

J. MARC VORCHHEIMER, CFP®

Preliminary Personal Planning Profile

To help determine whether your financial planning needs and goals can be successfully served by *Integrated Financial Consulting, LLC* please fill out the next 5 pages and submit them along with the first three pages of your most recent tax return to our office at least one week prior to your initial appointment.

The information you provide on this form is strictly confidential.

INTEGRATED FINANCIAL CONSULTING

2 PERLMAN DRIVE

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SPRING VALLEY, NY 10977

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Today's Date: _____

Personal Financial Planning Profile

The following information is **strictly confidential** and will not be disclosed to anyone without your consent.

General Information

Client's Name (1): _____ Client's Name (2): _____

Birth Date (1): _____ Birth Date (2): _____

Address: _____

Phone: (H) _____ (C) _____ (O) _____

Fax: _____ e-mail (1): _____ e-mail (2): _____

Please check one: Single Married Divorced Widowed Other

Family Members: (Please list children and other dependents)
Name: _____ Birth Date/Age: _____ Lives with you? _____

_____ Yes ___ No ___

_____ Yes ___ No ___

_____ Yes ___ No ___

_____ Yes ___ No ___

_____ Yes ___ No ___

_____ Yes ___ No ___

_____ Yes ___ No ___

_____ Yes ___ No ___

Are your parents living?

Client 1: Mother _____ Father _____ **Client 2:** Mother _____ Father _____

Client 1:

Client 2:

Please check all that apply:
 Employed Self-Employed Retired

Please check all that apply:
 Employed Self-Employed Retired

Occupation: _____

Employer/ Duration: _____

Anticipated changes (if applicable): _____

If at current employer under 3 years:

Prior Work History Occupation: _____

Duration: _____

Financial Planning Priorities and Goals

What are your three most important financial concerns or goals?

1. _____

2. _____

3. _____

Assets Please estimate the value of the following:

Note: If you have this information summarized another way, omit this section and attach your summary.

Checking Accounts _____	Retirement Accounts _____ (Includes IRAs, 401(k)s, 403(b)s, annuities, etc.)
Savings Accounts _____ Rate: _____%	Your Home _____ (estimated fair market value)
CDs, Savings Bonds _____	Other Real Estate _____
Brokerage Accounts _____ (Includes stocks, bonds, mutual funds, money market accounts, etc.)	Other Assets _____
Vehicles _____	

Liabilities

Please estimate the current balance of the following:

Primary Mortgage _____ Inception: _____ Term: _____ Rate: _____%	Education Loans _____
Other Mortgages _____	Credit Card Balances _____ (List only if they are not paid off monthly)
Auto Loans _____	Other Debts _____
Home Equity Loan _____	

Annual Earned Income

Client 1:	Client 2:
Salary _____	Salary _____
Self-Employment _____	Self-Employment _____
Commission _____	Commission _____
Bonus _____	Bonus _____
Social Security _____	Social Security _____
Pension _____	Pension _____
Other Income _____	Other Income _____

Is income fairly consistent and reliable?

Client 1: Yes No

Client 2: Yes No

Contributions

Are you contributing to a retirement plan such as an IRA, a 401(k), 403(b), 457 plan, Roth, SEP or Simple IRA, etc. on a regular basis?

Client 1: Yes No **Client 2:** Yes No

Estate Planning

Do you have a will(s)? Yes No Do you have any trusts? Yes No

Please list your current professional advisors: How Satisfied Are You With Their Service?

	Very satisfied	Somewhat			Very dissatisfied		
	1	2	3	4	5	N/A	
Accountant: _____	1	2	3	4	5	N/A	
Attorney: _____	1	2	3	4	5	N/A	
Brokerage Co.: _____	1	2	3	4	5	N/A	
Insurance Co.: _____	1	2	3	4	5	N/A	
Other: _____	1	2	3	4	5	N/A	

Who prepares your tax returns? _____

Are all Federal, State, and Local tax returns up to date and filed on time? Yes No

Are any of your income tax filings on extension? Yes No

Insurance

How much life insurance do you have? What type of insurance is it?

Client 1:

Client 2:

\$ _____

\$ _____

Type(s)? _____

Type(s)? _____

- | | | |
|-----------------------------------------------|------------------------------|-----------------------------|
| Do you (both) have health insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you (both) have disability insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you (both) have long term care insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have auto insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have homeowner's insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have an umbrella liability policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been turned down for insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Cash Flow Information

Do you know what your annual or monthly living expenses are; what you spend each month? Yes No

If yes, approximate: \$_____ per year or \$_____ per month (excluding taxes)

Do you use a computer to track your spending? Yes No

Your Financial Planning Goals and Investment Objectives

How important are the following financial planning goals to you? Please rank each goal in order of their importance to you (1 = most important, 3 = least important) with two or fewer selections rated as a 1.

Client 1: **Client 2:**

- | | | |
|-------|-------|------------------------------------------------|
| _____ | _____ | Retire comfortably |
| _____ | _____ | Provide for children's education |
| _____ | _____ | Save on income taxes |
| _____ | _____ | Provide for survivors in the event of my death |
| _____ | _____ | Other (please explain) _____ |

If retirement is one of your goals, at what age would you like to retire?

Client 1: _____ **Client 2:** _____

How important are the following investment goals? Please rank each goal in the order of their importance to you (1 = most important, 3 = least important) with two or fewer selections rated as a 1.

Client 1: **Client 2:**

- | | | |
|-------|-------|----------------------------------------------------------------------------------|
| _____ | _____ | Increase current income |
| _____ | _____ | Spread risk among investments (i.e. diversify) |
| _____ | _____ | Have cash available for emergencies or investment opportunities (i.e. liquidity) |
| _____ | _____ | Accumulate funds that will keep pace with inflation or do better than inflation |
| _____ | _____ | Use borrowed funds to increase return from investments (i.e. leverage) |
| _____ | _____ | Minimize the time I have to spend managing my investments |

What do you expect to earn on your investments?

6-8% _____ 8-10% _____ 10-12% _____ 12-15% _____ 15%+ _____

What is Your Attitude Towards Risk?

Check the one that best describes your attitude:

Client 1: **Client 2:**

- | | | |
|-------|-------|----------------------------------------------------------------------------------------------------------------------------|
| _____ | _____ | Strongly dislike risk. Prefer very safe investments (i.e. insured savings, government securities, etc.). |
| _____ | _____ | Prefer little risk. I want to know how much my investment will pay (i.e. highly rated bonds). |
| _____ | _____ | Willing to assume some risk (i.e., stocks, mutual funds, etc.). |
| _____ | _____ | Prefer greater risk (i.e. speculative stocks and other investments where the return is uncertain, but may be substantial). |

Miscellaneous Information

How did you hear about us? (NAPFA website, FPA website, internet search, client referral, etc.)

How have you selected your current investments?

Have you ever been unhappy with the recommendations of a stockbroker, insurance agent and/or financial advisor or consultant? _____ If yes, please explain:

Do you expect any inheritances, legal settlements or gifts that may affect your financial plan? _____
If yes, please explain:

Is there any other information you would like to provide at this time?

I. Please return this completed form and the **first 3 pages** of your most recent tax return (Form 1040) via mail, fax, or email **one week prior to our meeting.**

(Please keep a copy of this completed form for your reference during our meeting).

II. Please bring the following to our initial meeting:

- a. Complete tax returns (federal and state) from the past 3 years.
- b. Most recent statements for your brokerage/investment accounts, IRAs, 401(k)s, 403(b)s, pensions, retirement accounts, etc.
- c. Last year's W-2 and a recent pay stub for client 1 and client 2.
- d. Any other pertinent information.

Thank you!

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