Personal Profile Worksheet

RESEARCH FINANCIAL GROUP
EST. 1994

PRIMARY

Name: _________________ DOB: ____ / ____ / _____

Phone #:________________ Email:_________________

Employer / Job Title: ___________________________

Earnings / Wages: ______________________________

Veteran?: □ Yes □ No Branch:________________

Home Address: _________________________________

City:__________________ State: ____ Zip:________

SPOUSE

Name: _________________ DOB: ____ / ____ / _____

Phone #:________________ Email:__________________

Employer / Job Title: _____________________________

Earnings / Wages: ________________________________

Veteran?: □ Yes □ No Branch:_________________

DEPENDENTS

Name:________ Age: ____ Name:________ Age: ____

Name:________ Age: ____ Name:________ Age: ____

BANK BALANCES/ LIQUID ASSETS

	Institution	**Balance**
Cash:	_____________	___________
Checking:	_____________	___________
Savings:	_____________	___________
Money Market:	_____________	___________

REAL ESTATE ASSETS

	Value
Primary Residence:	_________________
2nd Home:	_________________
Investment Property:	_________________
Other:	_________________

INVESTMENTS (IRA, 401(k), 403(b), other)

Owner	**Type**	**Value**	**Notes/Misc.**

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LIFE INSURANCE

Insured	Company	Type	Death Benefit
____________	__________	________	_____________
____________	__________	________	_____________
____________	__________	________	_____________
____________	__________	________	_____________
____________	__________	________	_____________

LIABILITIES

	Balance	Int. Rate	Mo. Payment
Mortgage	________	_________	_____________
Home Equity	________	_________	_____________
Credit Card	________	_________	_____________
Auto Loan	________	_________	_____________
Other	________	_________	_____________

MISCELLANEOUS

What specific questions would you like to address during your initial discussion?

____

____

What financial planning topics do you wish to address (check all that apply)?

( ) Cash Flow **( ) Tax Planning** **( ) Investment Mgmt.** **( ) Estate Preservation**

( ) Retirement Planning **( ) Life Insurance Needs** **( ) Home Purchase** **( ) College Savings**

( ) _______________ **( )** _______________ **( )** _______________ **( )** _______________

Are there any family circumstances that may impact your Plan?

____

____

What life changes (if any) prompts you to seek financial advice?

____

____

How often would you like to meet with a member of our team to review your financial plan *(excluding meetings prompted by major life events or time-sensitive needs)*?

( ) Every 12 Months **( ) Every 15 Months** **( ) Every 18 Months**

What age do you expect / want to retire? **Primary:**______________ **Spouse:** ______________

Do you expect to work part time in Retirement? ( ) **YES** ( ) **NO**

Please express your expectations of working with a financial advisor:

____

____

PROVIDING CLEAR, GOAL-ORIENTED STRATEGIES THAT ENABLE CLIENTS TO WORK TOWARD "FINANCIAL BALANCE"