

Personal Financial Planner

Confidential Information

Name(s): _____

Date: _____ *Seminar Location:* _____

Your Personal Analysis Will Determine:

- Whether or not your assets are properly positioned for your goals and objectives.
- If your present method of savings and investment makes maximum use of your pretax and after-tax income.
- How much capital you will need for a comfortable retirement.
- The kind of savings and investments you will need to reach your goals and objectives.
- How much you should set aside each month for savings and investments.
- The 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 death.
- The amount and type of life and disability insurance you need.

Personal Financial Data Form – Introduction

The following data is strictly **confidential**. The information will be analyzed by Gary T. Richards, CFP or Todd Balber, CFP. The analysis might provide the basis for making recommendations for specific investments and other financial tools that you should consider to help you meet your family's needs and achieve your goals.

Instructions: When entering figures, use whole dollar amounts. Do not include cents. If you are unable to complete some sections or have questions, please call 847-454-0255 or write in the margin and your advisor will consult with you prior to developing your financial analysis.

Today's Date _____

Section 1. Family Data

PERSONAL DATA:		First Name	M.I.	Last Name	Sex	Birth Date	Age	Social Security	
Client A									
Client B									
Home Address:									
Street									
City			State			Zip			
Home Phone # 1 ()			Client A Business ()			Fax ()			
Client A Cell ()			Client B Business ()			Fax ()			
Client B Cell ()			Other Phone ()						
Email A:			Email B:						
Children*:	First Name	MI	Last	DOB	Age	Sex	Percentage of Parent Funding for College	Current Cost/Year	Amount Already Saved
* If you plan to have children, or additional children, please write "Planned".									

Section 2: Professional Information

Client A:				Client B:			
Occupation				Occupation			
Employer		Years		Employer		Years	
Check here if <input type="checkbox"/> Retired		<input type="checkbox"/> Self-Employed		Check here if <input type="checkbox"/> Retired		<input type="checkbox"/> Self-Employed	
Name/Firm				Telephone			
Accountant ()				Financial Planner ()			
Attorney ()							

Section 3: Retirement Information

MONTHLY INCOME DESIRED AT RETIREMENT ON AN AFTER TAX BASIS, IN TODAY'S DOLLARS:

Please list the income desired for retirement when both Client A and Client B are retired: \$

AVERAGE ANNUAL INFLATION RATE (if other than 3.5%) _____%.

RETIREMENT CONSIDERATIONS	Client A	Client B
Planned retirement age		
Already retired?	___ Yes ___ No	___ Yes ___ No
Do you want us to figure Social Security as part of your retirement benefits? (Please include copy of your Personal Earnings and Benefit Statement from the Social Security Office)	___ Yes ___ No ___ Not Eligible ___ Reduced Rate ___%	___ Yes ___ No ___ Not Eligible ___ Reduced Rate ___%
Are you a participant in the Federal Employee's Retirement Plan?	___ Yes ___ No	___ Yes ___ No
A life expectancy of 90 years is assumed for planning purposes. List an alternative age, if desired:		
Are you eligible to participate in an employer-sponsored retirement plan? Plan Type: 401k, 403b, 457 plan, Sep IRA, Simple, etc. If yes, what is your annual contribution? If yes, what is your company match?	___ Yes ___ No Plan Type _____ \$ _____ \$ _____	___ Yes ___ No Plan Type _____ \$ _____ \$ _____
IRA (Roth or Traditional) Annual Contribution	\$ _____	\$ _____
Annual Contributions to other Retirement Investments (i.e. Annuities)	\$ _____	\$ _____
Annual Contributions to Taxable Investments (For retirement only)	\$ _____	\$ _____

Section 4: Cash Reserves Detail

Investment Type Codes: CK= Checking Account; MI= Money Market Interest Account; MM= Money Market Funds; PS= Passbook Savings; TB= U.S. Treasury Bills

Name of Institution	Owner (A,B,Joint)	Investment Type Code	\$Current Balance	Interest Rate

Amount of Personal Property* You Own \$ _____

* Personal Property includes your autos, boats, antiques, heirlooms, jewelry, and collectables. **Not Home.** Personal Property should be listed at fair market value. All loans against personal property should be listed in the liability section. This is important for estate planning.

Additional Page Notes: It is important to provide your instructor with as much detailed information as possible. Each financial plan is **CUSTOMIZED** to your individual goals, objectives and needs. If additional space is needed please attach extra sheets.

Section 5: Investment Detail List all variable annuity and variable insurance information in Section 7.

Account Type Codes: If this investment is not held in a tax-deferred account such as those listed below then leave this column blank. FA = Fixed Annuity I = IRA K = Keogh P = Profit Sharing of 401(k) S = SEP-IRA T = TSA or 403(b)	U = Universal Life Insurance Policy Cash Value W = Whole Life Insurance Policy Cash Value	Investment Type Codes: CB = Corporate Bond CD = Certificate of Deposit F = Fixed Account GS = U.S. Treasury Notes & Bonds MB = Municipal Bond MF = Mutual Fund MM=Money Market Fund	OG = Oil & Gas Limited Partnership PS = Passbook Savings RE = Real Estate Limited Partnership S = Stock T = Tangible Assets TB= U.S. Treasury Bills TS = Other Tax Shelters
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Investment Name (i.e. ABC Mutual Fund)	Account Type Codes	Inv. Type Codes	Owner (A,B, Joint)	Current Value	Current Plan or Old Plan
PLEASE INCLUDE COPIES OF INVESTMENT STATEMENTS					

****It is preferred that you attach copies of your investment statements. If you are attaching statements please write in the above "name" column "see attached". If additional space is needed please attach extra sheets. It will be very difficult for your consultant to analyze your investment program without copies of your statements.**

Section 6: Present Life Insurance Type Codes: T = Term; U = Universal Life; V = Variable Life; W = Whole Life.

Insurance Company Name	Type	If -T Length of -T Left Yrs	Insured A,B or Child	Beneficiary A,B or Other	\$ Face Amount	\$ Annual Premium	\$ Cash Value	\$ Loans Against	Loan % Rate
A Tobacco Use Yes No	Group Term		Client A			(If Any)			
B Tobacco Use: Yes No	Group Term		Client B			(If Any)			

****It is preferred that you attach copies of your insurance statements. If you are attaching statements please write in the above "name" column "see attached". If additional space is needed please attach extra sheets. It will be very difficult for your consultant to analyze your insurance program without copies of your statements.**

Section 7: Variable Annuity and Variable Life Detail

Account Type Codes: VA = Variable Annuity; VL = Variable Life Insurance Cash Value
Sub account Type Codes: B = Bonds; F = Fixed Account; M = Money Market; R = Real Estate; S = Stocks

Insurance Company Name	Account Type Codes	Owner (A,B,other)	Beneficiary (A,B,other)	Contract or Cash Value Amount	Annual Return	Subaccount Type Codes	Name of Subaccount

****It is preferred that you attach copies of your insurance statements. If you are attaching statements please write in the above "name" column "see attached". If additional space is needed please attach extra sheets. It will be very difficult for your consultant to analyze your insurance program without copies of your statements.**

Section 8: Employer Monthly Benefit Pension Detail (Your employer can help you determine this information)

Owner (A or B)	Monthly Benefits Expected	Year to Start Benefits	Year to Finish Benefits	Rate of Increase (if any)	Death Benefit to Survivor (monthly)

If you have a lump sum payout please indicate in the "Monthly Benefits" column, the amount of the lump sum as well as the monthly benefit payment. Do not include lump sum payment in Section 5. Please include pension benefit statements.

Section 9: Money Owed to You

Owner (A,B or Joint)	Original Date	Interest	Current Balance	Monthly Payment

Section 10: Real Estate Portfolio Detail

Real Estate Type Code: PR = Primary Residence SR = Second Residence R = Recreation Property I = Investment Property O = Other	Mortgage Number: F = First S = Second	Credit Insurance: D = Disability Insurance L = Life Insurance B = Both Disability and Life Ins N = None
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Type	Owner A, B, or Joint	Market Value	Annual Property Tax	Term (Years)	Mortgage Balance	Monthly Payment	Interest Rate

Section 11: Liabilities Do not include real estate loans in this section. All real estate loans should be entered in Section 10.

Credit Insurance: D = Disability; L = Life; B = Both; N = None

Item or Co. Name	Original Date	Original Amount	Original Term	Balance	Interest Rate	Current Payment
Auto Loan 1						
Auto Loan 2						
Auto Loan 3						
Credit Card						
Credit Card						
Credit Card						
Line of Credit						
Student Loan						
Other						
Other						

Section 12: Income Data Detail

Present Income (Pretax Annual)	Client A	Client B		Client A	Client B
1. Salary/Wages and Bonus			8. Rental, Royalty, or Partnership Inc.		
2. Annual Salary Increase %			9. Income from Trusts		
3. Net Income from Self-Employment			10. Social Security Benefits		
4. Taxable Interest Income			11. IRA/Keogh/Distributions/Withdrawals		
5. Tax-Exempt Interest Income			12. Pension or Annuity Income		
6. Dividends			13. Other Income		
7. Capital Gains			14. TOTAL PRESENT INCOME	\$	\$

Do you anticipate any major changes to your income in the next two years? Yes No
If yes, explain:

Section 13: Income Tax Data (Please include copies of previous years taxes)

FILING STATUS: (Check One) Married/Joint Single Head of Household Married/Separate

1. Combined Total Present Income from Section 12, Line 14	\$	6. Nontaxable Income (Social Security benefits, tax-exempt interest, etc.)	
2. Traditional IRA Deduction	Client A \$	Client B \$	Total
3. Keogh/SEP Deduction	Client A \$	Client B \$	Total
4. 401k/403b Plan Contribution	Client A \$	Client B \$	Total
5. Cafeteria Plan Contribution	Client A \$	Client B \$	Total
7. Other Adjustments		8. Adjusted Gross Income (line 1 minus lines 2, 3, 4, 5, 6, 7)	
9. Itemized or Standard Deductions		10. Exemptions (#)	\$

FAMILY NET TAXABLE INCOME (Line 8 minus 9 & 10) \$ _____ Tax Credits \$ _____ Year _____

TOTAL TAXES PAID LAST YEAR: Year _____ Federal \$ _____ State \$ _____ FICA \$ _____

Please include copies of previous years taxes

Section 14: Anticipated Future Income

Description: B = Bonus; D = Deferred Compensation; E = Early Retirement/Severance Pay; I = Inheritance; L = Retirement Lump Sum Distribution; R = Royalty; S = Sale of Business; O = Other.

Frequency: O = One Time; R = Recurring. **Period:** M = Monthly; Y = Yearly.

Description	Owner (A, B, or Both)	Amount	Frequency	Period	Starting Year	Ending Year

Section 15: Additional Information

What was the reason for attending this financial planning/retirement class?

Are you happy with your current financial plan?

What would you consider to be the most important financial risk in your overall plan?

Are you and your spouse in good health?

What are your hobbies?

Section 16: Monthly Cash Flow

A. INVESTMENT PURPOSES <u>ONLY</u>	\$ Monthly	C. INSURANCE (continued)	\$ Monthly
1. Mutual Funds		18. Auto Insurance	
2. Stocks, Bonds, etc.		19. Other _____	
3. IRA/Keogh/403(b)		20. Total Insurance	
4. 401(k)/Profit Sharing Plan Contribution		D. STANDARD OF LIVING	
5. Annuities		21. Housing (mortgage payments or rent)	
6. Other		22. Automobile/Transportation (gas, maintenance, and payments)	
7. TOTAL SAVINGS & INVESTMENTS		23. Debt Repayment (credit cards, other loans, etc)	
B. TAXES		24. Food (home and work)	
8. Federal Income Taxes		25. Medical/Dental (uninsured or not paid by insurance)	
9. State Income Taxes		26. Entertainment/Recreation/Vacation	
10. FICA – Social Security		27. Education	
11. Property Taxes		28. Charity, Gifts	
12. Other _____		29. Clothing	
13. TOTAL TAXES		30. Home Maintenance/Furnishings	
C. INSURANCE		31. Utilities & Misc. Costs (Phone, dry cleaning, newspaper, etc.)	
14. Life Insurance		32. Un-reimbursed Employee Business Expenses	
15. Disability Insurance		33. Other _____	
16. Health/Dental Insurance		34. TOTAL STANDARD OF LIVING	
17. Homeowner's/Renter's Insurance		35. TOTAL MONTHLY BUDGET	

Section 17: Other Insurance

Existing Coverage	Insurance Company Name	Monthly Benefits	% Increase If Any	Waiting Period	Max. Benefit Period	Annual Premium
Disability Insurance Through Employer, Client A						
Disability Insurance Through Employer, Client B						
Personal Disability Insurance, Client A						
Personal Disability Insurance, Client B						
Long-Term Care Insurance, Client A						
Long-Term Care Insurance, Client B						

Section 18: Additional Information:

Section 19: Estate Planning

	Client A	Client B
Estate Planning strategies you use: (check all that apply)	Date Document Completed	Date Document Completed
Credit Shelter Trust		
Simple Will		
Durable Power of Attorney		
Buy-Sell Agreement		
Q-TIP Trust		
Annual Gifting (nontaxable)		
Charitable Trust		
Irrevocable Life Insurance Trust		
Revocable Living Trust		
Family Partnership		
Taxable Lifetime Gifts		
Other		
If you checked "Other," please explain:		
If you have a will, when did you last review it?		
If you have a trust, describe:		
Have you made taxable lifetime gifts? If so, how much?		

Section 20: Other Goals and Needs

1. Amount, if any (in today's dollars) for your estate at your natural life expectancy:	\$
2. Are any of your investment assets earmarked for any purposes other than retirement funding? If yes, please list. (Continue on Section 15, Additional Information, if necessary.)	
3. Do you have any assets that you do not wish to liquidate to fund retirement funding? If yes, please list. (Continue on Section 15, Additional Information, if necessary.)	
4. How much can you afford to save each month in addition to what you are saving now?	\$
5. The goal of financial analysis and investing is not simply to help you achieve financial independence at retirement. In many cases, a financial advisor can design a program for you, which takes into account special considerations of needs other than retirement income. For each goal you wish to achieve, please specify whether it is a short-term (less than three years), medium-term (three to seven years), or long-term (more than seven years) goal. Along with any goals you may have, please specify the amount in today's dollars you believe will be necessary to obtain this goal.	

If your specific goal is not listed, please include it on the blank lines at the end of the list.

	Short Term	Medium Term	Long Term		Short Term	Medium Term	Long Term
Purchase of home	\$	\$	\$	Other	\$	\$	\$
Purchase of vehicle	\$	\$	\$	Other	\$	\$	\$
Vacation/Trip	\$	\$	\$	Other	\$	\$	\$
Purchase of boat/plane	\$	\$	\$	Other	\$	\$	\$
Purchase of second home/ recreational property	\$	\$	\$	Other	\$	\$	\$
Purchase of recreational vehicle	\$	\$	\$	Other	\$	\$	\$
Home maintenance/remodeling Not covered in monthly budget	\$	\$	\$		\$	\$	\$
Home furnishings purchase	\$	\$	\$		\$	\$	\$
Medical expenses not covered by insurance	\$	\$	\$		\$	\$	\$
Start own business	\$	\$	\$		\$	\$	\$
Eliminate consumer debt	\$	\$	\$		\$	\$	\$
Adult education expenses	\$	\$	\$		\$	\$	\$