A PERSONAL FINANCIAL ANALYSIS

Lifetime Service For Lifetime Clients

- You complete the Financial Data Organizer
    - List and prioritize your financial goals and objectives
    - Gather your financial statements and financial documents
- I evaluate your assets and liabilities
    - Review tax returns, estate documents, insurance plans, employee benefits, retirement plans, savings, and investments
- I prepare and deliver a written financial analysis
- You decide which recommendations to implement
- We meet periodically to review the plan's performance in light of your updated goals, objectives, resources, and liabilities.

Getting Started

Your completion of the **Financial Data Organizer** is the most critical element in the development of a **Personal Financial Analysis.**

- Please complete the Financial Data Organizer and have the supporting documentation available for our next conference.

- Please use the enclosed envelope to return the Financial Data Organizer and photocopies of the supporting documentation.

** CONFIDENTIAL **

PERSONAL FINANCIAL DATA

From

____

____

Address:

____

____

Home Phone: (________) ____

Cell Phone: (________) ____

Business Phone: (________) ____

E-Mail Address: ________________________@________________________

Spouse

Cell Phone: (________) ____

Business Phone: (________) ____

E-Mail Address: ________________________@________________________

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FAMILY INFORMATION

____ ____

(First Name / Middle Initial) (Last Name)

__________________________ ______________ ____

(Social Security Number) (Date Of Birth) (Overall Health)

____ ____

(Spouse First Name / Middle Initial) (Last Name)

__________________________ ______________ ____

(Social Security Number) (Date Of Birth) (Overall Health)

Dependent Children:

____ ____

(First Name / Middle Initial) (Last Name)

____

(Date Of Birth)

____ ____

(First Name / Middle Initial)

____

(Date Of Birth)

____ ____

(First Name / Middle Initial) (Last Name)

____

(Date Of Birth)

____ ____

(First Name / Middle Initial) (Last Name)

____

(Date Of Birth)

Do you have any adult children who you financial support?

____

____

____

PERSONAL FINANCIAL GOALS & OBJECTIVES

Indicate your short-term and long-term goals and objectives:

____

Additional information, questions, comments, etc.:

____

What do you want a Personal Financial Analysis to accomplish for you?

____

Current Monthly Savings: $__________

Please indicate any anticipated changes:

____

Monthly Household Expenses: $__________

Please indicate any anticipated changes:

____

How much <u>more</u> are you willing to set aside on a regular basis to accomplish your financial goals?

$_________

Per _________

PERSONAL FINANCIAL GOALS & OBJECTIVES
(Continued)

Indicate your current priorities for each of the following:

LIVING BENEFITS	N/A	Low	Medium	High
Increase the yield on my savings	------	------	------	------
Start a college savings plan	------	------	------	-------
Have adequate income if I become disabled	-------	------	------	-------
Accumulate cash for a new home, car, etc.	-------	------	------	-------
Start a "rainy" day fund	-------	------	------	-------
Reduce debt	-------	-------	-------	-------
Other: ___________________________________	-------	-------	-------	-------

EMPLOYMENT BENEFITS	N/A	Low	Medium	High
Gain a better understanding of my present benefit package	------	------	------	------
Review my retirement savings plans	------	------	------	-------
Other: ___________________________________	-------	------	------	-------

ESTATE OBJECTIVES	N/A	Low	Medium	High
Provide cash for final expenses	------	------	------	------
Have my settled quickly and efficiently	------	------	------	-------
Have adequate resource for my family	-------	------	------	-------
Make a bequest to my church and/or a charity	-------	------	------	-------
Provide professional money management For my heirs	-------	------	------	-------
Other: ___________________________________	-------	-------	-------	-------

FINANCIAL PROFILE

Employer: ____

Occupation: ____

Annual Salary: $__________

Monthly Pension And Social Security Income (if retired) $__________

Spouse

Employer: ____

Occupation: ____

Annual Salary: $__________

Monthly Pension And Social Security Income (if retired) $__________

Please note any significant changes in occupation or salary:

____

____

Please describe your relationship with your current financial advisors:

____

____

ASSETS

SAVINGS & INVESTMENTS PLANS	ACCOUNT VALUE
Checking Accounts	___________
Savings Accounts	___________
Certificates Of Deposit	___________
Mutual Funds	___________
Stocks & Bonds	___________
Retirement Plans	___________
____	___________
____	___________

Please include account statements.

OTHER ASSETS	CURRENT VALUE
Residence	___________
Rental Property	___________
____	___________
____	___________

The values represented are given by the client, and are therefore subject to the reliability of the information provided by the client. Securities America, Inc., the Advisor, or any affiliated persons do not have access to these numbers and therefore required to base their evaluations on the information provided by the client.

DEBTS

	MONTHLY PAYMENT	OUTSTANDING BALANCE
Charge Accounts & Credit Cards		
______________________________	_________	___________
______________________________	_________	___________
______________________________	_________	___________
_____________________________	_________	___________
Student Loan (1)	_________	___________
Student Loan (2)	_________	___________
Automobile Loan (1)	_________	___________
Automobile Loan (2)	_________	___________
Residential Mortgage	_________	____________
Equity Credit Line	_________	____________
Rental Property Mortgage	_________	____________
___________________________________	_________	____________
___________________________________	_________	____________
___________________________________	_________	____________
___________________________________	_________	____________

IMPORTANT DOCUMENTS

The following documents contain information vital to the completion of your Personal Financial Analysis. Unless otherwise instructed, please return the applicable documents (or a photocopy) with the organizer.

Estate documents
(Wills, Durable Power-Of Attorney, Trust, and Health Care Directives)

Life and Disability Insurance Policies
Employee Benefits Booklets
Savings and Investment Statements
Most Recent Tax Returns
Divorce Settlements
Business Agreements

ADVISORS

Attorney: ____

(_____) _________-______________

Tax Preparer: ____

(_____) _________-______________

Insurance Agent: ____

(_____) _________-______________

Financial Advisor: ____

(_____) _________-______________

Executor of Will: ____

(_____) _________-______________

Trustee: ____

(_____) _________-______________