



Confidential Financial Inventory

In preparation for our meeting, please take a few moments to prepare a summary of your current finances by completing this confidential financial inventory. The following list should be helpful when gathering the pertinent information:

- Latest paycheck stubs
- All investment statements - bank and brokerage statements, including stocks, bonds, mutual funds, cash and annuities
- Latest employee benefit statements - including 401(k), 403(b), Deferred Compensation, and Employee Stock Purchase Plan
- Stock option and/or award statements (if applicable)
- Information on insurance policies - life, disability, automobile, home, long-term care, etc.
- Company benefits manual
- Liability statements - mortgages, loans, credit card balances, etc.
- Latest income tax return
- Copies of legal documents - including wills, trusts, prenuptial agreements, divorce decrees, etc.

Please bring the above materials to your first meeting and, if possible, please return the completed financial inventory four to five days prior to our meeting. This will provide us the opportunity to become more familiar with your current financial situation. Thank you!

Financial Goals and Objectives

Please take a moment to list and briefly describe your current financial goals:

Short Term Goals:

Goal(s): _____

Time Frame: _____

Funds Needed: _____

Intermediate Term Goals:

Goal(s): _____

Time Frame: _____

Funds Needed: _____

Long Term Goals:

Goal(s): _____

Time Frame: _____

Funds Needed: _____

How important to you are the following? Please rate each item:

(1 - very important, 4 - not important)

Reducing income taxes	1	2	3	4
Protection from inflation	1	2	3	4
Maximum investment growth potential	1	2	3	4
Current spendable income from assets	1	2	3	4
Understanding company benefits	1	2	3	4
Reducing investment risk	1	2	3	4
Liquidity (ability to convert assets to cash)	1	2	3	4

How concerned are you about the following? Please rate each item:

(1 - very concerned, 4 - not at all concerned)

Current asset allocation	1	2	3	4
Current cash flow	1	2	3	4
Overweighting of company stock	1	2	3	4
Current debt levels	1	2	3	4
Life insurance	1	2	3	4
Long term care insurance	1	2	3	4
Disability insurance	1	2	3	4

Investment and Planning Experience

Please indicate your level of investment experience for each category, using the following letters: None, Limited, Good, Extensive

Stocks _____ Bonds _____ Mutual Funds _____ Insurance _____ Annuities _____
Limited Partnerships _____ Stock Options _____ Other (please indicate) _____

1. How would you like to improve your financial situation?
2. How often do you check on or review your investment portfolio?
3. Have you worked with a financial planner, broker, or investment consultant before?
If so, what did you like about this relationship?

What could have been improved?

4. What would you expect from a relationship with a financial consultant?
5. How often do you want to meet, or have contact with your investment consultant?
6. Please provide us with any other information that you feel would be helpful for us to know before meeting with you.

RISK TOLERANCE QUESTIONNAIRE

Please answer the following questions to determine your Risk Tolerance.

1. How important is capital preservation?

1 2 3 4 5 6 7 8 9

Not at all

Moderately Important

Very Important

2. How important is growth?

1 2 3 4 5 6 7 8 9

Not at all

Moderately Important

Very Important

3. How important is low volatility?

1 2 3 4 5 6 7 8 9

Not at all

Moderately Important

Very Important

4. How important is inflation protection?

1 2 3 4 5 6 7 8 9

Not at all

Moderately Important

Very Important

5. How important is current cash flow?

1 2 3 4 5 6 7 8 9

Not at all

Moderately Important

Very Important

6. How much risk are you willing to take to achieve a higher return?

1 2 3 4 5 6 7 8 9

None at all

A Moderate Amount

A Lot

Your Personal Information

Personal Information	Client 1	Client 2
Name		
Preferred Name (nickname)		
Home Address		
Home Phone		
Email Address		
Birth Date		
Social Security Number		

Employment Information	Client 1	Client 2
Employment Status (employed, self-employed, retired)		
Occupation (if retired, previous occupation)		
Employer Name		
Employer Address		
Business Phone		
Email Address (work)		

Family Members- Include children and others whom rely on you for their financial support.

Name	Relationship to Client 1/ Client 2	Birthdate

Professional Contacts	Name	Phone Number
Accountant/CPA		
Attorney		
Other		

Clubs and Organizations- List any clubs or organizations that you are a member of.

1.
2.
3.
4.
5.

Your Assets

Personal Assets - Examples include residence, vacation home, automobiles, recreation vehicles, personal property, home furnishings, collectibles and antiques.

Description	Owner	Current Value	Purpose

Cash Assets - Examples include cash, checking and savings accounts, money market accounts, certificates of deposit.

Description	Owner	Current Value	Purpose

Rental/Business Assets - Examples include rental real estate.

Description	Owner	Current Value	Purpose

Fixed/Equity Assets - Other examples include stocks, bonds, mutual funds, commodities, limited partnerships, investment real estate, annuities, and 529 college savings plans.

Description	Owner	Current Value	Purpose

Your Assets (continued)

Retirement Assets - Other examples include IRAs.

Description	Owner	Current Value	Purpose

Your Liabilities

Liabilities, Loans, and Leases - Examples include mortgages and home equity loans on primary residence, auto loans, credit card accounts, investment loans, mortgages on other real estate, student loans, lines of credit, revolving credit, and other loans.

	Liability 1	Liability 2	Liability 3
Description			
Owner			
Lender/Leasor			
Interest Rate %			
Payment (principal + interest)			
Payment Frequency			
Original Balance			
Remaining Balance			
Type of Loan (fixed, interest, etc.)			
Original Term in Months			
	Liability 4	Liability 5	Liability 6
Description			
Owner			
Lender/Leasor			
Interest Rate %			
Payment (principal + interest)			
Payment Frequency			
Original Balance			
Remaining Balance			
Type of Loan (fixed, interest, etc.)			
Original Term in Months			
	Liability 7	Liability 8	Liability 9
Description			
Owner			
Lender/Leasor			
Interest Rate %			
Payment (principal + interest)			
Payment Frequency			
Original Balance			
Remaining Balance			
Type of Loan (fixed, interest, etc.)			
Original Term in Months			

Your Insurance Policies

Life Insurance	Policy 1	Policy 2	Policy 3
Description (universal life, variable life, whole life, term life)			
Insurance Company Name			
Death Benefit			
Person Insured			
Owner (if different from insured)			
Beneficiary			
Cash Value			
Premium Amount			
Payment Frequency			
	Policy 4	Policy 5	Policy 6
Description (universal life, variable life, whole life, term life)			
Insurance Company Name			
Death Benefit			
Person Insured			
Owner (if different from insured)			
Beneficiary			
Cash Value			
Premium Amount			
Payment Frequency			

Disability Income Insurance	Policy 1	Policy 2	Policy 3
Group or Individual			
Insurance Company Name			
Person Insured			
Wait Period (in days)			
Benefit Period (in years)			
Disability Benefit			
Benefit Frequency			
Premium Amount			
Payment Frequency			

Long Term Care Insurance	Policy 1	Policy 2	Policy 3
Insurance Company Name			
Person Insured			
Wait Period (in days)			
Benefit Period (in years)			
Long Term Care Benefit			
Benefit Frequency			
Premium Amount			
Payment Frequency			

Your Income

Earned Income	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Gross Salary/Wages				
Gross Bonus				
Self-Employment				
Other				
Other				
Other				

Investment Income	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Taxable Interest/Dividends				
Tax-Exempt Interest/Dividends				
Rental Real Estate				
Passive Income				
Other				
Other				

Current Retirement Income	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Pension				
Annuity Distribution				
IRA Distribution				
Social Security Benefit				
Other				
Other				

Other Income - Examples include alimony, child support, and trust income.				
	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Other				
Other				
Other				

Your Expenses

Income Taxes	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency
Federal Income Tax Withholding and/or Estimated Payments				
Local Income Tax Withholding and/or Estimated Payments				
FICA (Social Security)				

Systematic Savings Contributions - Other examples include payroll deductions, monthly bank authorizations, and regular investment savings.

Description	Client 1		Client 2	
	Amount	Frequency	Amount	Frequency

Retirement Plan Contributions - Other examples include IRA contributions and contributions to other qualified plans.

	Description	Contribution Amount	Frequency	Employer Match
Client 1				
Client 2				

Discretionary Expenses	Amount	Frequency
Cable TV		
Dining		
Dues		
Entertainment		
Gifts to Charities		
Gifts to Family and Others		
Hobbies		
Recreation		
Subscriptions (newspapers, magazines)		
Travel		
Other (pets, allowances, children's sports, etc.)		

Your Expenses (continued)

Committed Expenses	Amount	Frequency
Housing		
Mortgage Payments		
Rent		
Home/Rental Insurance Premium		
Real Estate Taxes		
Utilities (electric, fuel, water)		
Other (lawn, snow, etc.)		
Food, Clothing, Transportation		
Food/Groceries		
Clothing		
Auto Insurance Premium(s)		
Auto Loan Payment(s)		
Auto Maintenance (oil, fuel, tires)		
Vehicle Tax		
Other (tolls, bus, taxi)		
Other Committed Expenses		
Alimony		
Bank Charges		
Charge Account/Credit Card Payments		
Child Support		
Dependent Care		
Education Costs		
Home Improvements/Repairs		
Loan Payments (other)		
Medical Costs		
Other Deductibles		
Other Pre-Tax		
Prescriptions/Drugs		
Personal Care (hair care, dry cleaning, etc.)		
Disability Insurance Premiums		
Long Term Care Insurance Premiums		
Medical/Dental Insurance Premiums		
Umbrella Insurance Premiums		
Premiums (other)		
Telephone (local, long-distance, cellular)		
Employee Expenses Not Reimbursed		
Other		