Personal Profile Worksheet

RESEARCH FINANCIAL GROUP
EST. 1994

PRIMARY

Name: ________________ DOB: ____ / ____ / _____

Phone #:________________ Email:_________________

Occupation / Job Title: _________________________

Veteran?: □ Yes □ No Branch:_________________

Home Address: _______________________________

City:__________________ State: ____ Zip:________

SPOUSE

Name: ________________ DOB: ____ / ____ / _____

Phone #:________________ Email:_________________

Occupation / Job Title: __________________________

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?

____

____

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

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

Please rate your knowledge:

Mutual Funds	( ) **None**	( ) **Moderate**	( ) **Very**
Stocks	( ) **None**	( ) **Moderate**	( ) **Very**
ETFs	( ) **None**	( ) **Moderate**	( ) **Very**
Bonds	( ) **None**	( ) **Moderate**	( ) **Very**

Please express your expectations of working with a financial advisor:

____

____

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