



Personal Financial Planning Profile

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

General Information

Client's Name _____ Co-Client's Name _____
Birth Date: _____ Birth Date: _____
Social Security #: _____ Social Security #: _____
Address: _____

Country: _____

Phone (cell): _____ (home) _____ (work) _____

E-Mail: _____

Job Title/Work Address: (Client) _____

Job Title/Work Address: (Co-Client) _____

If you own a business, please provide the Federal EIN: _____

Please choose one: Single ___ Married ___ Divorced ___ Widowed ___

Children:

| Name | Address | Birthdate | Social Sec. # |
|-------|---------|-----------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Client: Prior Marriages # _____ Children from: _____

Co-Client Prior Marriages # _____ Children from: _____

Grandchildren:

Number of Grandchildren: _____

Grandchildren's Ages: _____

Are your parents living? Please check below if yes:

Client: Mother____ Father____

Co-Client: Mother____ Father____

Client

Co-Client

Please Check: __ Empl __ Self-Empl __ Retired

: __ Empl __ Self-Empl __ Retired

Occupation: _____

Employer: _____

Financial Planning Priorities and Goals

What are your five most important financial concerns or goals?

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

Assets *Please estimate the value of the following:*

Checking Accounts

Retirement Accounts _____
(includes IRAs, 401(k)s, 403(b)s, annuities, etc.)

Savings Accounts

Your Home _____
(estimated fair market value)

CDs, Savings Bonds

Other Real Estate _____

Brokerage Accounts _____
(includes stocks, bonds, mutual funds, money market accounts)

Other Assets _____

Do you have a Pension Yes ___ No ___

If yes, is your pension "non covered" meaning you did not pay in ss taxes on some or all of your income.
Yes ___ No ___

This usually applies to railroad employees or teachers who started working prior to 1973

If yes we will need to ask additional questions during our upcoming meeting to help you decide when to take Social Security.

Can you make after-tax contributions to your 401(k)/403(b) retirement plan?

Yes ___ No ___ I Don't Know ___

Have you made in the past, after-tax contributions to your 401(k)/403(b) retirement plan?

Yes ___ No ___

Foreign Assets *Please estimate the current balance of the following:*

| | |
|---|---|
| Checking Accounts _____ | Retirement Accounts _____ (includes IRAs, 401(k)s, 403(b)s, annuities, etc.) |
| Savings Accounts _____ | Your Home _____ (estimated fair market value) |
| CDs, Savings Bonds _____ | Other Real Estate _____ |
| Brokerage Accounts _____ (includes stocks, bonds, mutual funds, money market accounts, etc.) | Other Assets _____ |

Liabilities *Please estimate the current balance of the following:*

| | |
|-------------------------|--|
| Primary Mortgage _____ | Education Loans _____ |
| Other Mortgages _____ | Credit Card Balances _____ (list only if they are not paid off) |
| Auto Loans _____ | Alimony _____ |
| Home Equity Loans _____ | Other Debts _____ |

Annual Earned Income

| Client | Co-Client |
|-----------------------|-----------------------|
| Salary _____ | Salary _____ |
| Commission _____ | Commission _____ |
| Bonus _____ | Bonus _____ |
| Social Security _____ | Social Security _____ |
| Pension _____ | Pension _____ |

What percentage of pension goes to spouse if pension holder passes? _____

Other Income _____ Other Income _____

Is Income fairly consistent and reliable?

Yes___ No___

Yes___ No___

Contributions

Are you contribution on a regular basis to a retirement plan such as an IRA, 401(k), 403(b), etc.?

Client: Yes___ No___

Co-Client: Yes___ No___

Estate Planning

Do you have a will(s)? Yes___ No___

Do you have any trusts? Yes___ No___

| Please list your current professional advisors: | Are you please with their service? | Phone # |
|---|------------------------------------|---------|
| Accountant: _____ | Yes___ No___ | _____ |
| Attorney: _____ | Yes___ No___ | _____ |
| Brokerage Co: _____ (and broker) | Yes___ No___ | _____ |

Insurance Co: _____ Yes___ No___ _____
(and agent)

Bank: _____ Yes___ No___ _____

Other: _____ Yes___ No___ _____

Insurance

How much life insurance do you have? What type of insurance is it?

Client
\$ _____
Type _____

Co-Client
\$ _____
Type _____

| | |
|---|--------------|
| Do you (both) have health insurance? | Yes___ No___ |
| Do you (both) have disability insurance? | Yes___ No___ |
| Do you have auto insurance? | Yes___ No___ |
| Do you have homeowner's insurance? | Yes___ No___ |
| Do you have an umbrella liability policy? | Yes___ No___ |

Other Information

Do you follow a budget? Yes___ No___

What do you expect to earn on your own investments?

6-8% ___ 8-10% ___ 10-12% ___ 12-15% ___ 15%+ ___

Have you ever been unhappy with the recommendation of a stock broker, insurance agent, and/or financial advisor or consultant? _____ If yes, please explain:

Who may we thank for your referral? _____

Is there any information you would like to provide at this time?

On a Personal Note:

What do you do with your free time? _____

What brings you the most happiness? _____

Where in the world would you like to travel most? _____

Date _____

Intitial _____

Thank you for choosing Halieus Investment Advisors!

We look forward to working with you!