



Date Completed: _____

FINANCIAL PLANNING PROFILE

CLIENT NAME (1): _____ CLIENT NAME (2): _____

Home Address: _____ Home Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell: _____ Cell: _____

E-mail: _____ E-mail: _____

Birth date: _____ Birth date: _____

Currently single: Yes No

Currently married: Yes No

Previously married/divorced: Yes No

Other: Yes _____

Currently single: Yes No

Currently married: Yes No

Previously married/divorced: Yes No

Other: Yes _____

Primary contact person during business hours? _____

Preferred contact method (email, phone)? _____

FAMILY MEMBERS (Please list all children, plus any other dependents.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Residence-if different</u>
_____	_____	____/____/____	Y N	_____
_____	_____	____/____/____	Y N	_____
_____	_____	____/____/____	Y N	_____
_____	_____	____/____/____	Y N	_____
_____	_____	____/____/____	Y N	_____
_____	_____	____/____/____	Y N	_____

Please describe any special family situations, disabilities, health concerns, other: _____

EMPLOYMENT AND SALARY INFORMATION

Client Employer (1):

Title/Job: _____
 Number of years with this employer? _____
 Anticipated employment changes? _____
 When do you plan to retire? _____
 Will you have a pension? _____
 Will you have health insurance? _____

Current Income: _____
 Salary: _____
 Bonus/Commissions: _____
 Self Employment Income: _____
 Pension: _____
 Social Security: _____
 Other Income: _____

Total (Current Year): _____

Client Employer (2):

Title/Job: _____
 Number of years with this employer? _____
 Anticipated employment changes? _____
 When do you plan to retire? _____
 Will you have a pension? _____
 Will you have health insurance? _____

Current Income: _____
 Salary: _____
 Bonus/Commissions: _____
 Self Employment Income: _____
 Pension: _____
 Social Security: _____
 Other Income: _____

Total (Current Year): _____

ESTIMATED ANNUAL SAVINGS

Please list current contributions to Savings:

401k/Client #1 _____ per paycheck
 Company Match? _____ Cash or Stock? _____
 401k/Client #2 _____ per paycheck
 Company Match? _____ Cash or Stock? _____
 Deferred Comp Plan _____ per _____
 State Retirement Plan _____ per paycheck
 College _____ per _____
 Other Savings _____ per _____

	Client 1	Client 2
Do you have company stock options?		
Incentive Stock Options?	_____	_____
Non-Qualified Stock Options?	_____	_____

Are you eligible for an Employer Stock Purchase Plan?	_____	_____
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TAXES

Are all Federal, State & Local tax returns up-to-date and filed on time? Yes No
 Are any of your income tax filings on extension? Yes No
 Who prepares your tax returns? CPA Other paid preparer Self
 Name: _____

Address: _____

FINANCIAL SITUATION AND OPINIONS

Please rate each statement using a scale of 1–5 (1 = very accurate, 5 = not at all accurate).

	<u>Client 1</u>	<u>Client 2</u>
1. I have clearly defined goals.	_____	_____
2. I know how much money I will need to reach my goals.	_____	_____
3. I am confident that I am saving enough to reach my goals.	_____	_____
4. (If retired) I am sure I won't outlive my money.	_____	_____
5. I am certain that I am not under- or over-insured.	_____	_____
6. I am confident that I have minimized my income taxes.	_____	_____
7. I feel comfortable with my level of debt.	_____	_____
8. I know exactly where my money goes each month.	_____	_____
9. I am saving at least 10% of my income.	_____	_____
10. I am happy with the home I own.	_____	_____
11. I have a well-defined investment strategy.	_____	_____
12. I am confident that my investment expenses are reasonable.	_____	_____
13. I understand how each of my investments fits into my strategy.	_____	_____
14. I am sure I reacted appropriately to the recent market declines.	_____	_____
15. I clearly understand my company retirement plan and other benefits.	_____	_____
16. I am satisfied with my career path and income.	_____	_____
17. The various financial aspects of my life are well coordinated.	_____	_____
18. Money stresses are not affecting my personal relationships or me.	_____	_____

Please tell us ...

	<u>Client 1</u>	<u>Client 2</u>
What was the best financial decision you ever made?		
What was the worst?		
At what age do you plan to be financially independent (able to retire)?		

Circle your expectation for long-term returns on your investments?

Client 1	3 to 6%	7 to 9%	10 to 12%	13 to 15%	Greater than 15%	No Idea
Client 2	3 to 6%	7 to 9%	10 to 12%	13 to 15%	Greater than 15%	No Idea

ADVISORS

Rate your working relationships with each of the following advisors:

	Dissatisfied	Satisfied	Very Satisfied	Not applicable
Financial Planner	1	2	3	X
Stockbroker One	1	2	3	X
Stockbroker Two	1	2	3	X
Tax Accountant	1	2	3	X
Accountant (if different)	1	2	3	X
Attorney	1	2	3	X
Insurance Agent (life)	1	2	3	X
Insurance Agent (car/home)	1	2	3	X

ESTATE PLANNING

Do you have estate-planning documents?

When and in what state were they drafted?

Wills	Y N	_____
Living Trusts	Y N	_____
Power of Attorney	Y N	_____
Health Care Proxy	Y N	_____
Other Documents	Y N	_____

*Do you anticipate any inheritance, legal settlement, or substantial gifts in the future?
If so, what, when, and how much? _____*

*Do you anticipate any exceptional expenses in the future?
If so, what, when, and how much? _____*

INSURANCE

	Coverage/ Carrier	Group	Individual	Coverage/ Carrier	Group	Individual
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability (%)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability (%)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (Death Benefit)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (Death Benefit)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life (Death Benefit)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for Insurance? Yes No

ASSETS

Please list your assets:

<u>Name of Asset</u>	<u>Value</u>
Checking:	
Checking:	
Subtotal	
Savings:	
Savings:	
Subtotal	
<u>Name of Asset</u>	<u>Value</u>
Money Market:	
Money Market:	
Subtotal	
CDs (<i>summary</i>):	
Non-Retirement Investments:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Subtotal	
Retirement Investments (<i>e.g. 401k, 403b, IRA, Roth</i>):	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Subtotal	
<u>Name of Asset</u>	<u>Value</u>
Primary Residence:	
Vacation Home:	
Auto #1:	
Auto #2:	
Furnishings:	
Other:	

LIABILITIES

Please List Your Debts

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

**If not paid in full each month*

<u>Loans</u> (mortgages, auto, business, school, other)	<u>Interest Rate</u>	<u>Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

Have you received a copy of your credit report recently? Yes No

YOUR OBJECTIVES

Please list, in priority, your top 3-5 goals or areas of concern:

1. _____
2. _____
3. _____
4. _____
5. _____

What motivated you to seek financial advice?

What are you looking for in a Financial Advisor?

What do you hope to get out of our first meeting?

***Thank you for taking the time to complete this form.
I'm looking forward to meeting with you.***

Essential Financial Strategies

Mailing Address:
14010 Norwich Lane
Orland Park, IL 60467

EssentialFinancialStrategies.com

Email: Rorik@EssentialFinancialStrategies.com
708-949-6194