

## PERSONAL FINANCIAL AND INVESTMENT PROFILE

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This comprehensive personal financial summary is designed to help us take inventory of your financial life and assign realistic values to your personal assets and liabilities. It is an essential first step in creating a customized financial plan for your future. Once you have completed all applicable sections, please return this packet to us. If questions arise as you complete this material, please feel free to contact us.

*We respect your privacy and will not disclose this information to any outside parties without your written consent.*

Date: \_\_\_\_\_

### FAMILY INFORMATION

Your Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Residential Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Children's Names and Ages:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Were you referred to us by anyone? \_\_\_\_\_



907 University Avenue | Fairbanks, AK 99709 | 907.374.0487 | 877.374.0487 toll-free | 907.374.0488 fax

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**PERSONAL FINANCIAL AND INVESTMENT PROFILE** *continued*

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**OCCUPATIONAL INFORMATION**

Your Job Title: \_\_\_\_\_

Current or Most Recent Employer: \_\_\_\_\_

Start Date with Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_

Actual or Estimated Retirement Date: \_\_\_\_\_

Spouse's Job Title: \_\_\_\_\_

Spouse's Current or Most Recent Employer: \_\_\_\_\_

Start Date with Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_

Spouse's Actual or Estimated Retirement Date: \_\_\_\_\_

**ADVISORS**

Prior Financial Advisor's Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ City/State: \_\_\_\_\_

What did you like/dislike about working with him/her? \_\_\_\_\_

\_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Accountant's Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Insurance Agent's Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ City/State: \_\_\_\_\_

**PERSONAL FINANCIAL AND INVESTMENT PROFILE** *continued*

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Are you happy with your listed advisors? Why or why not?

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**PERSONAL VIEWS**

1. What are your top financial priorities in your life?

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2. What are your biggest fears that might impact your financial life?

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3. What is your vision for your financial future?

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**PERSONAL GOALS STATEMENT**

Which item(s) would you like help with?

- Having good stewards for my wealth
- Increasing my standard of living
- Financial independence at retirement
- Increasing my net worth by \_\_\_\_\_%
- Reducing my tax burden
- Paying for a college education for my children
- Providing for my family in the event of my (or my spouse's) death
- Minimizing the cost of probate and estate taxes
- Controlling the distribution of assets to my heirs
- Planning for long-term or nursing home care
- Buying a house
- Providing for charities/charitable giving/donations

**Other Financial Goals:**

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If you could change two things about your current financial situation, what would you change?

1. \_\_\_\_\_
2. \_\_\_\_\_

**CONCERNS AND OBJECTIVES**

**Investment Planning**

1. Are you comfortable with your current cash flow?  Yes  No  Uncertain
2. Do you anticipate any significant changes in your cash flow?  Yes  No  Uncertain
3. Are any assets earmarked for a particular personal objective?  Yes  No  Uncertain
4. Do you anticipate any major expenditures in the near future?  Yes  No  Uncertain  
– If so, what expenditures are you expecting? \_\_\_\_\_
5. What level of liquid reserves do you feel comfortable with? \$ \_\_\_\_\_

6. Are you interested in funding future college/postgraduate expenses for your children/grandchildren?

Yes  No

– If yes, please complete the following:

Name of Child	Institution Type	Number of Years	Current Assets

**Financial Planning**

1. What is the amount of your non-real estate debt and the associated interest rate(s)? \_\_\_\_\_

\_\_\_\_\_

2. Do you anticipate any major lifestyle changes (i.e., marriage, divorce, retirement, moving, etc.)?

Yes  No  Uncertain

– If so, what changes are you expecting? \_\_\_\_\_

3. Do you give regularly to charities?

Yes  No

– If so, to whom, and approximately how much each year? \_\_\_\_\_

\_\_\_\_\_

– Do you have a specific reason for giving to this charity? \_\_\_\_\_

\_\_\_\_\_

– Are gifts made in cash, other real property, or through a charitable remainder trust? \_\_\_\_\_

\_\_\_\_\_

**PERSONAL FINANCIAL AND INVESTMENT PROFILE** *continued*

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4. If you or your spouse were previously married, describe any obligations that resulted under the divorce decree:

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5. Do you anticipate having more children?  Yes  No  Uncertain

– If so, when? \_\_\_\_\_

6. Are there any special allowances that should be made with regard to your family or friends (e.g., handicaps)?  Yes  No

– If so, please give a brief description: \_\_\_\_\_

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7. Do you or your spouse anticipate a change in employment in the immediate future?  Yes  No  Uncertain

8. At what age do you expect to retire? \_\_\_\_\_ Your spouse? \_\_\_\_\_

9. At what age would you *like* to retire? \_\_\_\_\_ Your spouse? \_\_\_\_\_

10. What minimum income do you expect to need (in today's dollars)? \$ \_\_\_\_\_

11. If you plan on working after retirement, estimate your expected income: \$ \_\_\_\_\_

12. What substantial lump-sum expenditures do you anticipate in retirement (i.e., travel, purchase of a retirement home, etc.)?

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13. Do you anticipate cash inflows from sources other than income (i.e., gifts, sale of assets, etc.)?  Yes  No  Uncertain

14. Do you contribute to any company-sponsored retirement plans?  Yes  No

**Risk Management and Insurance Planning**

1. Do you have any potential health problems?  Yes  No  Uncertain

2. Do you have adequate medical coverage?  Yes  No  Uncertain

3. Do you have long-term health insurance coverage?  Yes  No  Uncertain

**PERSONAL FINANCIAL AND INVESTMENT PROFILE** *continued*

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4. Do you have adequate personal liability coverage?  Yes  No  Uncertain  
– If so, what is the amount? \_\_\_\_\_
5. Do you have enough life insurance?  Yes  No  Uncertain
6. Would you want your family to continue receiving approximately the same amount of income as you receive now in the event of your premature death?  Yes  No  Uncertain  
– If not, what amount of income do you expect they will need? \_\_\_\_\_
7. Do you have an emergency fund (money set aside in savings)?  Yes  No  Uncertain

**Estate Planning**

1. Do you have adequate/updated wills?  Yes  No  Uncertain
2. Have you established any trusts?  Yes  No  Uncertain
3. Are you the beneficiary of any trusts?  Yes  No  Uncertain
4. Will you be receiving a significant inheritance?  Yes  No  Uncertain
5. Have you adequately considered estate taxes?  Yes  No  Uncertain
6. Have you provided adequate estate liquidity for your heirs?  Yes  No  Uncertain
7. Is proper titling a concern?  Yes  No  Uncertain
8. Have you or your spouse made any gifts of cash or property?  Yes  No  Uncertain
9. Are your important documents secure and in one location?  Yes  No  Uncertain

**Concerns**

Please list any concerns you have:

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**PERSONAL FINANCIAL AND INVESTMENT PROFILE** *continued*

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**Total Family Annual Income**

Wages: \_\_\_\_\_

Pension: \_\_\_\_\_

Your Spouse's Wages: \_\_\_\_\_

Your Spouse's Pension: \_\_\_\_\_

Social Security: \_\_\_\_\_

Investment Income: \_\_\_\_\_

You Spouse's Social Security: \_\_\_\_\_

Your Spouse's Investment Income: \_\_\_\_\_

Other Income: \_\_\_\_\_

Please bring supporting documents, including your W-2(s), pay stubs, pension estimates, and social security estimates.

**Assets**

- Please bring in bank statements.
- Please bring in retirement statements for 401(k)s and/or IRAs.
- Please bring in other investment statements.

**Outstanding Personal Debt/Liabilities**

Car Note: \_\_\_\_\_

Credit Cards: \_\_\_\_\_

Student Loans: \_\_\_\_\_

Other Misc. Loans: \_\_\_\_\_

Please bring in current statements regarding your loans.

**INVESTMENT ASSETS**

Please check the range below that most accurately reflects the total of your investments in each category.

**Non-Retirement Investments**

- \$100,000–\$250,000       \$250,001–\$500,000       \$500,001–\$1,000,000
- \$1,000,001–\$5,000,000       \$5,000,001+

Please provide a current statement for all accounts.

**Retirement Plan Investments (IRA, 401(k), 403(b))**

- \$100,000–\$250,000       \$250,001–\$500,000       \$500,001–\$1,000,000
- \$1,000,001–\$5,000,000       \$5,000,001+

Please provide a current statement for all accounts.



**PERSONAL FINANCIAL AND INVESTMENT PROFILE** *continued*

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**BUSINESS ASSETS**

Description	Type*	Value

\*Enter the abbreviation that applies to the type of business asset: **S**–Sole Proprietorship; **P**–Partnership; **L**–Limited Liability Company; **C**–C Corp; **SC**–S Corp.

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REAL ESTATE ASSETS**

**Property Information**

Description	Type*	Owner**	Purchase Price	Market Value

\*Enter the abbreviation that applies to the property type: **P**–Primary Residence; **S**–Secondary; **I**–Investment; **R**–Rental; **REC**–Recreational; **O**–Other.

\*\*Enter the abbreviation that applies to the real estate: **S**–Separate Property; **J**–Joint Tenants; **C**–Tenants-in-Common; **CP**–Community Property; **T**–Trust.

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mortgage Information**

Property Type*	Mortgage Type**	Original Amount	Current Balance	Original Date	Monthly Payment	Term (Total Years)	Interest Rate

\*Enter the abbreviation that applies to the property type: **P**–Primary Residence; **S**–Secondary; **I**–Investment; **R**–Rental; **REC**–Recreational; **O**–Other.

\*\*Enter **A** for Adjustable or **F** for Fixed.

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INSURANCE ASSETS**

**Life Insurance**

Please bring the most recent statement and original policy.

Company Name	Insured*	Type**	Owner*	Death Benefit	Cash Value	Premium	Mode***	Beneficiary

\*Enter **S** for Self, **SP** for Spouse, **D** for Dependent, or **O** for Other.

\*\*Enter the abbreviation that applies to the type of insurance: **GT**–Group Term; **T**–Term; **W**–Whole Life; **U**–Universal; **V**–Variable; **VU**–Variable Universal.

\*\*\*Enter the abbreviation that applies to the premium payment mode: **A**–Annual; **S**–Semiannual; **Q**–Quarterly; **M**–Monthly.

What were your reasons for purchasing life insurance? \_\_\_\_\_  
 \_\_\_\_\_

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_

**Long-Term Care Insurance**

Please bring the most recent statement and original policy.

Company Name	Insured*	Type**	Owner*	Cash Value	Premium	Mode***	Beneficiary

\*Enter **S** for Self, **SP** for Spouse, **D** for Dependent, or **O** for Other.

\*\*Enter the abbreviation that applies to the type of insurance: **GT**–Group Term; **T**–Term; **W**–Whole Life; **U**–Universal; **V**–Variable; **VU**–Variable Universal.

\*\*\*Enter the abbreviation that applies to the premium payment mode: **A**–Annual; **S**–Semiannual; **Q**–Quarterly; **M**–Monthly.

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Health Insurance**

Company Name	Insured*	Type**	Owner*	Premium	Mode***

\***S** for Self, **SP** for Spouse, **D** for Dependent, or **O** for Other.

\*\*Enter the abbreviation that applies to the type of insurance: **HMO** or **PPO**.

\*\*\*Enter the abbreviation that applies to the premium payment mode: **A**–Annual; **S**–Semiannual; **Q**–Quarterly; **M**–Monthly.

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_