

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 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**

365 ROUTE 59

SUITE 251

AIRMONT, NY 10952

PHONE: (845) 426-6300

FAX: (845) 314-9690

e-mail: [info@integratedfinancialconsulting.com](mailto:info@integratedfinancialconsulting.com)

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

### **Liabilities**

Please estimate the current balance of the following:

|                        |   |  |
|------------------------|---|--|
| Primary Mortgage       | Inception: _____<br>Loan Amount: _____<br>Term: _____<br>Rate: _____% | Education Loans _____  |
| Other Mortgages _____  |   | Credit Card Balances _____<br>(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                 |  |     |
| 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?  Yes  No

Do you (both) have disability insurance?  Yes  No

Do you (both) have long term care insurance?  Yes  No

Do you have auto insurance?  Yes  No

Do you have homeowner's insurance?  Yes  No

Do you have an umbrella liability policy?  Yes  No

Have you ever been turned down for insurance?  Yes  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?

1-2% \_\_\_\_\_      3-5% \_\_\_\_\_      6-8% \_\_\_\_\_      8-10% \_\_\_\_\_      10%+ \_\_\_\_\_

### ***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?

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I. Please return this completed form and the **first 5 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. Social Security statements, if applicable.
- e. Any other pertinent information.

*Thank you!*

***J. Marc Vorchheimer, CFP®***

**INTEGRATED FINANCIAL CONSULTING, LLC**

TEL 845-426-6300

FAX 845-314-9690

Email: [info@integratedfinancialconsulting.com](mailto:info@integratedfinancialconsulting.com)