



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 single:  Yes  No

Currently married:  Yes  No

Currently married:  Yes  No

Previously married/divorced:  Yes  No

Previously married/divorced:  Yes  No

Other:  Yes \_\_\_\_\_

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
<b>Do you have company stock options?</b>		
Incentive Stock Options?	_____	_____
Non-Qualified Stock Options?	_____	_____

**Are you eligible for an Employer Stock Purchase Plan?** \_\_\_\_\_

## 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 <b>not</b> 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?

<b>Client 1</b>	3 to 6%	7 to 9%	10 to 12%	13 to 15%	Greater than 15%	No Idea
<b>Client 2</b>	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> <i>(mortgages, auto, business, school, other)</i>	<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.***

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