



## Inspire Advisors Client Profile

Client \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Spouse \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Primary email \_\_\_\_\_ Secondary \_\_\_\_\_

Children/Age(s) \_\_\_\_\_

Grandchildren/Age(s) \_\_\_\_\_

Religious Affiliations \_\_\_\_\_

Hobbies/Leisure Activities \_\_\_\_\_

How did you Hear about Inspire Advisors? \_\_\_\_\_

## Beneficiaries

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

# Financial Goals

What is your expected retirement age? \_\_\_\_\_ Spouse's expected retirement age? \_\_\_\_\_

Do you plan to relocate? If yes, when and where? \_\_\_\_\_

How much of your investments do you plan to spend in the next 1-3 years? \_\_\_\_\_

For what? \_\_\_\_\_

How much of your investments do you plan to spend in the next 4-6 years? \_\_\_\_\_

For what? \_\_\_\_\_

For investments that will not be spent for 7 or more years, describe your risk tolerance.

(ex. Growth Focused, Balanced, or Protective) \_\_\_\_\_

## Assets and Liabilities

Properties	Name	Estimated Value
1)	_____	\$ _____
2)	_____	\$ _____
3)	_____	\$ _____

Vehicles	Make/Model	Year	Value
1)	_____	_____	\$ _____
2)	_____	_____	\$ _____
3)	_____	_____	\$ _____
4)	_____	_____	\$ _____

Cash Holdings	Account Type	Financial Institution	Current Balance
1)	_____	_____	\$ _____
2)	_____	_____	\$ _____
3)	_____	_____	\$ _____
4)	_____	_____	\$ _____
5)	_____	_____	\$ _____

Investments	Account Type	Financial Institution	Current Balance
1)	_____	_____	\$ _____
2)	_____	_____	\$ _____
3)	_____	_____	\$ _____
4)	_____	_____	\$ _____
5)	_____	_____	\$ _____
6)	_____	_____	\$ _____
7)	_____	_____	\$ _____
8)	_____	_____	\$ _____

Liability Payments	Loan Type	Term	Rate	Payment	Balance
1)	_____	_____	_____ %	\$ _____	\$ _____
2)	_____	_____	_____ %	\$ _____	\$ _____
3)	_____	_____	_____ %	\$ _____	\$ _____
4)	_____	_____	_____ %	\$ _____	\$ _____
5)	_____	_____	_____ %	\$ _____	\$ _____
6)	_____	_____	_____ %	\$ _____	\$ _____

## Financial Background

Client Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Length of Service \_\_\_\_\_

Spouse Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Length of Service \_\_\_\_\_

Income Sources	Gross Annual Income Amount
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
5) _____	\$ _____
6) _____	\$ _____

## Retirement Income Sources

Income Source	Gross Annual Income Amount
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
5) _____	\$ _____
6) _____	\$ _____

## Recent Taxes

Year	Total Income	Adjusted Gross Income (AGI)	Federal Tax	State Tax
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

## Protection Planning

Policy Type	Insured Person	Coverage amount	Monthly Premium	Policy Date
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

## Legacy Planning

Trust	Wills	P.O.A.	As of Date	Estate Attorney Name & Telephone Number
_____	_____	_____	_____	_____