

PERSONAL FINANCIAL CHECKLIST

The purpose of this checklist is to help you gather all sorts of financial information in one place. It is for your private use only and should be kept in a secure location.

BACKGROUND

Date _____

Your Name _____

1. Marital status _____

2. Your age _____

4. Spouse/Partner's age _____

6. First names and birthdates of your children _____

7. How many of your children 18 or older are dependents? _____

8. Are any other persons dependent on you for support? _____

9. Do you or any members of your family have health problems? _____

If yes, please explain: _____

	<u>You</u>		<u>Spouse/Partner</u>	
	Father	Mother	Father	Mother
10. Are your parents still living?				
If yes, what are their ages?				
If not, at what age did they die?				

INSURANCE

In response to questions 1 and 2, please indicate the **dollar (\$)** amount of insurance currently in place covering each insured:

	Insured: You	Insured: Spouse/ Partner
1. Permanent life insurance (i.e. whole, variable, universal life):	_____	_____
Total cash value net of loans:	_____	_____
2. Term life insurance:	_____	_____
3. Do you and/or your spouse/partner currently have disability insurance? (Y/N)	_____	_____
4. Do you and/or your spouse/partner currently have long-term care insurance? (Y/N)	_____	_____

INVESTMENT PHILOSOPHY AND RISK TOLERANCE

1. Which one of the following statements do you feel best describes your investment philosophy? (Check one)

a. I am very conservative and will settle for a lower return to safeguard my initial investment.

b. I prefer investments that have an average level of risk to principal in order to pursue growth of assets.

c. I prefer aggressive investments and am willing to accept a higher level of risk for the possibility of higher asset growth.

2. Value the following statements on a scale of 1 to 5 as follows:

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

a. Earning a high long-term total return that will allow my capital to grow faster than the inflation rate is one of my most important investment objectives.

b. I would like to defer taxation of capital gains and/or interest to future years.

c. I do not require a high level of current income from my investments.

d. My major investment goals are relatively long term, i.e. at least 7-10 years or more.

e. I am willing to tolerate sharp swings in the return on my investments to seek a higher return than would be expected from more stable investments.

f. I am willing to risk a short-term loss in return for a potentially higher rate of return in the long run.

g. I am financially able to accept a low level of liquidity in my investment portfolio.

3. What is the primary objective of your investment portfolio(s) (check one)?:

growth growth with some income income with some growth income only

4. Do you foresee making contributions to your investment portfolios(s) during the next 12 months?

Please state approximate amount and frequency (e.g., monthly, quarterly).

5. Do you foresee taking withdrawals from your investment portfolio(s) during then next 12 months?

Please state approximate amount and frequency (e.g., monthly, quarterly).

6. How much of your invested assets will you need for purchase of a home or car, college education, debt payments, living expenses, etc., during the following timeframes:

Within three years

Three to six years

Six to ten years

7. Are there any aspects of your personal life (current or anticipated) that may be relevant to your investment and planning needs going forward (e.g., change in marital status, special needs of dependents, being named a beneficiary of a trust, change in career).

8. What are your most important personal and financial goals for the next:

1-3 years: _____

4-6 years: _____

7-10 years: _____

Beyond: _____

9. At what age do you and your spouse/partner plan to retire?

You: _____ Spouse/Partner: _____

STATEMENT OF FINANCIAL POSITION

Assets

List capital assets including banking accounts, investment accounts, stocks, bonds, stock options, mutual funds, business interests, personal property, real estate, and other financial assets. Attach additional pages if needed.

	Asset	Current value	Annual additions*	Account description (brokerage, 401k, bank, IRA, etc.)	Ownership/Title**
1.	Residence		N/A	Real Estate	
2.					
3.					
4.					
5.					

*Note employer contributions separately

**In whose name is the asset held? Yours alone, your spouse/partner's alone, as joint tenants, as custodian, etc.

Liabilities

List all debts, including mortgages, credit card debt, auto and personal loans, promissory notes, etc., and the asset to which the debt applies. Attach additional pages if needed.

	Liability and Asset	Current Balance	Monthly payment	Interest rate	Term*	Start Date*
1.	First Mortgage-Residence					
2.						
3.						
4.						
5.						

* If applicable

INCOME/EXPENSES/TAXES

	You	Spouse/Partner
1. Approximate gross annual income from employment.		
2. Approximate gross annual income from sources other than employment. Indicate source:		
3. Annual contribution to savings.		
4. Annual charitable contributions.		
5. Over the next 5 years, do you expect your annual income to increase, decrease or remain constant? (Note any significant changes)		
6. What was your taxable income last year?		
7. What is the total amount of federal and state taxes you paid last year?		
8. Do you expect your tax rate to change in the near future?		
9. Do you use a tax professional to prepare your tax returns?		
10. Does this person provide you with tax planning advice?		
11. What are your current monthly expenses (excluding taxes, savings and charitable contributions)?		
12. Over the next 5 years, do you expect your annual or monthly expenses to increase, decrease or remain constant? (Note any significant changes.)		

EDUCATION FUNDING

1. Do any of your children younger than college age currently attend private schools? _____
2. What are the annual costs for all who are currently attending? _____
3. If you plan to fund private school or college for any of your children in the future, please complete the following:

Name of Child	School of Choice	Year begin/end	Annual Cost	Amount Saved to Date	Type of Account

RETIREMENT AND ESTATE PLANNING

1. If you expect to receive Social Security Retirement Benefits, enter your estimated monthly benefit at full retirement age (from your most recent Social Security Benefit Statement): _____
2. If your spouse/partner expects to receive Social Security Retirement Benefits, enter your spouse/partner's estimated monthly benefit at full retirement age (from a recent Social Security Benefit Statement): _____
3. What types of retirement plans do you and/or your spouse/partner participate in (401(k), IRA, Roth IRA, pension, etc.)?

4. If you and/or your spouse/partner expect to receive a pension after retirement, please complete the following:

	Your Pension	Spouse/Partner's Pension
Anticipated annual amount (\$)	_____	_____
Starting age	_____	_____
Increase rate before retirement (%)	_____	_____
Increase rate after retirement (%)	_____	_____
Survivor benefit (%)	_____	_____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 5. Do you or your spouse/partner expect to receive any inheritances, awards, settlements, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
6. What would your monthly income requirements be (after tax) if you retired today? _____
 7. What are your plans for retirement? Describe your retirement lifestyle, where you would live, etc.

	You	Spouse/Partner	Last Reviewed
8. Indicate if you and your spouse/partner have any of the following in place and if so, the date the documents were created or last reviewed by an attorney:			
Will	<input type="checkbox"/>	<input type="checkbox"/>	_____
Living Trust	<input type="checkbox"/>	<input type="checkbox"/>	_____
Irrevocable Life Insurance Trust (ILIT)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Durable Power of Attorney for Financial Matters	<input type="checkbox"/>	<input type="checkbox"/>	_____
Durable Power of Attorney for Health Care	<input type="checkbox"/>	<input type="checkbox"/>	_____
Living Will or Health Care Directive	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

General Disclaimer:

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