

Personal Financial Data Form

Name: _____

Date: _____

Confidential

Important Documents Needed

- 2 years Federal Tax Returns
- TRS Statement*
- Current Check Stub*
- Copy of Will*
- Copy of Trust Documents
- Insurance (copy of life, home, car, umbrella, long term care, and disability insurance policies)*
- Investment Statements (TSA, 457, IRA, Savings, Brokerage, etc)*
- Copy of Benefits offered by employer
- Last Social Security Statement*
- Employment Contract

* Attach forms for you and spouse

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 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							
Personal 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: (____) _____							
				Client A		Client B	
Business Phone: (____) _____ (____) _____							
Business Fax: (____) _____ (____) _____							
E-Mail Address: _____							

Please list all children and indicate if they are dependent.

DEPENDENTS								
Children:	Name	Birth Date	Sex	Dependent?	College Choice*	Start Age	Years in School	% Cost You Must Pay
	_____	____/____/____	_____	<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	_____	_____	_____	_____
Dependent:	_____	____/____/____	_____	_____	_____	_____	_____	_____
Dependent:	_____	____/____/____	_____	_____	_____	_____	_____	_____

* College Choice Notes: 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."

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

INVESTMENT ATTITUDES

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

INCOME

List annual income or attach W2's and paycheck stubs.

If joint, use "Client A" column.

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	_____	_____
Income from Trusts	_____	_____	Expected Salary Increase	_____ %	_____ %

TAXES

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

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

DEBTS/LIABILITIES

List debts/liabilities other than real estate.

Description	Owner *	Original Amount	Original Date	Term	Current Balance	Payment Amount	Payments Remaining	Int. Rate	Insur-ance**
_____	_____	_____	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	_____	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	_____	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	_____	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	_____	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	_____	___/___/___	_____	_____	_____	_____	_____	_____

* 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**.

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 Universal Transfer to Minors Act, **T**–Trust.

ANTICIPATED FUTURE INCOME

Include future income from trusts and inheritances.

Description	Amount	Rate of Increase	Taxable Y / N	Tax Basis	Lump/ Annual	Start Year	End Year	Owner *	Spend %	Invest %
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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

RETIREMENT ASSUMPTIONS

Desired Monthly, After-Tax Retirement Income — in Today's Dollars _____

Average Annual Inflation Rate _____

Retirement Considerations	Client A	Client B
Planned Retirement Age _____	_____	_____
Do you want Social Security included as a retirement income source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Eligible <input type="checkbox"/> Reduced _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Eligible <input type="checkbox"/> Reduced _____ %
Are you eligible to participate in an employer-sponsored retirement plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a participant in the Federal Employees Retirement System or Railroad Retirement Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assumed Life Expectancy (<i>If other than 85</i>)	_____	_____

RETIREMENT PLANS

Account information and holdings.

Plan A Description: _____				Plan:*	Owner:**
Plan A Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %)
					<i>Client</i> <i>Employer</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Plan B Description: _____				Plan:*	Owner:**
Plan B Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %)
					<i>Client</i> <i>Employer</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Plan C Description: _____				Plan:*	Owner:**
Plan C Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %)
					<i>Client</i> <i>Employer</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Plan D Description: _____				Plan:*	Owner:**
Plan D Investments	Type ***	Value	Total Return	Cash Yield	Annual Additions (indicate \$ or %)
					<i>Client</i> <i>Employer</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* 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: Enter the abbreviation that applies to the owner of this qualified plan: **A**—Client A, **B**—Client B.

*** 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.

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 Universal Transfer to Minors Act, **T**–Trust.

REAL ESTATE

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 Universal Transfer to Minors Act, **T**–Trust.
 *** Insurance: Enter **L** for Life Insurance, or **D** for Disability Insurance on this property. If both enter **LD**.

REAL ESTATE

Mortgage information.

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

* Enter an abbreviation for the payment mode: **A**–Annual, **S**–Semi-annual, **Q**–Quarterly, or **M**–Monthly.
 ** Type: Enter **A** for Adjustable, or **F** for fixed.

LIFE INSURANCE

List policies or attach statements.

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, **O**–Other, **J**–Joint Tenants, **C**–Tenants-in-Common, **CP**–Community Property, **U**–UTMA Universal 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.

