



*CONFIDENTIAL  
FINANCIAL PROFILE  
for*

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**Your Name Here**

The purpose of this form is to help gather basic information about your current financial situation. The data will help us make the best use of our time together. Without a complete financial profile, it can be difficult to discuss available options. Please fill out what you can and bring this form, along with the documents listed at the end, to our meeting. **All information provided will be strictly confidential.**

A. FAMILY STATUS				
YOUR FULL NAME		BIRTH PLACE		SOCIAL SECURITY NUMBER
SPOUSE (FULL NAME)		DATE OF BIRTH	BIRTH PLACE	SOCIAL SECURITY NUMBER
CHILD	DATE OF BIRTH	BIRTH PLACE	SOCIAL SECURITY NUMBER	
CHILD	DATE OF BIRTH	BIRTH PLACE	SOCIAL SECURITY NUMBER	
CHILD	DATE OF BIRTH	BIRTH PLACE	SOCIAL SECURITY NUMBER	
YOUR RESIDENCE	STREET & NO.	CITY	STATE	ZIP
HOME TELEPHONE		EMERGENCY TELEPHONE	NAME	
CELL PHONE		EMAIL ADDRESS		

B. OCCUPATION/ INCOME			
YOUR (TITLE)		EMPLOYER	
EMPLOYER ADDRESS	CITY	STATE	TELEPHONE
LENGTH OF SERVICE (YEARS)	CURRENT BASE SALARY	BONUS	
	\$	\$	
SPOUSE (TITLE)		EMPLOYER	
EMPLOYER ADDRESS	CITY	STATE	TELEPHONE
LENGTH OF SERVICE (YEARS)	CURRENT BASE SALARY	BONUS	
	\$	\$	

C. MORTGAGES						
	INTEREST RATE	MONTHLY PAYMENT (INCLUDING TAXES)	PRINCIPAL	INTEREST	MONTHS REMAINING	MORTGAGE UNPAID BALANCE
YOUR RESIDENCE	%	\$	\$	\$		\$
OTHER HOME	%	\$	\$	\$		\$
OTHER REAL ESTATE	%	\$	\$	\$		\$

D. REAL ESTATE				
	PURCHASED YEAR PRICE	OWNERSHIP (JOINTLY,ETC.)	IMPROVEMENTS CAPITAL EXPENDITURES	CURRENT MARKET VALUE (ESTIMATE)
YOUR RESIDENCE	\$			\$
OTHER HOME	\$			\$
OTHER REAL ESTATE	\$			\$

E. SAVINGS					
ITEM	INSTITUTION	JOINTLY HELD	YOURSELF	SPOUSE	CHILD
SAVINGS ACCOUNT		\$	\$	\$	\$
SAVINGS BONDS (TYPE)		\$	\$	\$	\$
SINGLE PREMIUM DEFERRED ANNUITY		\$	\$	\$	\$
IRA		\$	\$	\$	\$
401K/ ANNUAL CONTRIBUTION		\$	\$	\$	\$
COMPANY MATCH		\$	\$	\$	\$
PERSONAL PROFIT SHARING PLAN		\$	\$	\$	\$
HOW MUCH ARE YOU SAVING ON A MONTHLY BASIS		\$	\$	\$	\$

F. INVESTMENTS					
ITEM NUMBER OF SHARES	NAME	JOINTLY HELD	CURRENT MARKET VALUES		
			YOURSELF	SPOUSE	CHILD
STOCKS/BONDS		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
MUTUAL FUNDS		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

G. OTHER ASSETS (AUTO, BOATS ETC.)				
ITEM NAME	JOINTLY HELD	YOURSELF	CURRENT MARKET VALUE	
			SPOUSE	CHILD
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

H.

DEBTS

(INCLUDES PERSONAL LOANS, COLLEGE LOANS, HOME IMPROVEMENT LOANS, PASSBOOK LOANS, CAR LOANS, CREDIT CARDS, STORE CHARGES, CHECKING CREDIT LINES, ETC.)

TYPE OF LOAN	MONTHLY PAYMENT	MONTHS REMAINING	LOANS UNPAID BALANCE	INSURED YES/NO
BANK CARDS (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, OTHER)				
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
STORE CHARGES (SEARS, JCPENNEY, OTHER)				
	\$		\$	
	\$		\$	
	\$		\$	
OTHER				
	\$		\$	
	\$		\$	
BANK LOANS (OTHER THAN MORTGAGE, E. G. HOME IMPROVEMENT, HOME EQUITY, EDUCATION, ETC.)				
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

# I. INSURANCE (INCLUDES CAR, HOME OWNERS, OR RENTERS POLICIES, LIFE INSURANCE POLICIES FOR ALL FAMILY MEMBERS, DISABILITY, HOSPITALIZATION & MAJOR MEDICAL, AND OTHER INSURANCE POLICIES)

NAME OF COMPANY	FAMILY MEMBER INSURED	PREMIUM AMOUNT	CASH VALUE	POLICY LOANS	AMOUNT OF COVERAGE
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

## PLEASE BRING TO YOUR MEETING:

- Paycheck Stubs
- Company Benefit Booklet
- Company Benefit Statement Or Summary
- Statements On All Investments/ Securities, Plus Accompanying Prospectus
- Wills & Trust Documents
- Bank Statements
- Tax Return *most recent*
- Insurance Policies:
  - Medical      ■ Car      ■ Home      ■ Other \_\_\_\_\_
  - Life      ■ Umbrella      ■ Disability Income      ■ Other \_\_\_\_\_

## DOCUMENT RECEIPT:

I have received the above checked documents for review and they will be kept confidential in a place of safekeeping.

Planner Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

Representing: \_\_\_\_\_