ABARIS FINANCIAL GROUP, LLC

Financial Planning and Wealth Management

CONFIDENTIAL

Personal Financial Profile

Date Completed: ______________________

	Name	Age	Life Expectancy	Date of Birth	Social Security #
CLIENT 1				/ /	- -
CLIENT 2				/ /	- -
Children & Dependents				/ /	- -
				/ /	- -
				/ /	- -
				/ /	- -

Home Address		Home Phone: ( ) -
		Home Fax #: ( ) -
Email		

	CLIENT 1	CLIENT 2
OCCUPATION:	# of Years:	# of Years:
Business Name:		
Business Address:		
Business Phone:	( ) -	( ) -
Fax Number:	( ) -	( ) -
Email:		
Retirement Age:		

MISCELLANEOUS INFORMATION

Marriage Date:	/ /	Insurance Agent:	
Referral Source:		Stockbroker:	
# of Years in Current Home:		CPA:	
CLIENT 1: US Citizen	○ Yes ○ No	Attorney:	
CLIENT 2: US Citizen	○ Yes ◉ No	Other Advisor:	

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Data Gathering is the first important step in the financial planning process and proper data gathering is required per the Practice Standards of the CFP Board. Unless required by law, information provided in this profile will not be released without client consent.

CURRENT ANNUAL INCOME

	CLIENT 1	Increase Rate/Year	CLIENT 2	Increase Rate/Year
Salary (Gross):				
Bonus:				
Net Business Income (Loss):				
Dividends/Interest:				
Social Security:				
Net Rental Prop. Income (Loss):				
Gifts:				
Retirement Income*:				
Other:				
TOTAL GROSS INCOME:	$0.00		$0.00	

*If pension income please describe any survivorship options below.

INSURANCE SUMMARY

LIFE INSURANCE CO.	Type Term/Perm	Insured	Annual Premium	Policy Face Amount	Current Cash Value	Cash Value at Retirement	Present Loan Balance	Smoker? Yes/No

DISABILITY INSURANCE CO.	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until?	Residential Benefits?

HEALTH INSURANCE CO.	Insured	Monthly Benefit	Premiums Paid by?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Paid Until?	Residential Benefits?

LONG TERM CARE	Insured	Daily Benefit	Inflation Rider Y/N?	Group or Individual	Waiting Period	Premium & Frequency	Benefits Period (Yrs)	At Home Benefit %

ASSETS
TOTAL ONLY: Attach copies of statements for detail

	Value	Own*	Type*
Checking			
Savings			
Money Market			
CDs (1) Mat. Date			
(2) Mat. Date			
Mutual Funds			
Bonds			
Stocks			
REITS			
Mortgage/Note Receivable			
Annuities			
Life Insurance Cash Value			
Limited Partnerships			
IRA—Client 1	/		
Company/Client Cont. Annual			
IRA—Client 2	/		
Company/Client Cont. Annual			
Retirement Plan—Client 1	/		
Vested Amount			
Retirement Plan—Client 2	/		
Vested Amount			
Investment Property			

*OWN: 1=Client #1 2=Client #2 J=Joint

*TYPE: T=Taxable F=Tax Free D=Tax Deferred
E=Equity Q=Qualified

	Value	Own*
Personal Residence(s)		
Personal Property		
Auto 1		
Auto 2		
Furniture		
Jewelry/Art		
Other		
TOTAL ASSETS	0.00	

LIABILITIES

	Balance
1st Mortgage (Int. Rate ____)	
Date of Origin ____Term____	
Monthly Pmt. (Prin.+Int. only)	
2nd Mortgage (Int. Rate ____)	
Date of Origin ____Term____	
Monthly Pmt. (Prin.+Int. only)	
Home Equity Line	
Int. Rate	
Credit Cards	
Notes Payable	
Automobile Loans	
Investment Loans	
Margin Account Balance	
Future Obligations	
Other	
TOTAL LIABILITIES	

0.00

NET WORTH

Total Assets	
Total Liabilities	
NET WORTH	0.00

ESTATE PLANNING DOCUMENTATION

	CLIENT 1		CLIENT 2	
	Date Executed or Name of Designee	Attorney	Date Executed or Name of Designee	Attorney
WILL:				
Executor:				
POWER OF ATTORNEY:				
To Whom Delegated:				
HEALTH CARE PROXY:				
To Whom Delegated:				
LIVING WILL:				

LIVING TRUST:				
Name of Trust:				
Trustees:				
Successor Trustee(s):				

Are your assets retitled to Trust? ● Yes ○ No

Are beneficiary designations consistent with latest estate planning documents? ● Yes ○ No

LIFE INSURANCE TRUST:				

Life Insurance ownership changed to Trust? ○ Yes ● No

Is your attorney the same for all documents? ○ Yes ● No

Where are your original estate planning documents stored?

TAX DATA

Tax Filing Status: ○ Single ○ Joint ● Head of Household

OTHER TAX ADJUSTMENTS

Self employment medical insurance premiums (Total Amount/Increase % Rate)	$	%
Alimony: Payable to Age:_______ (Total Amount/Increase % Rate)	$	%

EDUCATION GOALS

Name of Individual (Current Grade)	Dates in Private School K–12	Estimated Total Expenses/Year	Dates in College	Annual Estimated Tuition/ Room & Board/Car/Etc.

REACHING RETIREMENT GOALS

	CLIENT 1		CLIENT 2	
	1st Choice	2nd Choice	1st Choice	2nd Choice
Target Retirement Age				

	CLIENT 1		CLIENT 2	
	401K / 403b	Savings, CD, Mutual Fund	401K / 403b	Savings, CD, Mutual Fund
How much do you save and invest for your long-term retirement? (please state in annual terms)	$	$	$	$
	$	$	$	$

Do your plan to increase this amount by a certain % each year? ◉ Yes ○ No If so how much? __________

Do you expect your living expenses during retirement to: ◉ Stay the Same ○ Increase ○ Decrease

Do you expect to spend more on travel & entertainment for a certain period? Annual Amount: ________ # Yrs.: ________

When do you expect to buy your next vehicle? Year: ________ Cost: ________ Next Vehicle — Year: ________ Cost: ________

ADDITIONAL CLIENT GOALS & COMMENTS

Immediate goals in the next 12 months (Include major expenditures: (house, car, college education, wedding, real estate, providing for retirement, etc.):

Goals in the next three–five years:

Special Circumstances/Concerns:

CASH FLOW INFORMATION

Monthly Income

	Current	Retirement
Wages, salary, tips		
Cash dividends		
Interest received		
Social Security income		
Pension Income		
Rents, royalties		
Other income		
TOTAL MONTHLY INCOME	$0.00	$0.00

Fixed Monthly Expenses

	Current	Retirement
Mortgage payment or rent		
2nd home mortgage		
Automobile note		
Personal loans		
Credit cards		
Life insurance		
Disability insurance		
Medical insurance		
Long-term care insurance		
Homeowner's insurance		
Automobile insurance		
Umbrella liability insurance		
Federal income taxes		
State income taxes		
FICA		
Real estate taxes		
Other taxes		
Savings (regularly)		
Investments (regularly)		
Retirement Plan contributions		
TOTAL FIXED EXPENSES	$0.00	$0.00

Variable Monthly Expenses

	Current	Retirement
Electricity		
Gas		
Telephone		
Water		
Cable TV		
Home repairs/Maintenance		
Home improvements		
Food		
Clothing		
Laundry		
Child care		
Personal Care		
Automobile gas & oil		
Automobile repairs, etc.		
Other transportation		
Educational expenses		
Entertainment/Dining		
Recreation/Travel		
Club/Association dues		
Hobbies		
Gifts/Donations		
Unreimbursed medical, and dental expenses		
Miscellaneous		
TOTAL VARIABLE EXPENSES	$0.00	$0.00

Net Cash Flow

	Current	Retirement
Total monthly income	$0.00	$0.00
Total fixed expenses	$0.00	$0.00
Total variable expenses	$0.00	$0.00
DISCRETIONARY INCOME (Income–Expenses)	$0.00	$0.00