

ASSETS & LIABILITIES

A. CURRENT ASSETS

You may skip this section if you have provided your own balance sheet or copies of current account statements.

PLEASE NOTE LOW COST BASIS FOR TAXABLE ACCOUNTS WHERE APPLICABLE.

	<u>SELF</u>	<u>SPOUSE/OTHER</u>	<u>JOINT</u>
Cash/Savings/CDs	_____	_____	_____
Brokerage/Mgd Accts	_____	_____	_____
Separate Mutual Funds	_____	_____	_____
Separate Stocks	_____	_____	_____
Separate Bonds	_____	_____	_____
IRAs/SEP-IRAs	_____	_____	_____
Roth IRAs	_____	_____	_____
Rtmt Plans (401(k), 403(b))	_____	_____	_____
Pension Plans	_____	_____	_____
Vested Stock Options	_____	_____	_____
Non-Vested Options	_____	_____	_____
Business Interest	_____	_____	_____
Home/Condo	_____	_____	_____
Other Real Estate	_____	_____	_____
Other	_____	_____	_____

B. LIABILITIES

Description (Mortgage, Auto, Debt, etc.)	Current Balance	Mthly Pymt	Interest Rate	Payoff Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. SCHEDULED SAVINGS, (MONTHLY AMOUNT)

	<u>SELF</u>	<u>SPOUSE/OTHER</u>	<u>JOINT</u>
Savings/Investment	_____	_____	_____
IRA/Other Retirement	_____	_____	_____
Other	_____	_____	_____
Employer-Sponsored Retirement Plan			
Your Contribution	_____	_____	
Employer Contribution	_____	_____	

D. EXPECTED ASSETS

I/We expect to receive the following gifts/inheritances/distributions:

Current Value	Date Expected	Source/Comments
_____	_____	_____
_____	_____	_____

INCOME & EXPENSES

CURRENT MONTHLY INCOME (GROSS)

	<u>SELF</u>	<u>SPOUSE/OTHER</u>
Salary & Bonus	_____	_____
Social Security	_____	_____
Pension	_____	_____
Rental Income	_____	_____
Other	_____	_____

CURRENT ANNUAL EXPENSES

	<u>FIXED</u>		<u>DISCRETIONARY</u>
Federal & State Income Taxes	_____	Food	_____
Mortgage/Rent	_____	Alcohol, Tobacco	_____
Property Taxes	_____	Childcare	_____
Home Heating	_____	Education/Camp/Sports	_____
Utilities	_____	Pets	_____
Water	_____	Household Maintenance	_____
Telephone	_____	Domestic Help	_____
Cable Service	_____	Contributions/Donations	_____
Internet Service	_____	Transportation	_____
Garbage Collection	_____	Medical/Dental Care	_____
Installment Payments	_____	Clothing	_____
Auto Insurance	_____	Personal Care	_____
Medical & Dental Insurance	_____	Laundry/Dry Cleaning	_____
Homeowners/Renters Insurance	_____	Membership Dues	_____
Life Insurance	_____	Gifts	_____
Other Insurance	_____	Entertainment	_____
Other	_____	Vacation & Travel	_____
		Auto Maintenance & Operation	_____
		Newspapers/Periodicals/Books	_____
		Other	_____

UNUSUAL (ONE-TIME) EXPENSES

Description	Year	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL GOALS

A. RETIREMENT

My/Our retirement goals are the following:

	<u>Self</u>	<u>Begin at Age</u>	<u>Spouse/Other</u>	<u>Begin at Age</u>
Desired retirement age <u>OR</u> year	_____	_____	_____	_____
Desired retirement income (today's \$)	_____	_____	_____	_____
Expected lump sum pension benefit	_____	_____	_____	_____
Expected monthly pension income	_____	_____	_____	_____
Expected monthly Social Security income	_____	_____	_____	_____

I/We expect our retirement living expenses to be _____ % of today's expenses.

B. EDUCATIONAL FUNDING

I/We expect to assume the following educational costs:

Child/Grandchild	Year College Will Begin	Today's Cost	Current Amount Saved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. GIFTS & DONATIONS

I/We would like to provide the following:

Recipient	Year	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. OTHER FINANCIAL GOALS

Please describe additional goals: their expected cost and implementation date. (Acquire other assets, i.e. a vacation home; Support parents/children/relatives?)

INSURANCE PLANNING

A. LIFE INSURANCE

I/We currently have the following policies in force:

	<u>Policy I</u>	<u>Policy II</u>	<u>Policy III</u>	<u>Policy IV</u>
Insured	_____	_____	_____	_____
Owner	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____
Type of Policy <i>(Term, Whole Life, Universal)</i>	_____	_____	_____	_____
Face Amount	_____	_____	_____	_____
Annual Premium	_____	_____	_____	_____
Cash Value	_____	_____	_____	_____

B. DISABILITY INSURANCE

I/We currently have the following coverage:

Insured	Company	Monthly Benefit	Benefit Period	ER Paid Plan? (Y/N)	Annual Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

C. LONG TERM CARE INSURANCE

Insured	Company	Daily Benefit	Inflation Protection %	Home Health Care (Y/N)	Annual Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

D. HOMEOWNERS/RENTERS LIABILITY COVERAGE

I/We currently have the following coverage:

Company	Coverage Amount	Annual Premium
_____	_____	_____

E. AUTOMOBILE LIABILITY COVERAGE

I/We currently have the following coverage:

Company	Coverage Amount	Annual Premium
_____	_____	_____

F. UMBRELLA LIABILITY COVERAGE

I/We currently have the following coverage:

Company	Coverage Amount	Annual Premium
_____	_____	_____

ESTATE PLANNING

I/We would like to leave our beneficiaries and/or charities a total estate valued at \$ _____.
(today's dollars)

CURRENT ESTATE

I/We currently have a:

<u>Document</u>	<u>Yes</u>	<u>No</u>	<u>Date of Last Review</u>
Will	___	___	_____
Living Trust	___	___	_____
Health Care Power of Attorney	___	___	_____
Durable Power of Attorney	___	___	_____
Irrevocable Life Ins. Trust	___	___	_____
Funded Trust	___	___	_____
Generation Skipping Trust	___	___	_____
Other (Unified Credit, Marital, etc.)	___	___	_____

ESTATE PLANNING GOALS & NEEDS

Would you like to/Do you need to:

	<u>Yes</u>	<u>No</u>
Estimate & reduce estate taxes	___	___
Consider life insurance to pay estate taxes	___	___
Eliminate Probate if possible	___	___
Organize orderly transfer of estate to beneficiaries	___	___
Provide gifts to charity	___	___

OTHER ESTATE PLANNING NEEDS OR CONCERNS

FINANCIAL PLANNING

My/Our major concerns and objectives are as follows:

	Most Important			Least Important		N/A
Early retirement	1	2	3	4	___	
Ensure comfortable retirement income	1	2	3	4	___	
Provide for family in event of death/disability	1	2	3	4	___	
Provide educational funds (children/grandchildren)	1	2	3	4	___	
Review & analyze insurance needs	1	2	3	4	___	
Review employer benefits (401(k), insurance, etc.)	1	2	3	4	___	
Review employer stock options	1	2	3	4	___	
Review & analyze cash flow (income vs. expenses)	1	2	3	4	___	
Improve tax planning & preparation	1	2	3	4	___	
Other _____	1	2	3	4	___	

Of the items ranked 1 and 2 above, please briefly describe your concerns and what assistance would be most helpful in order to obtain your goals.

INVESTMENT MANAGEMENT

Are you currently managing your own portfolio? Yes ___ No ___ How Long? _____

Are you currently working with a Broker/Advisor? Yes ___ No ___ How Long? _____

Please rate your current level of satisfaction with the performance of your existing portfolio:

Very Satisfied			Satisfied		Not Satisfied	
1	2	3	4	5	6	7

My/Our major investment goals are to:

	Most Important			Least Important	
Provide more growth to current portfolio	1	2	3	4	
Provide more income from current portfolio	1	2	3	4	
Reduce risk and volatility	1	2	3	4	
Other _____	1	2	3	4	

EXPERIENCE

I/We have worked with the following professionals to date and would rate their services as follows:

	Excellent	Good	Average	Poor	No Exp
Attorney	_____	_____	_____	_____	_____
Accountant	_____	_____	_____	_____	_____
Insurance Agent	_____	_____	_____	_____	_____
Stockbroker	_____	_____	_____	_____	_____
Trust Officer	_____	_____	_____	_____	_____
Other Bank Officer	_____	_____	_____	_____	_____
Financial Planner	_____	_____	_____	_____	_____

I was referred to Proficient Wealth Counselors, LLC by: (Please be specific listing source's full name)

An attorney: _____ An accountant: _____

A newspaper article: _____ A seminar: _____

A realtor: _____ A mortgage broker: _____

A Proficient Wealth Counselors, LLC client: _____

Other: _____

Client Signature(s) and Date

FINANCIAL RECORDS

If possible, please provide us with copies of the following financial records. These documents and the completed questionnaire will help us develop the most accurate and complete financial plan and will save time and questions later.

Current account statements:

Savings accounts

Certificates of deposit

Money market accounts

Mutual funds

Annuities

Stock and/or Bond certificates

Brokerage/Managed accounts

IRAs, SEP-IRAs, Roth IRAs, etc.

Employer stock option statement

Retirement plans & list of investment options: 401(k), 403(b), etc.

Life insurance policies (plus current premium invoice for cash surrender value)

Social Security income estimates

Wills/Trust documents

Mortgage statement

Other loan statements (including credit card debt)

Income tax returns, federal and state (last 2 years if available)

Employer Benefits handbook

Employer contracts

Recent payroll stub

Other financial records