



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	Smoker	Occupation
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: (_____) _____						
Business Phone:						
Client A (_____) _____			Client B (_____) _____			
DEPENDENTS						
First Name	M.I.	Last Name	Birth Date	Sex		
_____	_____	_____	/ /	_____		
_____	_____	_____	/ /	_____		
_____	_____	_____	/ /	_____		
_____	_____	_____	/ /	_____		
Notes: _____						

RETIREMENT ASSUMPTIONS						
Desired Monthly, After-Tax Retirement Income (in today's dollars)						
Average Annual Inflation Rate						
Retirement Considerations: Client A						
Planned Retirement Age						
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"/> Use PIA \$ _____						
Expected Monthly Pension Benefit						
Assumed Life Expectancy (if other than 85)						
Retirement Considerations: Client B						
Planned Retirement Age						
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"/> Use PIA \$ _____						
Expected Monthly Pension Benefit						
Assumed Life Expectancy (if other than 85)						
Notes: _____						

RETIREMENT PLANS

Account information and holdings.

Client A Plan Description: _____ Plan Type:* _____

Investments: Type **	Description	Value	Total Return	Annual Additions (indicate \$ or %)	
				Client	Employer
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Client B Plan Description: _____ Plan Type:* _____

Investments: Type **	Description	Value	Total Return	Annual Additions (indicate \$ or %)	
				Client	Employer
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

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

Notes: _____

INVESTMENT ASSETS

List all investment assets or attach statements.

Type *	Name/Description	Owner **	Value	Total Return	Annual Additions
C	Checking Account	_____	_____	_____	_____
C	Money Market	C	_____	_____	_____
C	Savings	C	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* **Type:** Enter the abbreviation for each **investment asset**: **S**-Stock, **B**-Bond, **M**-Mutual Fund, **C**-Cash Holding, **CD**-Certificate of Deposit **LP**-Limited Partnership, **T**-Tangible Asset, **U**-Unit Investment Trust.

** **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: _____

REAL ESTATE

Description	Market Value	Mortgage			Second			Personal Property
		Balance	Payment	Int. Rate	Balance	Payment	Int. Rate	
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Notes: _____

LIFE INSURANCE

Type *	Description	Insured **	Death Benefit	Cash Value	Rate of Return
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

** **Insured:** Enter the abbreviation that applies to the **life insurance policy**: **A**-Client A, **B**-Client B, **C**-Child.

Notes: _____

ANNUITIES

Type *	Description	Annu- tant**	Monthly Payout	Cash Value	Rate of Return
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* **Type:** Enter the abbreviation that applies to the **type of annuity**: **FD**-Fixed Deferred, **FI**-Fixed Immediate, **VD**-Variable Deferred, **VI**-Variable Immediate.

** **Annuitant:** Enter the abbreviation that applies: **A**-Client A, **B**-Client B, **O**-Other.

Notes: _____

INCOME

TAXES

Source	Client A	Client B	Source	Client A	Client B
Salary & Wages	_____	_____	IRA Deduction	_____	_____
Net Self-Employment	_____	_____	Qualified Plan Contribution	_____	_____
Social Security Benefits	_____	_____	Other Adjustments	_____	_____
Taxable Pension Income	_____	_____	Standardized/Itemized Deductions	_____	_____
Other	_____	_____	Tax Credits	_____	_____

Notes: _____

BUDGET

	Monthly Amount	Monthly Amount
Debts/Liabilities (other than Mortgage, ie. credit cards, loans)	_____	_____
Food	_____	Unreimbursed Business Expenses
Medical/Dental	_____	Automobile Expenses & Leases
Entertainment/Recreational	_____	Rent
Charity/Gift Giving	_____	Education Expenses
Clothing	_____	Total Insurance
Home Maintenance/Furnishings	_____	Other
Utilities & Miscellaneous Costs	_____	

Notes: _____

➡ List annual income and last year's tax information.