

# CONFIDENTIAL PROFILE







# FAMILY INCOME STATEMENT

## Income

### 1) Your Income

Salary \$ \_\_\_\_\_  
Bonus \$ \_\_\_\_\_  
Rental \$ \_\_\_\_\_  
Investment \$ \_\_\_\_\_  
Social Security  
([www.ssa.gov](http://www.ssa.gov)) \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_  
Other:  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
**Total Annual Income** \$ \_\_\_\_\_

### 2) Spouse/Partner Income

Salary \$ \_\_\_\_\_  
Bonus \$ \_\_\_\_\_  
Rental \$ \_\_\_\_\_  
Investment \$ \_\_\_\_\_  
Social Security  
([www.ssa.gov/](http://www.ssa.gov/)) \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_  
Other:  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
**Total Annual Income** \$ \_\_\_\_\_

**Total Annual Family Income** \$ \_\_\_\_\_

## Expenses

Fixed \$ \_\_\_\_\_

Variable \$ \_\_\_\_\_

Home Mortgage \$ \_\_\_\_\_

Second Mortgage \$ \_\_\_\_\_

Credit Card \$ \_\_\_\_\_

Personal Loans \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_

**Total Annual Expenses** \$ \_\_\_\_\_

# FAMILY BALANCE SHEET

Investment account statements or summaries can be substituted for this page.

ASSETS	
<b><u>Non-Retirement Investments</u></b>	
Account 1	\$ _____
Account 2	\$ _____
Account 3	\$ _____
Savings	\$ _____
Checking	\$ _____
Other	\$ _____
<b><u>Retirement Investments</u></b>	
IRA	\$ _____
Roth IRA	\$ _____
401(k)/403(b)	\$ _____
Defined Benefit	\$ _____
Profit Sharing	\$ _____
Business	
Business Value	\$ _____
Entity Type	_____
Real Estate	
Residence	\$ _____
2nd Home	\$ _____
Rental Property	\$ _____
Land	\$ _____
Other	

LIABILITIES		
<b><u>Short-Term</u></b>		
		Interest Rate
Credit Cards; Notes	\$ _____	_____
Personal Loan	\$ _____	_____
<b><u>Long-Term</u></b>		
		Interest Rate
Home Mortgage	\$ _____	_____
Second Mortgage	\$ _____	_____
Business	\$ _____	_____
Additional Property	\$ _____	_____
<b><u>Other</u></b>		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

# WHAT IS IMPORTANT ABOUT MONEY TO EACH OF YOU?

Your Name: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

1)

1)

2)

2)

3)

3)

4)

4)

## WEALTH PLANNING

We focus on holistic Wealth Planning which also encompasses non-financial objectives. A Wealth Plan is a GPS designed to effectively guide you toward your life goals.

What do you value most in life?

What do you ultimately want to achieve in your life?

What is your vision for the future?

Are you more concerned about growing your assets or protecting what you already have?

What needs to happen over the next few years in order for you to feel our relationship has been successful?

# OBJECTIVES & CONCERNS

## General

Are you anticipating any major lifestyle changes?  
(i.e. marriage, divorce, retirement, move, etc.)  Yes  No  Unsure

If yes, what changes are you expecting and when? \_\_\_\_\_

Are you comfortable with your current cash flow?  Yes  No  Unsure

## Retirement Planning

	You	Partner/Spouse
Planned/Actual age at retirement	_____	_____
What minimum after-tax income will you need at retirement (in today's dollars)?	\$ _____	\$ _____
If you plan on working <b>during retirement</b> , estimate your anticipated income.	\$ _____	\$ _____
I expect an inheritance of how much and in how many years.	\$ _____ yrs	\$ _____ yrs
Are you contributing to an IRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your employer offer a retirement program? (If yes, please enter type: 401k, 403b, 457, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____ (type)	_____ (type)
If you answered "Yes" to the previous question, do you participate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you participate, please indicate your annual contribution.	\$ _____	\$ _____

## Protection

	You	Partner/Spouse
Do you have adequate disability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have adequate personal liability/umbrella coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have enough life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have long-term care insurance for home health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have long-term care insurance for assisted living?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Is employer-provided health insurance available during retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

## Estate Planning

	You	Partner/Spouse
When were your current wills/trusts signed?	_____	_____
Do you have any established trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Are you the beneficiary of any trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you adequately planned for estate taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you provided adequate estate liquidity for your heirs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you planned your legacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

## Concerns

Please list your current concerns, financial or otherwise.

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# PROFESSIONAL ADVISORS

Financial Advisor's Name: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Are you committed to working with this advisor?  Yes  No

Attorney's Name: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Are you committed to working with this advisor?  Yes  No

Accountant's Name: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Are you committed to working with this advisor?  Yes  No

Life Insurance Agent's Name: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Are you committed to working with this advisor?  Yes  No

P&C Insurance Agent's Name: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Are you committed to working with this advisor?  Yes  No

Bank Officer's Name: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Are you committed to working with this advisor?  Yes  No

Trust Officer's Name: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Are you committed to working with this advisor?  Yes  No

Real Estate Agent's Name: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_

Are you committed to working with this advisor?  Yes  No

Firm: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Thank You!

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**[www.SniderFinancialGroup.com](http://www.SniderFinancialGroup.com)**



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