



Financial Profile Form

CLIENT

Full Name	Date of Birth		
Email	Cell Phone Number	Religious Affiliation	
Annual Income	Occupation	Industry	
Current Employer	Length	Employer Address	
Previous Employer (if any)	Length	Previous Employer (if any)	Length

SPOUSE

Full Name	Date of Birth		
Email	Cell Phone Number	Religious Affiliation	
Annual Income	Occupation	Industry	
Current Employer	Length	Employer Address	
Previous Employer (if any)	Length	Previous Employer (if any)	Length

HOUSEHOLD

Home Phone Number	Work Phone Number	
Home Address		
City	State	Zip Code

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HOUSEHOLD CONTINUED

Monthly Expenses	Household Liquid Net Worth			Household Total Worth			
Amount Saved	Emergency Cash	Where is it held?	Checking	Savings	CDs	Investments	Stock Drawer

FAMILY

Child's Name	Date of Birth	Current Education Savings
Child's Name	Date of Birth	Current Education Savings
Child's Name	Date of Birth	Current Education Savings
Child's Name	Date of Birth	Current Education Savings

INSURANCE

Self – Payout Amount	Term Left/ Permanent	Monthly Payment	Company
Spouse – Payout Amount	Term Left/ Permanent	Monthly Payment	Company

Do you currently have specialty insurance? Long Term Care Disability Chronic Illness Other

RETIREMENT

Self – Age of Retirement	Spouse – Age of Retirement
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Will you be receiving either Social Security or a Pension? If so, at what age do you plan on starting?

Self – Social Security	Age	Pension	Age
Spouse – Social Security	Age	Pension	Age

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DEBT

Do you currently have any debt? Yes No Do you have a monthly budget? Yes No
 Do you have a plan in place to pay off? Yes No

List Current debts? (Credit cards, student loan, car, motorcycle, 2nd mortgage, medical bills, debt in collections, etc.)

Type	Amount	Interest Rate	Type	Amount	Interest Rate
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Type	Amount	Interest Rate	Type	Amount	Interest Rate
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Mortgage Balance	Mortgage Term	Interest Rate
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INVESTING

What do you want to accomplish by investing? (ex: retirement, college savings, etc)

What investment accounts do you currently have? (IRA, 401k, annuity, pension, 457, 403b, etc.)

Owner's Name	Account Type	Provider	Balance
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Owner's Name	Account Type	Provider	Balance
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Owner's Name	Account Type	Provider	Balance
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Owner's Name	Account Type	Provider	Balance
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Do you currently own or have you owned any of the following:

Real Estate	Annuities	Stocks	Bonds	REITs	Ag or Mineral	Mutual Funds	Options	Cash Value
Insurance	Commodities	ETFs	Other					

Are you receiving any income from your investments? Yes No

Frequency	Monthly	Quarterly	Annual	If so, how much?
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BENEFICIARY

Beneficiary Full Name

Beneficiary Date of Birth

Beneficiary Phone Number

ADDITIONAL BENEFICIARY

Beneficiary Full Name

Beneficiary Date of Birth

Beneficiary Phone Number

OTHER

Are you currently obligated to pay or are you receiving alimony or child support?

	Pay	Receive		Pay	Receive
Alimony Amount			Child Support		

Are you currently involved in Charitable Giving? Yes No

INVESTMENT CONCERNS

When do you anticipate needing to start spending your investment funds?

- Less than 3 years
- 3-6 years
- 7-10 years
- Longer than 10 years

Which statement explains your greatest concern when selecting an investment?

- Potential for loss
- Mostly potential for loss, but some concern about potential for gain
- Mostly potential for gain, but some concern about potential for loss
- Potential for gain

If you could improve your chance of higher returns by taking more risk, which of the following choices best reflects what you would do?

- Increase the risk of my investments as much as possible
- Increase the risk of my investments significantly
- Increase the risk of my investment moderately, but would be concerned with the increased chance of losing money
- Would not change the level of risk of my investments

Which of these areas would you be concerned with if you found out you had made a direct investment?

- | | | |
|-------------------|---------------------|----------|
| Pornography | Embryonic Stem Cell | Tobacco |
| Human Trafficking | LGBT Activism | Gambling |
| Abortion | Alcohol | |

NOTES