



Confidential Profile

CONFIDENTIAL PROFILE

This comprehensive, personal financial planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing a sensible financial plan for your future.

FAMILY INFORMATION

PERSONAL INFORMATION

Client 1

Client 2

Name

Nickname

Birth Date

Social Security Number

Cell Phone

E-mail Address

CHILDREN & GRANDCHILDREN

1st Child

2nd Child

3rd Child

4th Child

5th Child

Name/Gender

City/State

Employer/Occupation

Birth Date

Prior Marriage

Dependent

Parent of Child

Spouse of Child

— Birth Date

Grandchild

— Birth Date

Grandchild

— Birth Date

Grandchild

— Birth Date

RESIDENCE INFORMATION

Primary Residence

Secondary Residence

Street Address

City, State, Zip

Mailing Address (if
different)

City, State, Zip

Phone

Fax

Owner Name(s)

Ownership Type

Time at this home

years and

months

years and

months

EMPLOYMENT INFORMATION

CURRENT

Client 1

Client 2

Occupation/Title

Employer (last, if retired)

Employer Address

City, State, Zip

Phone

Fax

Email

Years Employed

years

years

PERSONAL ADVISORS

FINANCIAL ADVISOR

Advisor's Name

Firm

Address

Phone

City, State, Zip

Satisfied?

Do you have a preference for or a commitment to this advisor?

ACCOUNTANT

Accountant's Name

Firm

Address

Phone

City, State, Zip

Satisfied?

Do you have a preference for or a commitment to this advisor?

ATTORNEY

Attorney's Name

Firm

Address

Phone

City, State, Zip

Satisfied?

Do you have a preference for or a commitment to this advisor?

BANK OFFICER

Officer's Name

Firm

Address

Phone

City, State, Zip

Satisfied?

Do you have a preference for or a commitment to this advisor?

TRUST OFFICER

Officer's Name

Firm

Address

Phone

City, State, Zip

Satisfied?

Do you have a preference for or a commitment to this advisor?

LIFE INSURANCE AGENT

Agent's Name

Firm

Address

Phone

City, State, Zip

Satisfied?

Do you have a preference for or a commitment to this advisor?

PROPERTY & CASUALTY INSURANCE AGENT

Agent's Name

Firm

Address

Phone

City, State, Zip

Satisfied?

Do you have a preference for or a commitment to this advisor?

REAL ESTATE ADVISOR

Advisor's Name

Firm

Address

Phone

City, State, Zip

Satisfied?

Do you have a preference for or a commitment to this advisor?

STOCKBROKER

Stockbroker's Name

Firm

Address

Phone

City, State, Zip

Satisfied?

Do you have a preference for or a commitment to this advisor?

WHAT IS IMPORTANT TO YOU ABOUT MONEY?

WEALTH PLANNING

At Snider Financial Group, we focus on holistic wealth planning which encompasses all your objectives. A Wealth Plan is like a GPS designed to effectively guide you toward your life goals and dreams. Some questions that we will ask you to consider:

What do you value most in life?

What do you ultimately want to achieve in your life?

What is the vision for your future?

OBJECTIVES & CONCERNS

GENERAL

Are you anticipating any major lifestyle changes?
(i.e., marriage, divorce, retirement, moving, etc.)

If so, what changes are you expecting?

Are you comfortable with your cash flow?

RETIREMENT PLANNING

Client 1

Client 2

Planned/Actual age at retirement:

What minimum income will you need at retirement
(in today's dollars)?

I expect an inheritance of how much and in how
many years.

in years

in years

Does your employer offer a retirement program?

If yes, please enter type: 401k, 403b, 457, etc.

If yes, do you participate?

Annual contribution amount?

Are you contributing to an IRA?

PROTECTION

Client 1

Client 2

Do you have adequate disability coverage?

Do you have adequate personal liability coverage?

Do you have adequate life insurance?

Do you have long-term care insurance for nursing home expenses?

ESTATE PLANNING

Client 1

Client 2

Do you have a current will?

Have you established any trusts?

Are you the beneficiary of any trusts?

Have you adequately considered estate taxes?

Have you provided adequate estate liquidity for your heirs?

Which are you more interested in preserving wealth for?

CONCERNS

Please list any current concerns:

FAMILY BALANCE DATA SHEET

ASSETS

REAL ESTATE

Address	Current Value	Purchase Price	Purchase Date	Rental Income
Primary Residence				
Secondary Residence				

PERSONAL PROPERTY

Description (make/model)	Current Value	Purchase Price	Owner
Vehicle 1			
Vehicle 2			
Jewelry			
Other			
Other			

CASH ACCOUNTS

Institution	Current Value	Owner
Checking 1		
Checking 2		
Savings 1		
Savings 2		
Other		
Other		

TAXABLE INVESTMENT ACCOUNTS

Description/Institution	Current Value	Owner

TAX SHELTERED/RETIREMENT INVESTMENT ACCOUNTS

Description/Institution	Current Value	Owner
401(k) 1		
401(k) 2		
IRA 1		
IRA 2		
Profit Sharing		
403(B)		
Roth		
Other		
Other		

BUSINESS INTERESTS

Entity Name	Owners/Co-Owners	Fair Market Value	Tax Basis	Ownership %	Entity Type

One-year goal for business:

Five-year goal for business:

Desire for business at retirement/death:

PERSONAL GOAL PLANNING

How can we help you? On a scale of 1 to 10 (1 being low and 10 being high) please rate the following:

	Client 1	Client 2
Increase my net worth by _____ % (Client 1), _____ % (Client 2)		
Reduce my tax burden		
Pay education expenses for my children		
Financial security at retirement		
Purchase real estate		
Plan for long-term care		
Provide for my family in the event of my (or my spouse's) death		
Minimize the cost of probate and estate taxes		
Control the distribution of assets to my heirs		
Fund a charitable endeavor		

OTHER GOALS

If you could change three things about your current financial situation, what would you change?

Client 1	Client 2

INVESTMENT GOALS

Investment Goal	Priority Level	Investment Goal	Priority Level
Return should exceed inflation rate		Reduce my taxable income	
Principle should be safe		Build tax-free income	
Investments should be liquid (immediately available)		Long-term growth	
Diversification is important		Short-term profits	
Professional asset management			

RISK TOLERANCE

Rate your risk tolerance level on a scale of 1 (low tolerance) to 10 (high tolerance):

Client 1
Client 2

Thank you for taking the time to complete this profile!