
Confidential Personal Planning Profile

Contents

	Page
Personal and Family Information	1
Residence/Real Estate Information	2
Employment/Income Information	3
Financial Information	4
Benefit Survey	5
Insurance Survey	6
Professional Advice	7
Personal Planning Priorities	
Survivor Cash Needs	8
Survivor Income Needs	9
Education Funding	10
Disability Income Analysis	11
Retirement Analysis	12
Wealth Accumulation Analysis	13
Business Ownership Information	14
Document Checklist	15

Prepared for: _____

Prepared by: _____

Date: _____

Personal and Family Information

Personal Information		
	Client	Spouse
Name:	_____	_____
Date of Birth:	____/____/____	____/____/____
Social Security No.:	_____	_____
Home Phone:	_____	_____
E-Mail Address:	_____	_____

Dependent Information				
	Name	Sex	Date of Birth	Relationship
1.	_____	_____	____/____/____	_____
2.	_____	_____	____/____/____	_____
3.	_____	_____	____/____/____	_____
4.	_____	_____	____/____/____	_____
5.	_____	_____	____/____/____	_____
6.	_____	_____	____/____/____	_____

Wills and Trusts		
	Client	Spouse
Date of Will:	_____	_____
Date Last Reviewed:	_____	_____
Executor:	_____	_____
Provisions:	_____	_____
Date of Trust:	_____	_____
Type:	_____	_____
Trustee:	_____	_____
Purpose:	_____	_____
Who is the legal guardian for the children? _____		

Residence and Real Estate Information

Primary Residence			
Street Address: _____			
City, State, Zip: _____			
Do You:			
<input type="radio"/> Own? ⇒	Estimated Value \$ _____	Mortgage Payment \$ _____	Mortgage Balance \$ _____
<input type="radio"/> Rent? ⇒	Monthly Rent \$ _____	Do You Have Plans to Buy a Home in the Next Three Years? <input type="checkbox"/> Yes ⇒ Amount Saved: \$ _____ <input type="checkbox"/> No	

Vacation Home		
Street Address: _____		
City, State, Zip: _____		
Estimated Value \$ _____	Mortgage Payment \$ _____	Mortgage Balance \$ _____

Investment Real Estate			
Description	Estimated Value	Loan Payment	Loan Balance
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____

Employment and Income Information

Employment Information		
	Client	Spouse
Occupation:	_____	_____
Employer:	_____	_____
Street Address:	_____	_____
	_____	_____
City, State, Zip:	_____	_____
Phone Number:	_____	_____
Fax Number:	_____	_____
E-Mail Address:	_____	_____

Earned Income Information				
	Client		Spouse	
	Monthly	Annual	Monthly	Annual
Salary/Wages:	\$ _____	\$ _____	\$ _____	\$ _____
Bonuses:	\$ _____	\$ _____	\$ _____	\$ _____
Commissions:	\$ _____	\$ _____	\$ _____	\$ _____
Expected Salary Growth Rate:	_____ % per year		_____ % per year	

Other Income Information				
	Client		Spouse	
	Monthly	Annual	Monthly	Annual
Taxable:	\$ _____	\$ _____	\$ _____	\$ _____
Non-Taxable:	\$ _____	\$ _____	\$ _____	\$ _____

Income Tax Information		
	Client	Spouse
Federal Income Tax Rate:	_____ %	_____ %
State Income Tax Rate:	_____ %	_____ %
Self-Employed?:	_____	_____

Financial Information

Assets		
	Market Value (Client)	Market Value (Spouse)
Checking Accounts	\$ _____	\$ _____
Savings Accounts	_____	_____
CDs	_____	_____
U.S. Savings Bonds	_____	_____
Mutual Funds	_____	_____
Stocks/Bonds	_____	_____
Limited Partnerships	_____	_____
Residence(s)	_____	_____
Investment Real Estate	_____	_____
Life Insurance Cash Values	_____	_____
Annuities	_____	_____
IRAs	_____	_____
Qualified Retirement Plans (vested)	_____	_____
Business Interests	_____	_____
Collectibles	_____	_____
Automobiles	_____	_____
Personal Property	_____	_____
Other: _____	_____	_____
TOTAL	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	

Liabilities		
	Monthly Payment	Balance
Mortgage(s)	\$ _____	\$ _____
Other Real Estate Loans	_____	_____
Home Equity Loans	_____	_____
Auto Loans	_____	_____
Education Loans	_____	_____
Installment Loans	_____	_____
Charge Accounts	_____	_____
Credit Cards	_____	_____
Personal Credit Line	_____	_____
Business Debt	_____	_____
Other: _____	_____	_____
TOTAL LIABILITIES	\$ _____	\$ _____

Balance Sheet	
Total Assets	\$ _____
Total Liabilities	- _____
NET WORTH	\$ _____

Benefit Survey

Current Employee Benefit Plan Information		
Check employee benefits that apply to:	Client	Spouse
Group Life Insurance:	_____	_____
Group Health Care Insurance:	_____	_____
Disability Income/Salary Continuation:	_____	_____
Pension Plan:	_____	_____
Profit-Sharing Plan:	_____	_____
401(k) Plan:	_____	_____
SEP Plan:	_____	_____
Tax-Deferred Annuity:	_____	_____
Cafeteria Plan:	_____	_____
Deferred Compensation Plan:	_____	_____
Other: _____	_____	_____

IRA Information		
	Client	Spouse
<input type="radio"/> Regular IRA:		
Annual Contribution:	\$ _____	\$ _____
Total Accumulation:	\$ _____	\$ _____
Tax Deductible?:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Roth IRA:		
Annual Contribution:	\$ _____	\$ _____
Total Accumulation:	\$ _____	\$ _____

Insurance Survey

Life Insurance Information						
Client	Company	Policy Type	Policy Date	Face Amount	Annual Premium	Beneficiary
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
	Totals			\$	\$	
Spouse	Company	Policy Type	Policy Date	Face Amount	Annual Premium	Beneficiary
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
	Totals			\$	\$	

Disability Income Insurance Information						
Client	Company	Annual Premium	Monthly Benefit	Waiting Period	Benefit Period	Group or Individual
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
	Totals		\$	\$		
Spouse	Company	Annual Premium	Monthly Benefit	Waiting Period	Benefit Period	Group or Individual
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
	Totals		\$	\$		

Professional Advice

Professional Advisors	
Attorney:	_____
Firm Name:	_____ Phone: _____
Street Address:	_____
City, State, Zip:	_____
Accountant:	_____
Firm Name:	_____ Phone: _____
Street Address:	_____
City, State, Zip:	_____
Life Insurance Agent:	_____
Firm Name:	_____ Phone: _____
Street Address:	_____
City, State, Zip:	_____
P&C Insurance Agent:	_____
Firm Name:	_____ Phone: _____
Street Address:	_____
City, State, Zip:	_____
Stockbroker:	_____
Firm Name:	_____ Phone: _____
Street Address:	_____
City, State, Zip:	_____
Financial Planner:	_____
Firm Name:	_____ Phone: _____
Street Address:	_____
City, State, Zip:	_____
Trust Officer:	_____
Firm Name:	_____ Phone: _____
Street Address:	_____
City, State, Zip:	_____
With whom do you consult before making a financial decision? _____	

**Personal Planning Priority:
Survivor Cash Needs**

Cash Needs		
	At Client's Death	At Spouse's Death
Final Expense Fund ➤ Medical Expenses ➤ Funeral Expenses ➤ Debt Liquidation ➤ Estate Settlement Costs ➤ Federal and State Death Taxes ➤ Bequests	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Housing Fund ➤ Mortgage Liquidation; or ➤ Rent Payment Fund	\$ _____ \$ _____ per mo.	\$ _____ \$ _____ per mo.
Education Fund ➤ Per Child Funding; or ➤ Lump Sum Funding	\$ _____ per child \$ _____	\$ _____ per child \$ _____
Emergency Fund	\$ _____	\$ _____
Personal Services Fund ➤ Child Care ➤ Household Duties ➤ Home and Yard Maintenance	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____

Sources of Cash		
	At Client's Death	At Spouse's Death
Liquid Assets	\$ _____	\$ _____
Existing Life Insurance	\$ _____	\$ _____

**Personal Planning Priority:
Education Funding**

Education Fund Objectives				
Child's Name	Age Funding to Begin	Years of Funding	Annual Education Costs	Any Current Per Child Savings *
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
* Alternatively, Current Family Education Fund Balance				\$ _____

Planning Assumptions	
Assumed Rate of Return on Invested Capital	_____ %
Assumed Education Cost Inflation Rate	_____ %

Personal Planning Priority: Disability Income Analysis

Disability Income Objectives		
	Client	Spouse
Monthly Disability Income Objective: OR Disability Income Replacement Percentage:	\$ _____ _____ %	\$ _____ _____ %

Sources of Disability Income: Client	
Monthly Short-Term Disability Income Benefit:	\$ _____
Monthly Long-Term Disability Income Benefit: Waiting Period: <input type="radio"/> less than 6 months <input type="radio"/> 6 months or more	\$ _____
Other Monthly Disability Income: Waiting Period: <input type="radio"/> in the first 6 months only <input type="radio"/> after 6 months only <input type="radio"/> Both	\$ _____

Sources of Disability Income: Spouse	
Monthly Short-Term Disability Income Benefit:	\$ _____
Monthly Long-Term Disability Income Benefit: Waiting Period: <input type="radio"/> less than 6 months <input type="radio"/> 6 months or more	\$ _____
Other Monthly Disability Income: Waiting Period: <input type="radio"/> in the first 6 months only <input type="radio"/> after 6 months only <input type="radio"/> Both	\$ _____

Planning Assumptions		
	Client	Spouse
Covered by Social Security?:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Social Security Benefit to Include in Analysis?	<input type="radio"/> 100% <input type="radio"/> 50% <input type="radio"/> 0%	
Assumed Rate of Return on Invested Capital: _____ %		

Personal Planning Priority: Retirement Analysis

Retirement Income Objective		
Planned Retirement Age:	Client _____	Spouse _____
Annual Retirement Income Objective:		\$ _____

Sources of Retirement Income		
Annual Income from:	to Client	to Spouse
Government-Provided Sources:		
➤ Civil Service Benefits	\$ _____	\$ _____
➤ Veterans Benefits	\$ _____	\$ _____
➤ Other Benefits	\$ _____	\$ _____
Employer-Provided Defined Benefit Plan(s):	\$ _____	\$ _____
Personal Retirement Income Sources:		
➤ Investment Income	\$ _____	\$ _____
➤ Other Personal Sources	\$ _____	\$ _____

Current Retirement Savings		
	Client	Spouse
All Defined Contribution Plans:		
➤ Total Present Value	\$ _____	\$ _____
➤ Total Planned Annual Contributions	\$ _____	\$ _____
Personal Retirement Savings:		
➤ Present Value	\$ _____	\$ _____
➤ Planned Annual Savings	\$ _____	\$ _____

Planning Assumptions		
	Client	Spouse
Covered by Social Security?:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Social Security Benefit to Include in Analysis?	<input type="radio"/> 100% <input type="radio"/> 50% <input type="radio"/> 0%	
Assumed PRE-Retirement Rate of Return on Invested Capital: _____%		
Assumed POST-Retirement Rate of Return on Invested Capital: _____%		
Assumed Retirement Planning Inflation Rate: _____%		

Personal Planning Priority: Wealth Accumulation Analysis

Lump Sum Wealth Accumulation Objectives				
Lump Sum Objective	Amount of Lump Sum Needed	Needed in	Amount Currently Available	Assumed Rate of Return
1. _____	\$ _____	____ years	\$ _____	____ %
2. _____	\$ _____	____ years	\$ _____	____ %
3. _____	\$ _____	____ years	\$ _____	____ %
4. _____	\$ _____	____ years	\$ _____	____ %

Systematic Savings Wealth Accumulation Objectives				
Systematic Savings Objective	Amount of Annual Deposit	Amount Already Saved	Value in	Assumed Rate of Return
1. _____	\$ _____	\$ _____	____ years	____ %
2. _____	\$ _____	\$ _____	____ years	____ %
3. _____	\$ _____	\$ _____	____ years	____ %
4. _____	\$ _____	\$ _____	____ years	____ %

Systematic Savings Wealth Accumulation Objectives
Which Statement Best Describes the Client's Tolerance for Investment Risk?
<input type="radio"/> Willing to accept reduced growth potential in return for preservation of principal (<i>low risk tolerance</i>).
<input type="radio"/> Willing to accept some risk of loss of principal in return for moderate growth potential (<i>moderate risk tolerance</i>).
<input type="radio"/> Willing to accept higher risk of loss of principal in return for higher growth potential (<i>high risk tolerance</i>).

Business Ownership Information
(To Be Completed by Business Owners Only)

Business Information
Name of Business: _____
Street Address: _____
City, State, Zip: _____
Business Phone Number: _____
Business Fax Number: _____
Business E-Mail Address: _____

Ownership Information
Type of Business: <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> S-Corporation <input type="radio"/> Professional Corporation <input type="radio"/> Limited Liability Company
Percent of Ownership: _____% Estimated Value: \$_____
Is there a business continuation agreement in effect? <input type="radio"/> Yes <input type="radio"/> No
Are there other business planning needs? <input type="radio"/> Yes <input type="radio"/> No
_____ _____ _____

Document Checklist

Legal Documents		
	Client	Spouse
Will	_____	_____
Trust	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

Employee Benefit Booklets		
	Client	Spouse
Pension and/or Profit-Sharing Plan	_____	_____
401(k) Plan	_____	_____
Group Insurance	_____	_____
Disability Insurance	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

Insurance Policies			
Client		Spouse	
Company	Policy Number	Company	Policy Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Received by: _____ Date: _____