



Financial Connections
2608 Ninth Street, Suite 302
Berkeley, CA 94710
info@Financial Connections

CONFIDENTIAL INFORMATION

Name _____ Social Security # _____

Home Address _____

E-Mail _____ Phone (H) _____ (W) _____
FAX _____

Date of Birth _____ Married Single Divorced Partnered

Occupation _____ Employer _____

Business Address _____

Covered by Social Security? Yes No Retirement Plan? Yes No

Date Completed _____ Referred By _____

SPOUSE / PARTNER

Name _____ Social Security # _____

E-Mail _____ Phone (H) _____ (W) _____

Date of Birth _____

Occupation _____ Employer _____

Business Address _____

Covered by Social Security? Yes No Retirement Plan? Yes No

MAJOR CONCERNS

OBJECTIVES

PRESENT

Which of the following best describes your attitude toward your income needs?

_____ My present income is adequate for my needs.

_____ I need more current income.

_____ I can forego current income to be better able to provide for future income needs.

_____ Other issue: _____

What are your financial goals? _____

What steps are you willing to take to achieve these goals? _____

Rank the following financial objectives in their order of importance to you:
(1 most important, 8 least important)

_____ Conserving Capital for Heirs

_____ Reduce Current Income Taxes

_____ Growth of Capital

_____ Reduce Estate Taxes

_____ Increase Current Income

_____ Children's Education

_____ Retirement Income

_____ Other: _____

Is there anything else we should know to help plan your financial future? _____

INVESTMENT ATTITUDE

_____ % Capital conservation is important.

_____ % Some capital appreciation is important.

_____ % Investments with moderate risk, capital growth is important.

_____ % Investments with high risk; aggressive capital growth is important.

100% Total

DEPENDENTS

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILDREN'S EDUCATION

Are you sending or planning on sending your child(ren) to private school? What age(s)? _____
Annual Tuition? _____

Will you pay for your child(ren)s college? Yes No Partially Undecided

Will you pay for post-graduate work? Yes No Partially Undecided

How much do you estimate college and/or post graduate school will cost per child,
per year (In today's dollars)? _____

Any potential Gifts or Savings planned? _____

Have assets been set aside for your child(ren)? _____

RETIREMENT

At what age do you want to retire? _____

At what age does your spouse/partner plan to retire? _____

How much annual income in today's dollars will you want at retirement? \$ _____

INCOME

	Client	Spouse/Partner	Joint
Annual Salary or Draw	_____	_____	_____
Estimated Annual Raises	_____%	_____%	_____
Investments	_____	_____	_____
Gifts or Other	_____	_____	_____

PLEASE PROVIDE PAY STUBS

PERSONAL PROPERTY

APPROXIMATE VALUE:	Client	Spouse/Partner	Joint
Home Furnishings and Personal Property	_____	_____	_____
Automobiles	_____	_____	_____
Jewelry	_____	_____	_____
Antiques and Collectibles	_____	_____	_____
Other	_____	_____	_____
Special Items	_____	_____	_____

RETIREMENT INVESTMENTS: VESTED AMOUNTS

Client:

IRA/SEP \$ _____
401(k) \$ _____

Annual Contribution \$ _____
Your Contribution \$ _____ or % _____ of salary
Monthly or Annually ?
Employer Contribution % _____

Profit Sharing \$ _____
Pension \$ _____

Spouse/Partner:

IRA/SEP \$ _____
401(k) \$ _____

Annual Contribution \$ _____
Your Contribution \$ _____ or % _____ of salary
Monthly or Annually ?
Employer Contribution % _____

Profit Sharing \$ _____
Pension \$ _____

PLEASE ENCLOSE STATEMENTS

PERSONAL REAL ESTATE

House (*Principal Residence*)

Purchase Amount: \$ _____ Purchase Date: _____

Current Market Value: \$ _____ Expected Growth Rate: % _____

Owner Name(s): _____

Mortgage (*For the Above Residence*)

Original Principal: \$ _____ Start Date: _____ Monthly Payments: \$ _____

Mortgage Interest Rate % _____ Mortgage Amortized for: _____ years from: today or loan start date

Outstanding Balance: _____

House (*Secondary Residence*)

Purchase Amount: \$ _____ Purchase Date: _____

Current Market Value: \$ _____ Expected Growth Rate: % _____

Owner Name(s): _____

Mortgage (*For the Above Residence*)

Original Principal: \$ _____ Start Date: _____ Monthly Payments: \$ _____

Mortgage Interest Rate % _____ Mortgage Amortized for: _____ years from: today or loan start date

Outstanding Balance: _____

PLEASE ENCLOSE STATEMENTS

FINANCIAL INFORMATION

CASH AND CASH EQUIVALENTS	Client	Spouse/Partner	Joint
Cash in Bank Account(s)	_____	_____	_____
Money Market Fund(s)	_____	_____	_____
Certificate(s) of Deposit	_____	_____	_____
	term _____ % _____	term _____ % _____	term _____ % _____
Annuities	_____	_____	_____
Other	_____	_____	_____

PLEASE ENCLOSE STATEMENTS

NON-RETIREMENT INVESTMENTS: STOCKS, BONDS, MUTUAL FUNDS

Owner	Description	#Shares	Cost	Value

PLEASE PROVIDE THE APPROPRIATE BROKERAGE OR MUTUAL FUND STATEMENT(S)

INVESTMENT REAL ESTATE

Owner	Address	Income	Market Value

LIABILITIES / DEBTS

Credit Cards

Creditor	Total Amount	Monthly Payments

Auto & Personal Loans

Creditor: _____ Original Principal: \$ _____ Loan Start Date: _____
Month Day Year

Monthly Payments: _____ Interest Rate: % _____ This loan is amortized for _____ years

Outstanding Balance: _____ as of: _____
Month Day Year

Creditor: _____ Original Principal: \$ _____ Loan Start Date: _____
Month Day Year

Monthly Payments: _____ Interest Rate: % _____ This loan is amortized for _____ years

Outstanding Balance: _____ as of: _____
Month Day Year

LIFE INSURANCE

Policy Owner	Insured	Beneficiary	Company	Death Benefit

SURVIVOR'S INCOME

How much annual income would your family need to maintain their standard of living if one spouse/partner were to die prior to retirement? _____

After your children become financially independent, how much annual income would the surviving spouse/partner need? _____

How much annual income would your survivor need to maintain their standard of living if one spouse/partner were to die after retirement? _____

HOME OWNER'S INSURANCE

Property	Coverage	Liability Amount	Company	Deductible

HEALTH INSURANCE

Policy	Company	Major Medical	Hospitalization	Disability

DISABILITY INSURANCE

Policy	Insured	Monthly Benefit	Benefit Period	Company

In the event of your long term disability, how much annual income would you and your family need to maintain your present standard of living in today's dollars? \$ _____

Do you have long-term disability insurance? Yes No

OTHER INSURANCE

When were your various insurance policies last reviewed? _____ By whom? _____

Do you have personal excess liability coverage? Yes No Amount \$ _____

Do you have long-term care insurance? Yes No

ESTATE PLANNING

	<u>Client</u>		<u>Spouse / Partner</u>		
Do you have a Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Dated _____
Do you have a Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Dated _____
Do you have a Durable Power of Attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Dated _____
Do you have a Medical Power of Attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Dated _____
Do you have an Advanced Health Care Directive (Living Will)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Dated _____

Date any of these documents were last reviewed? _____

Do you expect any inheritances? Yes No Yes No

If yes, please state from whom, estimated amount and any other information that might be helpful.

GIFTS

Donor	Date of Gift	Donee(s)	Value of Gift	Tax Paid

Do you and/or your spouse/partner intend to establish or continue a gifting program? Yes No

If yes, please explain.

BUSINESS INTERESTS

Owner	Business	Market Value	Income
_____	_____	_____	_____
_____	_____	_____	_____

What would happen to your business in the event of your disability or death?

Does a binding purchase agreement exist for the sale of an owner's interest upon disability or death? If yes, how is it funded and for how much?

PROFESSIONAL ADVISORS

Accountant / Firm _____

Attorney / Firm _____

Stockbroker / Firm _____

Portfolio Manager(s) / Firm(s) _____

Insurance Agent / Firm _____

Banker / Bank _____

Other Professional Advisors _____

PLEASE INDICATE THOSE WE SHOULD CONSULT FOR FURTHER INFORMATION.

Is there anything else we should know in order to evaluate or better understand your situation?
