

Client Planning Profile

Please complete this questionnaire and bring it to our meeting along with your most recent income tax return and any other documents you would like to discuss.

Privacy Statement

Self Worth Financial Planning, an independent financial planning and asset management firm, is committed to safeguarding the confidential information of our clients. We hold all personal information provided to our firm in the strictest confidence. These records include all personal information that we collect from you or receive from other firms in connection with any of the financial services provided by Self Worth Financial Planning. We also require other firms with whom we deal to restrict the use of your information.

PERSONAL INFORMATION

SPOUSE'S INFORMATION

Name _____

Name _____

Address _____

City _____

State _____

Zip _____

Birth Date _____

Birth Date _____

Please check preferred means of contact:

Home Phone ()

Work Phone ()

Fax Number ()

Cellular Number ()

Pager Number ()

E-mail _____

Work Phone ()

Fax Number ()

Cellular Number ()

Pager Number ()

E-mail _____

1. How did you hear about our firm?

Personal Referral: _____

Professional Referral: _____

Advertisement

Radio

Internet

Seminar

2. How many, if any, children and/or grandchildren do you have? Children _____ Grandchildren _____

3. Which of the following best describes your current employment/business status?

Currently employed

Business owner, partner or professional practice

Retired

Your

Occupation _____ Firm _____

Spouse's

Occupation _____ Firm _____

4. From which of the following, if any, do you receive income (**Check all that apply**)

Salary

Interest

Keogh

Social Security

IRA

Real Estate

Business Income

Dividends

Pension

Other _____

5. Which category includes your household's total **annual income** last year from all sources before taxes?

Under \$50,000

\$100,000 - \$150,000

\$200,000 - \$250,000

\$50,000 - \$100,000

\$150,000 - \$200,000

\$250,000 plus

6. How much **income taxes** were paid on the income indicated above? (**Include Federal and State**)

Under \$10,000

\$10,000 - \$25,000

\$25,000 - \$50,000

\$50,000 plus

7. Do you have any investments which provide you with tax savings? (Example: real estate, municipal bonds, tax credits)

Yes. Please specify: _____

No

THE FOLLOWING IS AN OVERVIEW OF COMMON FINANCIAL PLANNING TOPICS AND ISSUES OF CONCERN. PLEASE ANSWER ALL QUESTIONS AS BEST AS POSSIBLE.

| CASH MANAGEMENT | Yes | No | Not Sure |
|--|--------------------------|--------------------------|--------------------------|
| a. Do you keep an emergency reserve cash account? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you look to your cash accounts to generate yield for income? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is all the interest on your debt tax deductible? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are you considering refinancing your home(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| RISK MANAGEMENT | Yes | No | Not Sure |
|---|--------------------------|--------------------------|--------------------------|
| a. Do you have any health concerns? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you feel you are adequately insured in the following areas? | | | |
| 1. Long term health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Life Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Disability Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Home, Auto, Personal Liability (Umbrella) Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| RETIREMENT | Yes | No | Not Sure |
|---|--------------------------|--------------------------|--------------------------|
| a. Are you contributing to a retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you have stock options from your employer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you expect to retire within the next five years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you expect to have a pension? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. IF RETIRED: | | | |
| 1. Is your present income adequate to meet your monthly expenses? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you receiving a pension? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, will your pension continue to your spouse upon your death? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| INVESTMENTS | Yes | No | Not Sure |
|--|--------------------------|--------------------------|--------------------------|
| a. Are you comfortable with your current cash flow from all investments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you currently manage your own investments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are you satisfied with the rate of return on your investments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you worry about your investments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are you dissatisfied with any of your investments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are there any investments you believe may benefit you but are not currently in your portfolio? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Is your portfolio producing too much taxable income? (Refer to Line 8, 9 and 13 of your 1040 tax return) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Do you own any highly appreciated assets? Briefly describe (real estate, securities, cost basis, estimated current value, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| TAXES | Yes | No | Not Sure |
|--|--------------------------|--------------------------|--------------------------|
| a. Do you feel you are paying more than your fair share of Federal and State taxes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you utilizing any tax-advantaged investments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Will you be receiving a retirement plan lump sum distribution shortly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does your accountant/tax preparer do any tax planning with you each year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Only preparation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Both planning and preparation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ESTATE PLANNING

| | Yes | No | Not Sure |
|---|--------------------------|--------------------------|--------------------------|
| a. Do you have a will? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you have a revocable living trust? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you have a Power of Attorney? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If you had died yesterday, would your spouse/family have adequate income to maintain their standard of living? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do you have your life insurance structured so that the proceeds do not become part of the taxable estate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you reviewed your life insurance in the past two years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Is your estate structured to reduce probate and avoid unnecessary estate taxes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Do you make annual gifts (children, charities, church)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Do you expect to receive an inheritance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PRIORITIES FOR DISCUSSION

FINANCIAL PLANNING

- Retirement Planning
- Stock Options Planning
- Lowering Income Taxes
- College Funding
- Life Insurance
- Long-Term Health Care
- Reducing Loan Payments
- Other _____

ASSET MANAGEMENT

- Investment Portfolio Review
- Tax Efficient Investments
- Additional Income
- Real Estate Strategies
- Socially Responsible Investing
- Other _____

ESTATE PLANNING

- Living Trust
- Wealth Replacement Trust
- Tax Exempt Trust
- Gifting Strategies
- Family Partnership
- Private Family Foundations
- Charitable Giving
- Other _____

Which specific goals or objectives do you wish to discuss? _____

Have you worked with a financial planner in the past?

- Yes. If Yes, was the experience satisfactory at the time? Yes. No
- No

What precipitated your desire to seek out a financial advisor at this time? _____

Do you currently work with other financial advisors?

- Yes. If Yes: CFP CPA Attorney Banker Other _____
- No

What would you most like to achieve in your financial planning work with whomever you decide to work? _____

ESTIMATED PERSONAL NET WORTH

(USE BEST ESTIMATES)

CASH/CASH EQUIVALENTS:

CURRENT VALUE

| | |
|-------------------|--|
| Bank Checking | |
| Bank Savings | |
| Money Markets/CDs | |
| Other _____ | |

INVESTMENT ASSETS:

CURRENT VALUE

COST

| | CURRENT VALUE | COST |
|-------------------------------------|---------------|------|
| Individual Stocks | | |
| Individual Bonds | | |
| Mutual Funds | | |
| Stock Options | | |
| Limited Partnerships | | |
| Real Estate (not residence) | | |
| Business Interests | | |
| Education Savings Account/529 Plans | | |
| Annuities | | |
| Life Insurance (Cash Value) | | |
| Other _____ | | |

RETIREMENT:

| | | |
|--------------------------------|--|--|
| 401(k), 403(b), Profit Sharing | | |
| IRA - Traditional | | |
| Roth IRA | | |
| Other _____ | | |

PERSONAL:

CURRENT VALUE

DEBT AMOUNT

| | | |
|------------------------------|-----|----------------|
| Residence | | () |
| Auto(s) | | () |
| Personal Effects | | () |
| Furnishings | | () |
| Collections | | () |
| Credit Card Balance(s) | N/A | () |
| Life Insurance (Face Amount) | | () |
| Other _____ | | () |