



COMPREHENSIVE MONEY MANAGEMENT

New World Advisors

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 #	

	Client 1	Client 2
Occupation		
Business Name		
Business Address		
Business Phone		
Mobile Phone		
email @ work		
email @ home		
Drivers License #		

Miscellaneous Information:

Anniversary Date		Insurance Agent	
Referral Source		Stockbroker	
# of Years in Current Home		CPA	
Client 1: US Citizen?		Attorney	
Client 2: US Citizen ?		Other Advisor	
Mothers Maiden Name:Client 1		Mothers Maiden Name:Client 2	

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	Est. Increase/year	Client 2	Est. Increase/year
Salary (Gross)				
Bonus				
Net Business Income (Loss)				
Dividends / Interest				
Social Security				
Net Rental Prop. Income (Loss)				
Gifts				
Retirement Income*				
Other				
Total Gross Income	\$0		\$0	

* If pension income please describe any survivorship options below:

REAL ESTATE

ASSET	Residence #1	Residence #2
Current Residence Market Value		
Original of Improvements		
Date of Purchase		
Original Amount of Mortgage Loan		
Current Balance of Mortgage Loan		
Payment Amount (principal & interest only)		
Interest Rate		
Number of Years		

INSURANCE SUMMARY

LIFE INS. CO.	Type Term/Perm	Insured	Annual Premium	Policy Face Amount	Current Cash Value	Cash Value at Retirement	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?

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				

Medical Payments Coverage?

Yes/No? _____

Amount \$ _____

Do you have umbrella liability insurance? _____ Amt. Coverage _____ Premium _____

Auto Insurance Company Name: _____

Homeowners Insurance Co Name: _____

Deductible amount \$: _____ Liability Limit \$: _____

Replacement Value Coverage (yes/no?) _____

ASSETS (place dollar amounts with each column based on legal ownership)

	Client 1	Client 2	Joint	*Type
Checking				
Savings				
Money Market				
CDs (1) Mat. Date				
(2) Mat. Date				
Mutual Funds				
Bonds				
Stocks				
REITs				
Mortgage/Note Receivable				
Annuities				
Life Insurance Cash Value				
Limited Partnerships				
IRA - Client 1				
IRA - Client 2				
Retirement Plan Client 1				
Fully Vested? Yes No				
Retirement Plan Client 2				
Fully Vested? Yes No				
Investment Property				

*T=Taxable F=Tax Free D=Tax Deferred E=Equity Q=Qualified

	Client 1	Client 2	Joint	*Type
Personal Residence(s)				
Personal Property				
Auto 1:				
Auto 2:				
Furniture				
Jewelry/Art				
Other				
TOTAL ASSETS	\$0	\$0	\$0	

LIABILITIES (dollar amounts for person's legal liability)

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				
Notes Payable				
Automobile Loans				
Investment Loans				
Margin Account Balance				
Future Obligations				
Other				
TOTAL LIABILITIES	\$0	\$0	\$0	

NET WORTH

Total Assets	\$0	\$0	\$0
Total Liabilities	\$0	\$0	\$0
NET WORTH	\$0	\$0	\$0

Estate Planning Documentation

Client 1

Client 2

	*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				
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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 (single, joint, head of household)?: _____

Other Tax Adjustments:

	\$ Amount:	Percentage
Self employment medical ins premiums (Total Amt/Increase Rate)		
Alimony		
Payable to Age: <input type="text"/>		

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 OR FINANCIAL INDEPENDENCE 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 you 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

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

	%		%
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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.

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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)

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

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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

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

Check 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).

Check (a) or (b)

Question #1: Which would you prefer?

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

Check (a) or (b)

Question #2: Which would you prefer?

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