



Name \_\_\_\_\_

Date \_\_\_\_\_

# PERSONAL FINANCIAL DATA FORM

## **Your Personal Analysis will help determine:**

- Whether or not your assets are properly positioned.
- If your present method of savings and investment makes maximum use of your pre-tax and after-tax income.
- How much capital you will need to produce a comfortable retirement income.
- The kinds of savings and investments you will need to reach your goals.
- How much you should set aside each month for savings and investments.
- The potential effects of inflation on your savings and investments.
- The kind of tax-advantaged investments best suited to your needs.
- The monthly income your family will need in the event of your premature death.
- The amount and type of life and disability insurance you need.

## Personal Financial Data Form Introduction

Congratulations on taking the first step toward reaching your goals! It has been said, "a journey of a thousand miles begins with a single step." Completing this data form is your first step toward achieving your goals.

Before you begin you need to have a clear idea of where you are. This data form is designed to simplify, as much as possible, the gathering of your financial information. The analysis that comes from this data may provide the basis for making recommendations for specific investments and other financial tools that you may consider to help meet your family's needs and achieve your goals. This analysis can only be as accurate as the information you provide.

When entering amounts, use only whole dollar numbers. If you want additional information about a particular section please call the office, or write "Please Call" in the margin or "Notes" section and you will be contacted prior to your appointment. If you prefer, you may supply copies of statements in lieu of completing the corresponding sections. If there is not enough space in a section, please make a copy of the page and clearly indicate the attachment.

Information considered critical for completing the analysis is highlighted in gray.

FAMILY DATA							
First Name	M.I.	Last Name	Birth Date	Sex	Social Security No.	Smoker	
Client A			/ /			<input type="checkbox"/> Y <input type="checkbox"/> N	
Client B			/ /			<input type="checkbox"/> Y <input type="checkbox"/> N	
Home Address: Street							
City			State		Zip		
Home Phone: ( )				Home Fax: ( )			
Business Phone:							
Client A ( )				Client B ( )			
Business Fax:							
Client A ( )				Client B ( )			
E-Mail Address:							
Client A				Client B			

  

DEPENDENTS							
Name	Birth Date	Sex	Dependent of	College Choice*	Start Age	Years in School	% Cost You Must Pay
Children:	/ /		<input type="checkbox"/> A <input type="checkbox"/> B				
	/ /		<input type="checkbox"/> A <input type="checkbox"/> B				
	/ /		<input type="checkbox"/> A <input type="checkbox"/> B				
	/ /		<input type="checkbox"/> A <input type="checkbox"/> B				
	/ /		<input type="checkbox"/> A <input type="checkbox"/> B				
Others:	/ /		<input type="checkbox"/> A <input type="checkbox"/> B				
	/ /		<input type="checkbox"/> A <input type="checkbox"/> B				

\* **College Choice:** If a choice has not been made, simply enter the type of education planned (public or private) and the approximate cost for the dependent. If you do not want to fund college or education needs enter "None."

Notes:

  

OCCUPATION		
Occupation	Employer	Date Started
Client A		/ / <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed
Client B		/ / <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed
Notes:		

Please list all children and indicate if they are dependent.



➡ List annual income or attach W2's and paycheck stubs.  
If joint, use "Client A" column.

INCOME					
Source	Client A	Client B	Source	Client A	Client B
Salary & Wages .....	_____	_____	Social Security Benefits .....	_____	_____
Net Self-Employment .....	_____	_____	IRA/Keogh Withdrawals .....	_____	_____
Taxable Interest .....	_____	_____	Taxable Pension Income .....	_____	_____
Tax Exempt Interest .....	_____	_____	Taxable Annuity Income .....	_____	_____
Dividends .....	_____	_____	Non-taxable Income .....	_____	_____
Alimony Received .....	_____	_____	Tax-free Income .....	_____	_____
Capital Gains .....	_____	_____	Other .....	_____	_____
Rental Property Income .....	_____	_____	Other .....	_____	_____
Royalty Income .....	_____	_____	Other .....	_____	_____
Partnership Income .....	_____	_____	Other (non cash flow) .....	_____	_____
Income from Trusts .....	_____	_____	Expected Salary Increase .....	_____ %	_____ %
<b>Notes:</b> _____					

➡ List last year's annual tax information or attach Income Tax Return(s).

TAXES				
Information	Client A	Client B	Filing Status	
IRA Deduction .....	_____	_____	Client A .....	<input type="checkbox"/> Married/Joint <input type="checkbox"/> Single
Keogh/SEP Deduction .....	_____	_____		<input type="checkbox"/> Married/Separate <input type="checkbox"/> Head of Household
Qualified Plan Contributions (401k, Profit Sharing, etc.) .....	_____	_____	Client B .....	<input type="checkbox"/> Married/Joint <input type="checkbox"/> Single
(Section 457) .....	_____	_____		<input type="checkbox"/> Married/Separate <input type="checkbox"/> Head of Household
Alimony Paid .....	_____	_____	<b>Prior Year Taxes:</b>	
Other Adjustments .....	_____	_____	Federal Income .....	_____
Standard Deductions .....	<input type="checkbox"/>	<input type="checkbox"/>	State Income .....	_____
Itemized Deductions .....	_____	_____	Local income .....	_____
Tax Credits .....	_____	_____	FICA .....	_____
<b>Notes:</b> _____			Property .....	_____
			Other .....	_____

BUDGET			
	Monthly Amount		Monthly Amount
Food .....	_____	Automobile Expenses & Leases .....	_____
Medical/Dental .....	_____	Rent .....	_____
Entertainment .....	_____	Education Expenses .....	_____
Charity/Gift Giving .....	_____	Other .....	_____
Clothing .....	_____	Other .....	_____
Home Maintenance .....	_____	Other .....	_____
Utilities .....	_____	Total .....	_____
Business Expenses .....	_____	Additional Amount You Could Save .....	_____
<b>Notes:</b> _____			

## DEBTS/LIABILITIES

➡ List debts/liabilities other than real estate.

Description	Owner*	Original Amount	Original Date	Term	Current Balance	Payment Amount	Payments Remaining	Int. Rate	Insurance**
			/ /						
			/ /						
			/ /						
			/ /						
			/ /						

\* **Owner:** Enter the abbreviation that applies to the liability: **A**-Client A, **B**-Client B, or **C**-Joint.

\*\* **Insurance:** Enter **L** for Life Insurance, or **D** for Disability Insurance on this liability. If both, enter **LD**.

Notes: \_\_\_\_\_

## MONEY OWED YOU

Description	Owner*	Original Amount	Original Date	First Payment	Current Balance	Int. Rate	Payment Amount	Term
			/ /	/ /				
			/ /	/ /				
			/ /	/ /				
			/ /	/ /				
			/ /	/ /				

\* **Owner:** Enter the abbreviation that applies to the money owed you: **A**-Client A, **B**-Client B, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

Notes: \_\_\_\_\_

## ANTICIPATED FUTURE INCOME

➡ Include future income from trusts and inheritances.

Description	Amount	Rate of Increase	Taxable	Tax Basis	Lump or Annual	Start Year	End Year	Owner*	Spend %	Invest %
			<input type="checkbox"/> Y <input type="checkbox"/> N							
			<input type="checkbox"/> Y <input type="checkbox"/> N							
			<input type="checkbox"/> Y <input type="checkbox"/> N							
			<input type="checkbox"/> Y <input type="checkbox"/> N							
			<input type="checkbox"/> Y <input type="checkbox"/> N							

\* **Owner:** Enter the abbreviation that applies to the anticipated future income: **A**-Client A, **B**-Client B, or **J**-Joint Tenants.

Notes: \_\_\_\_\_

## RETIREMENT ASSUMPTIONS

Desired Monthly, After-Tax Retirement Income (in today's dollars) \_\_\_\_\_ %  
Average Annual Inflation Rate \_\_\_\_\_ %

Retirement Considerations	Client A	Client B		Client A	Client B
Planned Retirement Age .....			Are you eligible to participate in an employer-sponsored retirement plan?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you want Social Security included as a retirement income source? .....	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not Eligible <input type="checkbox"/> Reduced _____ %	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Not Eligible <input type="checkbox"/> Reduced _____ %	Are you a participant in the Federal Employees Retirement System or Railroad Retirement Plan?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Notes: \_\_\_\_\_



## RETIREMENT PLANS

Plan A Description: \_\_\_\_\_ Plan: \* \_\_\_\_\_ Owner: \*\* \_\_\_\_\_ Beneficiary: \*\* \_\_\_\_\_

Plan A Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %)	
					Client	Employer
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Plan B Description: \_\_\_\_\_ Plan: \* \_\_\_\_\_ Owner: \*\* \_\_\_\_\_ Beneficiary: \*\* \_\_\_\_\_

Plan B Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %)	
					Client	Employer
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Plan C Description: \_\_\_\_\_ Plan: \* \_\_\_\_\_ Owner: \*\* \_\_\_\_\_ Beneficiary: \*\* \_\_\_\_\_

Plan C Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %)	
					Client	Employer
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Plan D Description: \_\_\_\_\_ Plan: \* \_\_\_\_\_ Owner: \*\* \_\_\_\_\_ Beneficiary: \*\* \_\_\_\_\_

Plan D Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %)	
					Client	Employer
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Plan E Description: \_\_\_\_\_ Plan: \* \_\_\_\_\_ Owner: \*\* \_\_\_\_\_ Beneficiary: \*\* \_\_\_\_\_

Plan E Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %)	
					Client	Employer
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\* **Plan:** Enter the abbreviation that applies to **qualified plan type**: **I**-IRA, **K**-Keogh, **P**-Profit Sharing/401k, **S**-SEP-IRA/Simple, **T**-TSA/403b, **D**-Deferred Comp/457, **O**-Other, **R**-Roth IRA.

\*\* **Owner** and **Beneficiary:** Enter the abbreviation that applies to the **owner or beneficiary of this qualified plan**: **A**-Client A, **B**-Client B, **CHI**-Child, **CHA**-Charity, **O**-Other.

\*\*\* **Type:** Enter the abbreviation for **each holding in this retirement account**: **C**-Cash Holding, **B**-Bond, **S**-Stock, **M**-Mutual Fund, **U**-Unit Investment Trust, **LP**-Limited Partnership, **T**-Tangible Asset.

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Account  
information  
and  
holdings.

PENSIONS					
Description	Partici- pant*	Monthly Benefit	Increase %	Benefits Start at Age	Death Benefit**
					/ <input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly
					/ <input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly
					/ <input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly

\* **Participant:** Enter the client the pension applies to: **A**-Client A, **B**-Client B.

\*\* Indicate after amount if death benefit is a **L**-lump sum or **M**-monthly payment.

Notes: \_\_\_\_\_

\*\* Indicate after amount if death benefit is a **L**-lump sum or **M**-monthly payment.

Notes: \_\_\_\_\_

[illegible]

**\*\* Owner:** Enter the abbreviation that applies to the owner of these investment assets: **A**-Client A, **B**-Client B, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

Notes: \_\_\_\_\_

Circle your opinion: ① Strongly Disagree ② Disagree ③ Neutral ④ Agree ⑤ Strongly Agree

Statement	Opinion				
I am willing to hold my investments in my portfolio for at least five years. ....	1	2	3	4	5
It is important that I am able to convert my investments into cash on short notice. ....	1	2	3	4	5
I am concerned that inflation may erode the value of my investments. ....	1	2	3	4	5
I am comfortable holding onto an investment during market fluctuations in order to achieve long-term objectives. ....	1	2	3	4	5
I am uncomfortable with the possibility that my portfolio may lose value. ....	1	2	3	4	5
It is important that my portfolio earns the highest overall rate of return possible. ....	1	2	3	4	5
I do not need current income from my investments. ....	1	2	3	4	5
It is important that my portfolio generates the maximum amount of income possible. ....	1	2	3	4	5
I am most comfortable when my portfolio contains many different investments. ....	1	2	3	4	5
Tax-advantaged investments are very important to me. ....	1	2	3	4	5



➡ List annuities or attach statements.

## ANNUITIES

Company Name	Annuitant*	Type**	Owner*	Payout Amount	Cash Value	Total Return	Payout Type***	Beneficiary****	Annual Additions

\* **Owner** and **Annuitant**: Enter the abbreviation that applies to the **annuity**: **A**-Client A, **B**-Client B, **O**-Other, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

\*\* **Type**: Enter the abbreviation that applies to the **type of annuity**: **F**-Fixed, **V**-Variable.

\*\*\* **Payout Type**: Enter the abbreviation for the **type of annuity payouts**: **I**-Immediate, **D**-Deferred.

\*\*\*\* **Beneficiary**: Enter the abbreviation that applies to the **beneficiary**: **A**-Client A, **B**-Client B, **CHI**-Child, **CHA**-Charity, **O**-Other.

Notes: \_\_\_\_\_

## BUSINESS ASSETS

Description	Owner*	Value	Cost Basis	Cash Yield	Growth Rate

\* **Owner**: Enter the abbreviation that applies to the **business asset**: **A**-Client A, **B**-Client B, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

Notes: \_\_\_\_\_

## REAL ESTATE

### Section One: Property information

Description	Type*	Owner**	Purchase Price	Market Value	Improvements	Property Tax	Growth Rate	Cash Yield	Insurance***
A. _____									
B. _____									
C. _____									

\* **Type**: Enter an abbreviation for the **property type**: **P**-Primary, **S**-Secondary, **R**-Recreational, **I**-Investment, **RNT**-Rental, **O**-Other.

\*\* **Owner**: Enter the abbreviation that applies to the real estate: **A**-Client A, **B**-Client B, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

\*\*\* **Insurance**: Enter **L** for Life Insurance, or **D** for Disability Insurance on this property. If both enter **LD**.

Notes: \_\_\_\_\_

## REAL ESTATE

### Section Two: Mortgage information for properties listed above

	Original Amount	Payment Amount	Current Balance	Original Date	Monthly Payment	Term Years	Interest Rate	Type*
A. _____				/ /				
B. _____				/ /				
C. _____				/ /				

\* **Type**: Enter **A** for Adjustable, or **F** for fixed.

Notes: \_\_\_\_\_

☞  
List policies  
or attach  
statements.

## LIFE INSURANCE

Company Name	Insured *	Type **	Owner *	Death Benefit	Cash Value	Rate of Return	Premium	Mode ***	Loan Amount	Loan Rate	Beneficiary*

\* **Insured, Owner, and Beneficiary:** Enter the abbreviation that applies to the **life insurance policy**: **A**-Client A, **B**-Client B, **CHI**-Child, **CHA**-Charity, **O**-Other, **J**-Joint Tenants, **C**-Tenants-in-Common, **CP**-Community Property, **U**-UTMA Uniform Transfer to Minors Act, **T**-Trust.

\*\* **Type:** Enter the abbreviation that applies to the **type of insurance**: **GT**-Group Term, **T**-Term, **W**-Whole Life, **U**-Universal, **V**-Variable, **VU**-Variable Universal.

\*\*\* Enter an abbreviation for the **premium payment mode**: **A**-Annual, **S**-Semi-annual, **Q**-Quarterly, or **M**-Monthly.

Notes:

## OTHER INSURANCE

Type	Owner*	Premium	Mode **	Benefit	Annual Increase	Waiting Period	Max. Benefit Period
Disability .....							
Disability .....							
Long-Term Care .....							
Long-Term Care .....							
Other .....							
Other .....							
Auto Insurance .....							
Auto Insurance .....							
Home Owners .....							
Medical Insurance .....							

\* **Owner:** Enter the abbreviation that applies to the **insurance policy**: **A**-Client A, **B**-Client B

\*\* Enter an abbreviation for the **premium payment mode**: **A**-Annual, **S**-Semi-annual, **Q**-Quarterly, or **M**-Monthly.

Notes:

## GOALS

Name/Description	Amount Needed	Frequency*	First Payment	Number of Payments	Amount Saved
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

\* Enter an abbreviation for the **payment frequency**: **L**-Lump sum, **A**-Annual.

Notes:



## ESTATE PLANNING



Provide any information which will help in determining your estate taxes and life insurance needs

### Estate Planning Information

	Client A	Client B	Joint
Simple Will .....	____/____/____	____/____/____	
Durable Power of Attorney .....	____/____/____	____/____/____	
Lifetime Gifts .....	\$ _____	\$ _____	\$ _____
Value of Personal Property .....	\$ _____	\$ _____	\$ _____
Estimated Final Expenses .....	\$ _____	\$ _____	

Desired Monthly, After-Tax Survivor Income \$ \_\_\_\_\_. To use current budget information, check here. ☐

If you have varying survivor income objectives based upon family circumstances, enter details here:

Beginning Year	How Long	Explanation*	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Enter any additional information which may help in determining appropriate survivor income needs including person's name, specific ages, or events (include year).

Notes: \_\_\_\_\_

## ESTATE DISTRIBUTION

### Desired Estate Distribution

What provisions have you made for distributing your estate?

*Enter Values in the following fields as either Dollar Amounts or Percentages*

	Client A	Client B
Spouse .....	_____	_____
Qualified Terminable Interest Property (QTIP or QDOT) .....	_____	_____
Credit Shelter or Bypass Trust .....	_____	_____
Generation Skipping Trust .....	_____	_____

Does your will make any direct bequests?

To Family Members .....	_____	_____
To Other (non-family) .....	_____	_____
To Charity .....	_____	_____

Does your will make any additional bequests at the last death?

*Enter Values in the following fields as Dollar Amounts*

	Last Death
To Non-family (other) .....	_____
To Charity .....	_____

Notes: \_\_\_\_\_



Use this space to provide us with additional information or comments.

---

---

---

---

---

---

---

---

---

---