _____ Maiden Name: _____

Address _____ Drivers License Number: _____ Exp. _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Are you self-employed? Y N Are you retired? Y N Desired Retirement Age: _____ Do you Smoke? Y N

Occupation: _____ Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Year Started: _____

Client B: Full Name: _____ DOB: _____

Social Security Number: _____ Maiden Name: _____

Drivers License Number: _____ Exp. _____ Work Phone: _____

Are you self-employed? Y N Are you retired? Y N Desired Retirement Age: _____ Do you Smoke? Y N

Occupation: _____ Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Year Started: _____

Children:

1: _____ M F DOB: _____ SSN: _____

Beneficiary: Yes No Other: _____ College Funding Amt.: \$ _____

2: _____ M F DOB: _____ SSN: _____

Beneficiary: Yes No Other: _____ College Funding Amt.: \$ _____

3: _____ M F DOB: _____ SSN: _____

Beneficiary: Yes No Other: _____ College Funding Amt.: \$ _____

4: _____ M F DOB: _____ SSN: _____

Beneficiary: Yes No Other: _____ College Funding Amt.: \$ _____

Section 2 - Detailed Income Data

**Please provide us with statements for any sources of income, or fill out information below.*

Present Income	Client A	Client B	Anticipated Income	Near Future
1. Salary, Wages & Bonuses	_____	_____	1. Salary, Wages & Bonuses	_____
2. Net Income from Self-Employment	_____	_____	2. Net Income from Self-Employment	_____
3. Interest & Dividends	_____	_____	3. Interest & Dividends	_____
4. Net Rental Income	_____	_____	4. Net Rental Income	_____
5. Social Security Benefits	_____	_____	5. Social Security Benefits	_____
6. Pension/Qualified Plans	_____	_____	6. Pension/Qualified Plans	_____

Section 3 - Life Insurance

Do you have group life insurance where you currently work? Client A _____ Client B _____ Children _____

Do you have individual life insurance in force? Client A _____ Client B _____ Children _____

**If yes to either question above, please provide us with plan documents and/or life insurance policies, or fill out information below.*

Client _____ Company _____

Type _____ Annual Premium \$ _____

Death Benefit \$ _____ Cash Value \$ _____

Client _____ Company _____

Type _____ Annual Premium \$ _____

Death Benefit \$ _____ Cash Value \$ _____

Client _____ Company _____

Type _____ Annual Premium \$ _____

Death Benefit \$ _____ Cash Value \$ _____

Client _____ Company _____

Type _____ Annual Premium \$ _____

Death Benefit \$ _____ Cash Value \$ _____

Client _____ Company _____

Type _____ Annual Premium \$ _____

Death Benefit \$ _____ Cash Value \$ _____

Client _____ Company _____

Type _____ Annual Premium \$ _____

Death Benefit \$ _____ Cash Value \$ _____

Section 4 - Pensions

Do you have a pension plan where you currently work? Client A _____ Client B _____

Do you have a pension from a previous employer? Client A _____ Client B _____

**If yes to either question above, please provide us with plan documents or fill out information below.*

Client _____ Employer _____ Client _____ Employer _____

Lump Sum Value (if applicable) \$ _____ Lump Sum Value (if applicable) \$ _____

Current Monthly Payment \$ _____ Current Monthly Payment \$ _____

Section 5 - Financial Statement

**Please provide us with statements for anything that applies to you below, or fill in the information.*

Assets	Current Value	Home	_____
Checking Accounts	_____	Real Estate Other than Home	
Savings Accounts	_____	1: _____	_____
Money Market Fund/Other	_____	2: _____	_____
Certificates of Deposit	_____	Automobiles	
Life Insurance Cash Values	_____	1: _____	_____
Annuities	_____	2: _____	_____
Stocks	_____	3: _____	_____
Bonds	_____	Personal Property	_____
Mutual Funds	_____	Liabilities	Current Balance
Tangible Assets - Collectibles	_____	Home Mortgage	_____
Profit Sharing, 403(b), 401(k), etc.		Home Equity Loan	_____
Client A Type: _____	_____	Second Home	_____
Client B Type: _____	_____	Car Loans	1: _____
IRA (Traditional/Roth)	_____		2: _____
Keogh	_____		3: _____
Other: _____	_____	Other Long Term Loans	_____
Other: _____	_____	Credit Cards	_____

Section 6 - Monthly Cash Flow

Living Expenses Current Expenses

Federal Taxes	_____	Auto Repair/ Maintenance	_____	Entertainment/ Meals Out	_____
State Taxes	_____	Home Maintenance/ Furnishing	_____	Gas/Public Transportation	_____
Social Security Taxes	_____	Alimony/Child Support	_____	Cable/Satellite	_____
Local Taxes or Other	_____	Day Care	_____	Internet	_____
Real Estate Taxes	_____	Tuition/Education	_____	Vacations/Travel	_____
Life Insurance	_____	Groceries	_____	Gifts/Donations	_____
Health/ Dental Insurance	_____	Gas/Electric/ Water/Etc.	_____	Memberships	_____
Disability Insurance	_____	Phone/Cellular Phones	_____	Animal/Pet Care	_____
Automobile Insurance	_____	Credit Cards	_____	Personal Expenses	_____
Home Owners/ Liability Insurance	_____	Clothing/Cleaning	_____	Unreimbursed Employee Business Expenses	_____
Residence Mortgage	_____	Medical/Drugstore/ Dental	_____	Other: _____	_____
Car Payments	_____				

Section 7 - Trusts/Wills

Do you have a will? Client A: _____ Client B: _____

When did you last review your will? Client A: _____ Client B: _____

Do you have a trust? Client A: _____ Client B: _____

**If you have a trust, please provide us with a copy of it so we can review it.*

Section 8 - Professional Advisors

Accountant: _____ Phone Number: _____

Attorney: _____ Phone Number: _____

Section 9 - Other Goals and Needs

List other goals here:

Section 10 – Suitability Information

Annual Income: (please include all sources of income)
 Under \$25,000 \$25,000 - \$50,000 \$50,000 - \$100,000 \$100,000 - \$250,000
 \$250,000 - \$500,000 \$500,000 - \$750,000 \$750,000 - \$1,000,000

Net Worth: (please include value of residences, investments, personal belongings, closely held businesses)
 Under \$50,000 \$50,000 - \$100,000 \$100,000 - \$250,000 \$250,000 - \$500,000
 \$500,000 - \$750,000 \$750,000 - \$1,000,000 \$1,000,000 or greater

Liquid Assets: (please include all liquid investments)
 Under \$50,000 \$50,000 - \$100,000 \$100,000 - \$250,000 \$250,000 - \$500,000
 \$500,000 - \$750,000 \$750,000 - \$1,000,000 \$1,000,000 or greater

Reserve Amount: (please provide the amount set aside in immediately liquid vehicles such as cash, money market, savings accounts, certificates of deposit, etc.)
 Under \$10,000 \$10,000 - \$25,000 \$25,000 - \$50,000 \$50,000 - \$100,000 \$100,000 or greater

Tax Bracket: 0% 10% 15% 25% 28% 28% 33% 35%

Investment Experience: (Approximate years of experience all that apply):
____ Savings Accounts/Certificates of Deposit; ____ Fixed Annuities; ____ Government Obligations;
____ Municipal Bonds; ____ Corporate Bonds; ____ Variable Annuities; ____ VUL; ____ Mutual Funds;
____ REITs; ____ Stocks; ____ Options; ____ Direct Participation Programs (Limited Partnerships); ____ other (please list) _____

Investment Objectives (Rank in order of priority all that apply, using #1 as the highest priority):
 Preservation of Capital Taxable Income Tax Free Income Tax Deferred Growth
 Capital Appreciation Speculation Trading Profits Undecided

Time Horizon: 1 yr 2-3 yr 3-5 yr 5-10 yr 10 yr +

Bank Reference: Bank Name: _____ Branch: _____ Date opened: _____

Section 11 – Signatures

Client A: _____

Client B: _____