

Financial Solutions - John W. Fiege, CFP®

Objective Advice to Help You Reach Your Goals and Find Peace of Mind

**Confidential
Personal
Financial Profile**

Date Completed: _____

	Name	Age	Life Expectancy	Date of Birth	Social Security #
Client 1				/ /	- -
Client 2				/ /	- -
Children & Dependents				/ /	- -
				/ /	- -
				/ /	- -

Home Address

Primary Email

Home Phone () -

Home Fax # () -

Line 2 # () -

	Client 1	Client 2
OCCUPATION	# Years at Job:	# Years at Job:
Business Name		
Business Address		
Business Phone	() -	() -
DL #, Exp, State		
Cell Number	() -	() -
Email		
Target Age to Retire	1st Choice: 2nd Choice:	1st Choice: 2nd Choice:

Miscellaneous Information:

Marriage Date / /

Referral Source

of Years in Current Home /

Any Non-US Citizen in household?
 Yes No

	Name	Phone #
Insurance Agent		
Stockbroker		
CPA		
Attorney		
Other Advisor		

Please list addresses on back if not local.

CURRENT ANNUAL INCOME -Attach recent PAY STUBS if possible

	Client 1	Increase rate/yr	Client 2	Increase rate/yr
Salary (Gross)				
Bonus				
Net Business Income (Loss)				
Dividends / Interest				
Social Security				
Net Rental Prop. Income (Loss)				
Gifts				
Retirement Income*				
Other				
Total Gross Income				

*If pension income please describe any survivorship options below.

RESIDENCE - Complete Lines 3-8 Only If Planning to Sell

ASSET	Res.#1	Res.#2
Current Residence Market Value		
Original Cost+ I m provements		
Client Age at Sale		
Sales Costs (% of sale price)		
Cost of Replacement Home		
New Mortgage (% of replacement home price)		
Interest Rate on New Mort. Loan		
Number of Years for New Loan		

EMPLOYEE BENEFITS

Please enter group insurance policies on page 3 and note that they are group plans.

Bring list and costs of all benefits your employer provides, whether you use them currently or not.

Enter retirement plans on page 4 and bring full information package with you.

Bring any statements/pension plans/ other benefits from previous employers as well.

INSURANCE SUMMARY Please bring policies to first meeting.

LIFE INS. CO.	Type Term/Perm	Group or Individual	Insured	Annual Premium	Policy Face Amount	Current Cash Value	Cash Value at Retirement	Present Loan Balance	Smoker Y/N

DISABILITY INS. CO.	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Benefits Frequency Paid Until?	Residual Benefits Y/N?

Do you carry Business Overhead Expense Insurance (Y/N)?

<u>HEALTHINS.CO.</u>	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Benefits Frequency Paid Until?	Residual Benefits Y/N?

LONG TERM CARE	Insured	Inflation Daily Benefit Rider Y/N	Group or Individual	Waiting Period	Premium & Benefits Frequency Period (Yrs)	At Home Benefit %	Group

<u>AUTOINS.CO.</u>	Insured	Liability Limit i.e. 100/300	Deductible	Uninsured Limit 100/300	Towing	Yes	No
#1							
#2					Stacking*	Yes	No
Other					Umbrella Policy	Yes	No

Do you have umbrella liability insurance? Yes / No Amt. Coverage _____ Premium _____

Do you have a termite bond? Yes / No If yes, company _____ Premium _____

Do you have flood insurance? Yes / No If yes, company _____ Premium _____

Home Ins. Company _____

Deductible \$ _____ Liability Limit \$ _____

Wind/Hail Deductible \$ _____

Replacement Value Coverage? Yes / No What would cost to replace be? \$ _____

* Stacking - combing the uninsured motorist limits for two related insureds in one policy

ASSETS

Bring All Statements Listing These Assets and Liabilities With You To First Appointment (or copies)

	Amount	*Title	*Type
Checking			
Savings			
Money Market			
CDs (1) Mat. Date			
(2) Mat. Date			
Mutual Funds			
Bonds			
Stocks			
REITs			
Mortgage/Note Receivable			
Annuities			
Life Insurance Cash Value			
Limited Partnerships			
IRA - Client 1 (Roth or Trad)	/		
Client Contributions Annual			
IRA - Client 2 (Roth or Trad)	/		
Client Contributions Annual			
Retirement Plan Client 1	/		
Company/Client Contributions			
Vested Amount			
Retirement Plan Client 2	/		
Company/Client Contributions			
Vested Amount			

	Amount	*Title
Personal Residence(s)		
Personal Property		
Auto 1		
Auto 2		
Furniture		
Jewelry/Art		
Other		
TOTAL ASSETS		

LIABILITIES			Term in	
		Int %	Months	Current Bal
1 st Mortgage (orig. amt.)				
Date of Origin Term				
Monthly Pmt. (Prin.+Int. only)				
2nd Mortgage (orig. amt.)				
Date of Origin Term				
Monthly Pmt. (Prin.+Int. only)				
Home Equity Line				
Credit Cards				
Notes Payable				
Vehicle Loan (orig. bal.)				
Date of Origin Term				
Vehicle Loan (orig. bal.)				
Date of Origin Term				
Investment Loans				
Margin Account Balance				
Future Obligations				
Other				
TOTAL LIABILITIES				

NET WORTH

Total Assets	
Total Liabilities	
NET WORTH	

* Title (or owner of liability account):
 1 = client 1 2= client 2 J = Joint Tenants WROS C = Tenants in Common T = Tenants by Entireties
 *T=Taxable F=Tax Free D=Tax Deferred E=Equity Q=Qualified

Budget

Personal and Family Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing - Client		
Clothing - Spouse		
Clothing - Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare - Dental		
Healthcare - Medical		
Healthcare - Prescription		
Healthcare - Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation		
Self Improvement		
Student Loan Payment		
Vacation/Travel		
Other		

Personal Insurance Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Disability for Client		
Disability for Spouse		
Life for Client		
Life for Spouse		
LTC for Client		
LTC for Spouse		
Medical for Client		
Medical for Spouse		
Umbrella Liability		
Other		

Taxes

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Client FICA		
Client Medicare		
Spouse FICA		
Spouse Medicare		
Federal Income		
State Income		
Local Income		
Other		

Income

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Employment		
Other		

Budget

Home Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Estate Planning Documentation

	Client 1		Client 2	
	*Name/Date	Attorney	*Name/Date	Attorney
Will				
Executor				
Power of Attorney				
To Whom Delegated				
Health Care Power of Attorney				
To Whom Delegated				
Living Will				
Living Trust				
Name of Trust				
Trustee(s)				
Successor Trustee(s)				

Are your assets retitled to Trust? Yes / No

Are beneficiary designations consistent with latest estate planning documents? Yes / No

Life Insurance Trust				

Life Ins ownership changed to Trust? Yes / No

If you have children, have you named a guardian in your will? Yes / No

Have you named a primary and contingent beneficiary for each financial account you own? Yes / No

Is your attorney the same for all documents? Yes / No

Where are your original estate planning documents stored?

Tax Data (Please Bring Tax Returns for Previous 3 Years)

Tax Filing Status: (Check one) Single: _____ Joint: _____ Head of Household: _____

Other Tax Adjustments:

Self employment medical insurance premiums (Total Amt/Increase Rate) \$ _____ %
 Alimony - Payable to Age: _____ Amount/Increase Rate \$ _____ %

*Name/Date - Please use which ever one may apply

ADDITIONAL CLIENT GOALS AND COMMENTS

How much do you save & invest for your long-term retirement?
(Please state in annual terms)

401	Client	\$	Client	\$
Other: savings, CDs, mutual funds				
	Client	\$	Client	\$

Do you plan to increase this amount by a certain % each year? If so, how much? _____ % or inflation
circle

_____ What % of your
current living expenses (adjusted for inflation) do you expect to need in retirement? %

Do you expect to spend more on travel & entertainment for a certain period? Annual Amt. _____ # Yrs. _____

When do you expect to buy your next vehicles? 1 st: Year _____ Cost _____ 2nd: Year _____ Cost _____

Personal & family goals in the next 12 months (Not necessarily expenses - those go on pages 5 & 6)

Goals in the next three to five years:

Goals after next five years:

Special Circumstances or Concerns:

PLEASE READ AND SIGN BELOW

I realize that Financial Planning recommendations depend largely on accurate information provided by the client. By my signature below I acknowledge the completeness and accuracy of the data provided in these data forms and the Data Gathering process.

_____ Client 1

_____ Date

_____ Client 2

_____ Date