



# Preliminary Personal Financial Planning Profile

The following information is strictly confidential and will not be disclosed to anyone without your consent.

## Personal Information

Client 1	Birth Date	Employment Status (Circle One) Employed    Self-Employed Retired    Other	Occupation
Client 2	Birth Date	Employment Status (Circle One) Employed    Self-Employed Retired    Other	Occupation
Address		City	State    Zip
Home Phone	Work Phone (Client 1)	E-Mail (Client 1)	Primary Contact during business hours?
	Work Phone (Client 2)	E-Mail (Client 2)	Preferred Contact (Please specify phone, email)
Check One: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other			
# of Children	Children's Ages	Is anyone disabled? (Please Circle) Yes    No	If Yes, please explain:

## Asset Information

Please estimate the value of the following:	Estimated Value
• Primary Residence	
• Other Real Estate	
• Checking, Savings/CDs, Money Market Funds	
• Stocks, Bonds, Mutual Funds	
• Retirement Accounts (IRA's, 401K's, SEP's, Keoughs)	
• Company Savings & Profit Sharing Plans	
• Other Assets:	

## Liability Information

Please estimate the balances of the following:	Estimated Balances
• Outstanding Installment Loans, Credit Card Balances	
• Mortgage(s) on your Primary Residence	
• Mortgage(s) on other Real Estate	
• Other Liabilities:	

## Income and Expenditure Information

Please estimate the value of the following:	Estimated Amount
• Monthly Household Income	
• Monthly Living Expenditures (excluding Federal, State & Local Taxes) (Take Home Pay)	
• Annual Savings (including company savings plans, personal savings & retirement plans)	
• Is income fairly uniform and predictable? (Circle one)	Yes    No

## Income Tax Information

• Are all Federal, State and Local Tax Returns up-to-date and filed on time? (Circle one)	Yes    No
• Are any of your income tax filings on extension? (Circle one)	Yes    No
• Who prepares your tax return? (Circle one)	Self    Paid Preparer

## Insurance Information

• Which policies do you have?	Auto	Disability	Home-owners	Life	Long-Term Care	Umbrella Liability
♦ Client 1? <i>(Please check all that apply)</i>						
♦ Client 2? <i>(Please check all that apply)</i>						
• Total death benefit of life insurance? <i>(Please indicate amount)</i>	Client 1?			Client 2?		
• How many automobiles do you own?						

## Estate Planning Information

<i>Please circle an answer for each question:</i>	Client 1			Client 2		
• Do you have a will?	Yes	No	Don't Know	Yes	No	Don't Know
• Does your will have trust arrangements?	Yes	No	Don't Know	Yes	No	Don't Know
• Do you have a living trust?	Yes	No	Don't Know	Yes	No	Don't Know
• Do you have a health proxy?	Yes	No	Don't Know	Yes	No	Don't Know
• Do you have a durable power of attorney?	Yes	No	Don't Know	Yes	No	Don't Know

## Your Financial Planning Goals and Investment Objectives

• How important are the following Financial Planning Objectives? <i>Please rank in order of importance (1 = Most Important, 3 = Least)</i>		
	Retire comfortably	
	Provide for children's education	
	Save on income taxes	
	Provide for survivors in the event of my death	
	Structure my estate to minimize estate taxes	
	Other (please explain) _____	
• How important are the following investment objectives? <i>Please rank in order of importance (1 = Most Important, 3 = Least)</i>		
	Increase current income	
	Spread risk among investments (i.e., diversify)	
	Have cash available for emergencies or investment opportunities (i.e., liquidity)	
	Accumulate funds that will keep pace with inflation or do better than inflation	
	Use borrowed funds to increase return from my investments (i.e., leverage)	
	Minimize the time I have to spend managing my investments	
• If retirement is one of your goals, at what age would you like to retire?	Client 1:	Client 2:

## What is Your Attitude Towards Risk?

• Check the one that best describes your attitude:	
	Strongly dislike risk, prefer very safe investments (i.e., insured savings, government securities, etc.)
	Prefer little risk. I want to know how much my investment will pay (i.e., highly-rated bonds)
	Willing to assume some risk (i.e., stocks, mutual funds, etc.)
	Prefer greater risk (i.e., speculative stocks and other investments where the return is uncertain, but may be substantial)

## Miscellaneous Information

• Do you expect any inheritances, legal settlements or gifts that may affect your financial plan? <i>(Circle one)</i>	Yes	No
• If yes, please explain: _____		
• Have you ever been unhappy with the recommendations of a stockbroker, insurance agent and/or any other financial advisor or consultant? <i>(Circle one)</i>		
	Yes	No
• If yes, please explain: _____		
• How were you referred to McClarren Financial Advisors?		



*If you will be coming to our office for your financial consultation, please bring this completed form with you. If we have a teleconference appointment with you, please keep a copy of your completed form and fax or mail a copy to us in advance of our teleconference. (Fax Number: 801-720-8381).*