

Leverage Planners

Financial Planning and Wealth Management

**Confidential Personal
Financial Profile**

Date Completed: _____

	Name	Age	Life Expectancy	Date of Birth	Social Security #
Client 1				/ /	- -
Client 2				/ /	- -
Children & Dependents				/ /	- -
				/ /	- -
				/ /	- -

Home Address			Home Phone	() -
			Home Fax #	() -
Email				

	Client 1	Client 2
OCCUPATION	# of Years	# of Years
Business Name		
Business Address		
Business Phone	() -	
Fax Number	() -	
Email		
Retirement Age		

Miscellaneous Information:

Marriage Date	/ /	Insurance Agent	
Referral Source		Stockbroker	
# of Years in Current Home		CPA	
Client 1: US Citizen	Yes No	Attorney	
Client 2: US Citizen	Yes No	Other Advisor	

CONFIDENTIAL

Data Gathering is the first important step in financial planning process and proper data gathering is required per the Practice Standards of the CFP Board. Unless required by law, information provided in this profile will not be released without client consent.

CURRENT ANNUAL INCOME

	Client 1	Increase rate/yr	Client 2	Increase rate/yr
Salary (Gross)				
Bonus				
Net Business Income (Loss)				
Dividends / Interest				
Social Security				
Net Rental Prop. Income (Loss)				
Gifts				
Retirement Income*				
Other				
Total Gross Income				

*If pension income please describe any survivorship options below.

RESIDENCE - ONLY IF PLANNING TO SELL

ASSET
Current Residence Market Value
Original Cost+Improvements
Client Age at Sale
Sales Costs (% of sale price)
Cost of Replacement Home
New Mortgage (% of replacement home price)
Interest Rate on New Mort. Loan
Number of Years for New Loan

Res.#1	Res.#2

CASH FLOW WORK SHEET

Year	(enter here)		
Monthly Income			
	Last Year	Current Year	Retirement Projection
Wages, salary, tips			
Cash dividends			
Interest received			
Social Security income			
Pension income			
Rents, royalties			
Other income			
Total Monthly Income	\$0.00	\$0.00	\$0.00

Variable Monthly Expenses			
	Last Year	Current Year	Retirement Projection
Electricity			
Gas			
Telephone			
Water			
Cable TV			
Home repairs and maintenance			
Home improvements			
Food			
Clothing			
Laundry			
Child care			
Personal care			
Automobile gas & oil			
Automobile repairs, etc.			
Other transportation			
Education expenses			
Entertainment/dining			
Recreation/travel			
Club/association dues			
Hobbies			
Gifts / Donations			
Unreimbursed medical, and dental expenses			
Miscellaneous			
Total Variable Expenses	\$0.00	\$0.00	\$0.00

Fixed Monthly Expenses			
	Last Year	Current Year	Retirement Projection
Mortgage payment or rent			
2nd home mortgage			
Automobile note			
Personal loans			
Credit cards			
Life insurance			
Disability insurance			
Medical insurance			
Long-term care insurance			
Homeowner's insurance			
Automobile insurance			
Umbrella liability insurance			
Federal income taxes			
State income taxes			
FICA			
Real estate taxes			
Other taxes			
Savings (regularly)			
Investments (regularly)			
Retirement Plan Contributions			
Total Fixed Expenses	\$0.00	\$0.00	\$0.00

Net Cash Flow			
	Last Year	Current Year	Retirement Projection
Total monthly income	\$0.00	\$0.00	\$0.00
Total fixed expenses	\$0.00	\$0.00	\$0.00
Total variable expenses	\$0.00	\$0.00	\$0.00
Discretionary Income (Income - Expenses)	\$0.00	\$0.00	\$0.00

INSURANCE SUMMARY

LIFE INS. CO.	Type Term/Perm	Insured	Annual Premium	Policy Face Amount	Current Cash Value	Cash Value Retirement	at Present Loan Balance	Smoker Y/N

DISABILITY INS. CO.	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until ?	Residual Benefits Y/N?

Do you carry Business Overhead Expense Insurance (Y/N)?

HEALTH INS. CO.	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until ?	Residual Benefits Y/N?

LONG TERM CARE	Insured	Daily Benefit	Inflation Rider Y/N	Group or Individual	Waiting Period	Premium & Frequency	Benefits Period (Yrs)	At Home Benefit %

AUTO INS. CO.	Insured	Liability Limit I.e.100/300	Deductible	Uninsured Limit 100/300
#1				
#2				
Other				

Towing	Yes	No
Stacking*	Yes	No
Umbrella Policy	Yes	No

Do you have umbrella liability insurance? Yes / No **Amt. Coverage** _____ Premium _____

Do you have a termite bond? Yes / No If yes, company _____ Premium _____

Home Ins. Company _____

Deductible \$ _____ Liability Limit \$ _____

Replacement Value Yes / No _____

* Stacking - combing the uninsured motorist limits for two related insureds in one policy

ASSETS	APPROXIMATE CURRENT VALUE	OWNER (ACCOUNT TITLE)	Taxation Type	Annual Income Received	Annual Growth % Rate
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T=Taxable
 F=Tax Free
 D=Tax Deferred
 E=Equity
 Q=Qualified

Liquid Assets	Checking	\$			
	Savings	\$			
	Money Markets	\$			
	CD's (mature date _____)	\$			
	CD's (mature date _____)	\$			
	Bonds	\$			
	Bond Mutual Funds	\$			
	Stocks	\$			
	Stock Mutual Funds	\$			
	REITs	\$			
	Other (_____)	\$			
	Other (_____)	\$			
Fixed Annuities		\$			
Cash Value Life Insurance		\$			
Variable Annuities		\$			
Mortgages/Notes Receivable		\$			
Seperately Managed Accounts (wraps)		\$			
Real Estate Holdings (not including your home)		\$			
Other Investments (not including your home)		\$			
Limited Partnerships		\$			
Business Ownership		\$			
IRA - Client 1	/				
Company/Client Contributions Annual					
IRA - Client 2	/				
Company/Client Contributions Annual					
Retirement Plan Client 1					
Vested Amount					
Retirement Plan Client 2					
Vested Amount					

Please Describe: _____

	Value
Personal Residence(s)	
Personal Property	
Auto 1	
Auto 2	
Furniture	
Jewelry/Art	
Other	
TOTAL ASSETS	

LIABILITIES

1st Mortgage (Int.Rate _____)	
Date of Origin _____ Term _____	
Monthly Pmt. (Prin.+Int. only)	
2nd Mortgage (Int.Rate _____)	
Date of Origin _____ Term _____	
Monthly Pmt. (Prin.+Int. only)	
Home Equity Line	
Int. Rate _____	
Credit Cards	
Credit Cards	
Notes Payable	
Automobile Loans	
Margin Account Balance	
Future Obligations	
Other	
TOTAL LIABILITIES	

NET WORTH

Total Assets	
Total Liabilities	
NET WORTH	

Estate Planning Documentation

	<u>Client 1</u>		<u>Client 2</u>	
	*Name/Date	Attorney	*Name/Date	Attorney
Will				
Executor				
Power of Attorney				
To Whom Delegated				
Florida Health Care Surrogate				
To Whom Delegated				
Living Will				
Living Trust				
Name of Trust				
Trustee(s)				
Successor Trustee(s)				

Are your assets retitled to Trust? Yes / No

Are beneficiary designations consistent with latest estate planning documents? Yes / No

Life Insurance Trust				

Life Ins ownership changed to Trust? Yes / No

Is your attorney the same for all documents? Yes / No

Where are your original estate planning documents stored?

Tax Data

Tax Filing Status: (Check one)

Head of Household: _____ Single: _____ Married Joint: _____
 Married Seperate: _____

Other Tax Adjustments:

Self employment medical ins premiums (Total Amt/Increase Rate)	\$ _____	_____ %
Alimony - Payable to Age: _____ Amount/Increase Rate	\$ _____	_____ %
Child Support - Payable to Age: _____ Amount/Increase Rate	\$ _____	_____ %

*Name/Date - Please use which ever one may apply

EDUCATION GOALS

Name of Individual (Current Grade)	Dates in Private School K-12	Est. Total Expenses/Yr	Dates in College	Annual Estimated Tuition/Books/Room & Board/Car, ect.

REACHING RETIREMENT GOALS

Target Retirement Age	Client 1	1st Choice	2nd Choice
	Client 2	1st Choice	2nd Choice

How much do you save & invest for your long-term retirement? (Please state in annual terms)	401K/403b	Client 1	\$	Client 2	\$
	Other: savings, CDs, mutual funds	Client 1	\$	Client 2	\$

Do you plan to increase this amount by a certain % each year? If so, how much? _____

Do you expect your living expenses to stay the same, increase, or decrease during retirement? _____

Do you expect to spend more on travel & entertainment for a certain period? Annual Amt. _____ # Yrs. _____

When do you expect to buy your next vehicle? Year _____ Cost _____ Next Vehicle: Year _____ Cost _____

ADDITIONAL CLIENT GOALS AND COMMENTS

Immediate goals in the next 12 months (Include major expenditures; house, car, college education, wedding, real estate, providing for retirement, etc.):

Goals in the next three to five years:

Special Circumstances or Concerns:

PLEASE READ AND SIGN BELOW

I realize that Financial Planning recommendations depend largely on accurate information provided by the client. By my signature below I acknowledge the completeness and accuracy of the data provided in these data forms and the Data Gathering process.

_____ Client 1	_____ Date
_____ Client 2	_____ Date

RISK PROFILE QUESTIONNAIRE

Instructions:

The questions in this profile (along with other information gathered in the data gathering phase) will be used to evaluate the client(s) tolerance for and acceptable level of risk for investments and/or investment portfolio. If this is completed by two clients each should answer the questions independently. This questionnaire will be reviewed with your financial planner during the data gathering phase.

Client 1 Client 2

1-5	1-5

- 1. Please rank your level of investment experience on a scale of 1 to 5.**
- 1- None
 - 2- Limited
 - 3- Good
 - 4- Very Good
 - 5- Extensive

Check one

- 2. When do you expect to start pulling distributions from your portfolio?**
- a. Immediately
 - b. 1-5 years
 - c. 6-10 years
 - d. 10-20 years
 - e. >20 years

Check one

- 3. Once you start pulling distributions from your portfolio, how long do expect to continue?**
- a. Immediately
 - b. 1-5 years
 - c. 6-10 years
 - d. 10-20 years
 - e. >20 years

Check one

- 4. Over the next several years do you expect your earned income to:**
- a. Stay about the same
 - b. Grow Moderately
 - c. Grow Substantially
 - d. Decrease Moderately
 - e. Decrease Substantially
 - f. Decrease Entirely

- 5. For each of the following attributes, identify a number on a scale from 1 to 5 that most correctly reflects your level of concern. The more important the higher number. You may use any number more than once.**
- a. Capital Preservation
 - b. Growth
 - c. Low Volatility
 - d. Inflation Protection
 - e. Current Cash Flow
 - f. Aggressive Growth

%	%

- 6. What percentage of your investments are you likely to need within the next five years?**

%	%

- 7. Up to what percentage of your portfolio can be invested in long-term investments (i.e., over five years)?**

RISK PROFILE QUESTIONNAIRE (continued)

8. Investment "risk" means different things to different people. Please rank the following statements from 1 to 5 (1 least concern and 5 most concern) You may use any number more than once.

--	--

a. I would be very concerned if I did not achieve the return on my portfolio that I expected (i.e., my target rate of return)

--	--

b. I would be very concerned if my portfolio was worth less in "real" dollars because of inflation erosion.

--	--

c. I would be very concerned with short-term volatility (i.e., if my portfolio dropped substantially in value over one year)

9. Except for the Great Depression, the longest time investors have had to wait after a market crash or significant decline, for their portfolio to return to its earlier value, has been 4 years for stock and 2 years for bond investments. Knowing this, and that is impossible to protect yourself from an occasional loss, answer the following question:

If my portfolio produces a long-term return that allows me to accomplish my goals, I am prepared to live with a time of recovery of:

Check one

- a. Less than 1 year.
- b. Between 1 and 2 years.
- c. Between 2 and 3 years.
- d. Between 3 and 4 years.
- e. Between 4 and 5 years.

Y/N Y/N

--	--

10. If you answered a, b or c in question #9, are you prepared to substantially reduce your goals?

Choose one

--	--

11. Please check the statement that reflects your preference.

I would rather be out of the stock market when it goes down than in the market when it goes up (i.e., I cannot live with volatility of the stock market).

--	--

I would rather be in the stock market when it goes down than out of the market when it goes up (i.e., I may not like the idea, but I can live with the volatility of the stock market in order to earn market returns).

12. Your investment advisor expects inflation to return and suggests that your portfolio be restructured.

Check one

- a. Ignore the advice and stick with your current portfolio
- b. Agree to adjust your portfolio partly to the latest recommendation
- c. Completely re-adjust your portfolio per your adviser's direction.

13. Now you have a test to take. There are two parts to the test. For each question, please check (a) or (b).

Choose (a) or (b)

Question #1

- a. You win \$80,000
- b. You have an 80% chance of winning \$100,000 and a 20% chance of winning nothing.

Choose (a) or (b)

Question #2

- a. You lose \$80,000
- b. You have an 80% chance of losing \$100,000 and a 20% chance of losing nothing.

Tax Data - For Planner Use Only

Federal Tax Data:

Provide one of the following (for 1st year cash flow) Amount
 Taxable Income From the Prior Year \$ _____
 -or-
 Taxes Due From Prior Year or Current Withholding \$ _____

Index Rate for Federal Tax Tables/Exemptions: _____ %

State Tax Data:

State for Tax Purposes: _____

State Tax Rate: Before Change Change Age After Change

State Tax as % of Federal Taxable Income _____ % _____ %

-or -

State Tax as % of Federal Taxes _____ % _____ %

Personal Exemption per person \$ _____

Indicate Average Holding Period for Capital Gain Assets	Age	1 or 2
(You can enter up to 7 different holding periods and ages)		
1 or 2 column:		
1 = More Than 12 Months Up to 18 Months		
2 = More Than 5 years		
Age column: continue to enter a new age in this column if the capital gain holding period will change.		

Other Income and Expenses - For Planner Use Only

Single Yr Income and Expense Items:

Description	Income	Expense	Client's Age	Tax Treatment	
				Amount	% Incr. % Ord.
				\$ _____	_____ % _____ %
				\$ _____	_____ % _____ %
				\$ _____	_____ % _____ %
				\$ _____	_____ % _____ %
				\$ _____	_____ % _____ %
				\$ _____	_____ % _____ %

Multiple Yr Income and Expense Items:

Description	Income	Expense	Age Range	Tax Treatment		
				Amount	Incr.	Cont. Ord.
			-	\$ _____	_____ %	_____ % _____ %
			-	\$ _____	_____ %	_____ % _____ %
			-	\$ _____	_____ %	_____ % _____ %
			-	\$ _____	_____ %	_____ % _____ %
			-	\$ _____	_____ %	_____ % _____ %
			-	\$ _____	_____ %	_____ % _____ %
			-	\$ _____	_____ %	_____ % _____ %

Personal Info / Rates & Options - For Planner Use Only

NOTE: These are optional rates leave blank to use default rates or amounts.

Inflation Rates:

Inflation rate (Prior to Retirement)	_____ %	(3.9%)
Inflation rate (Second Period)	_____ %	(3.9%)
Inflation rate (Third Period)	_____ %	(3.9%)
Inflation rate (Fourth Period)	_____ %	(3.9%)

Other Rates:

Discount rate for NPV calculations	_____ %	(6.0%)
Increase rate on personal additions	_____ %	(3.9%)
Social Security benefit increase rate (SS COLA rate)	_____ %	(2.0%)

Retirement Rates:

	Pre-retirement Rates		Post-retirement Rates	
Taxable	_____ %	(6.0%)	_____ %	(6.0%)
Tax Deferred	_____ %	(7.0%)	_____ %	(6.5%)
Tax Free	_____ %	(5.5%)	_____ %	(5.0%)
Equity / Other	_____ %	(9.0%)	_____ %	(8.0%)
Retirement Accounts	_____ %	(8.0%)	_____ %	(7.5%)

Cash Flow Surplus:

	Taxable	Tax Deferred	Tax Free	Growth
Reinvest surplus cash flow	_____ %	_____ %	_____ %	_____ %
After age: _____ Change to: _____	_____ %	_____ %	_____ %	_____ %

Wages Exempt from FICA? Client 1 _____ Client 2 _____

Ignore Pre-retirement Cash Flow Surplus or Shortage?: No: _____ Yes: _____ (Check one)

If yes above, enter an Effective Pre-retirement Tax Rate to Use on Interest and Dividends: _____%

Calculate Penalty Tax for Pre 59.5 No: _____ Yes: _____

Single or Joint Life Expectancy for Minimum Distribution Single: _____ Joint: _____

**Personal Expense, Social Security & Insurance Premiums
For Planner Use Only**

Income Needed Per Month in Retirement:

	Client Age	Amount	Inflation Rate
Prior to Retirement (Present age)	_____	\$ _____	_____ %
First Period (at Retirement Age)	_____	\$ _____	_____ %
Second Period	_____	\$ _____	_____ %
Third Period	_____	\$ _____	_____ %
Fourth Period	_____	\$ _____	_____ %
Fifth Period	_____	\$ _____	_____ %
Sixth Period	_____	\$ _____	_____ %

Note: Leave the above information blank, if you filled out the Personal Expenses page.

Retirement Social Security Benefits:

	Client 1	Client 2
Age to start retirement SS Benefits	_____ (65)	_____ (65)
Percent of computed SS benefits you will receive	_____ % (100%)	_____ % (100%)
Actual amount of expected SS benefits (today's dollars)*	\$ _____	\$ _____
Not qualified to receive Social Security benefits?	Check if yes: _____	Check if yes: _____

Insurance Premiums (Annual):

	Client 1	Client 2
Auto insurance premiums	\$ _____	\$ _____
Disability insurance premiums	\$ _____	\$ _____
Homeowners, property & casualty, other premiums	\$ _____	_____
Medical insurance premiums	\$ _____	\$ _____
Long term care insurance premiums	\$ _____	\$ _____

Note: Enter life insurance premiums on the Insurance Information page.

Asset Worksheet / Type Totals - For Planner Use Only

Ordinary Income Assets

Equity and Other

Asset Accounts	Taxable	Deferred	Tax Free
Starting Balance	\$	\$	\$

Account Balance
\$

Int/Div/Appr % Period 1	%	%	%
Age Change to Period 2			
Interest/Div % Period 2	%	%	%

Dividend	Apprec. Rate
%	%
%	%

Accumulated Deferred Interest	\$		
Portion of Tax Free Int. Subject to AMT %		%	
Portion of Dividend Taxed as Ordinary %			%
Portion of Dividend Taxed as Capital Gain %			%
Unrealized Appreciation Included in Account Balance	\$		

(100%)

Dividend

Retirement Account Information

Qualified Contrib/IRA Plans

Account Owner (Circle one)

Client 1	Client 1	Client 1	Client 1	Client 1
Client 2	Client 2	Client 2	Client 2	Client 2

Account Balance Now	\$	\$	\$	\$	\$
Rate of Return Now	%	%	%	%	%
Age to Change Rate					
Rate of Return After Change	%	%	%	%	%
Age When Additions Start					
Company Contributions per Year	\$	\$	\$	\$	\$
Client Contributions per Year	\$	\$	\$	\$	\$
Increase Additions Each Year	%	%	%	%	%
Age When Account Adds Stop					
Age To Start Drawing Income					
Amount of Annual Withdrawals	\$	\$	\$	\$	\$
Annual Increase Rate	%	%	%	%	%