

Confidential Financial Organizer

Background Information

Your name _____ Date _____

Home address _____

Home phone _____ E-mail / Web site _____

Spouse's/Partner's Name _____ Date of Marriage _____

You

Your Spouse or Partner

Occupation/Title _____

Company _____

Years of Service _____

Ofc. phone & fax _____

Birthdate & Place _____

Names & Birthdates of Children _____

Financial Planning Objectives and Concerns

Instructions: Please indicate below those financial planning objectives that are important to you as well as any particular concerns you might have.

Objectives	Very Important	Somewhat Important	Not Important
Improving my personal record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving more regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing income taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting family wealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluating investments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing a pension distribution, inheritance, or other lump sum: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluating insurance coverage: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a major purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting college education costs: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retiring at age(s) _____ and /or _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assuring a comfortable retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making sure my estate is properly planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Paul S. Bonapart, JD, RFC®, AIF®, President| Fiduciary Advice ♦ Since 1992| www.financialsecurityplanning.com

Financial Planning offered through Financial Security Planning Services, Inc., a Registered Investment Adviser
Securities offered through Commonwealth Financial Network®, member FINRA/SIPC

Your Name(s): _____

1. What are the best and worst investments you have ever made, and why?

Best: _____

Worst: _____

2. How much of your income are you regularly saving? 10% 15% 20% Other: _____

3. Does anyone depend on you for financial support? _____

4. Please list all medical ailments for yourself and family: _____

5. Are you engaged in any community or volunteer activities? _____

6. Have you established any wills or trusts? : _____

7. Please indicate any other questions or concerns you may have about your finances: _____

8. What do you want from a financial advisor? _____

9. What can we do to make a working relationship comfortable and satisfying for you? _____

10. How often do you want to hear from us? _____

11. Have you worked with other financial advisors? If so, what did you like about those relationships?

What would you have wanted improved? _____

Why did those relationships end? _____

12. Have you ever been involved in litigation or arbitration? _____

Ever with a financial adviser? _____

Your Name(s): _____

Financial Summary

Instructions: Please estimate your annual income from the following sources:

<u>Sources of Income</u>	<u>You</u>	<u>Spouse/Partner</u>
Gross salary Raises Expected: _____	\$ _____	\$ _____
Bonuses/profit sharing Date: _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
Alimony/child support	\$ _____	\$ _____
Distributions from partnerships /businesses	\$ _____	\$ _____
Rental income	\$ _____	\$ _____
Business income	\$ _____	\$ _____
Trust distributions Date: _____	\$ _____	\$ _____
Pension Date: _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Other Income Source: _____	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

INSURANCE COVERAGES	Family Member(s) Insured	Insurance Carrier	Plan Name	Amount of Coverage	Waiting Period / Deductible	Annual Premium	Notes
Auto				\$	\$	\$	
Home				\$	\$	\$	
Umbrella				\$	\$	\$	
Health/Med.Suppl.				\$	\$	\$	
Health/Med.Suppl.				\$	\$	\$	
Disability/LTC				\$		\$	
Disability/LTC				\$		\$	
Life Insurance				\$	-----	\$	
Life Insurance				\$	-----	\$	
Life Insurance				\$	-----	\$	
Life Insurance				\$	-----	\$	
Other: _____				\$	\$	\$	

Your Name(s): _____

Instructions: Please estimate the approximate value of your assets and liabilities.

Personal Assets

Personal Liabilities

Savings & checking accounts:	\$ _____	Credit card balance:	\$ _____
		Interest rate: _____%	
Money markets & credit unions:	\$ _____	Auto loan balance:	\$ _____
		Interest rate: _____%	
* IRA/Roth account totals:	\$ _____	Mortgage: Original amt.:	\$(_____)
* 403(b)/401k account totals:	\$ _____	Original term	_____ years
* SEP/Keogh account totals:	\$ _____	Mortgage type:	_____
* Annuity account totals:	\$ _____	Remaining Balance:	\$ _____
		Payment p/mo.	\$ _____
* Investment account totals :	\$ _____	Current Interest rate:	_____%
		No. of years remaining:	_____
Value of family business or professional practice:	\$ _____	Other liabilities (i.e. home equity, credit cards):	
Value of your home:	\$ _____	<input type="checkbox"/> _____	\$ _____
		Interest rate: _____%	
* Cash value life insurance total:	\$ _____	<input type="checkbox"/> _____	\$ _____
		Interest rate: _____%	
Other assets: (i.e., real estate)	\$ _____		
_____	\$ _____		
Total Assets:	\$ _____	Total Liabilities:	\$ _____

* **Please furnish current statements for each account**

Net Worth: \$ _____

Advisors
Instructions: Please list other advisors with whom you currently work.

	<u>Name</u>	<u>Comments</u>	<u>Location</u>
Accountant:	_____		
Attorney:	_____		
Auto/Home Insurance:	_____		
Banker/Trust Officer:	_____		
Bookkeeper:	_____		
Mortgage Broker:	_____		
Realtor:	_____		
Stockbroker:	_____		