



Personal & Confidential

**Client Financial Profile
for Personal Financial Planning
(Data Gathering Book)**

Client Name: _____

Date: _____

A.J. Amato Wealth Management, LLC
4 Springhurst Drive, Suite 212
East Greenbush, New York 12061
Ph: (518) 479-4600
Fax: (518) 479-4603
www.lpl.com/aj.amato

Securities offered through LPL Financial, Member FINRA/SIPC

In Preparation for Our Discussions:

In order to thoroughly define your goals and prioritize your needs and objectives, please take the time to complete this financial profile. In addition to the questions asked, we request that you provide us with any additional information that is pertinent to your financial situation. This includes the following:

- **Investment or Brokerage Account Statement(s)**
- **Retirement Account Statement(s)**
- **Most Current Tax Returns**
- **Pension and Social Security Estimates**
- **Current Wills, Trust Documents, and Other Legal Documents**
- **Life, Disability, and Long-Term Care Insurance Statements**
- **Annuity Statement(s)**
- **Stock option and Restricted Stock Statements**

In addition to the information requested above, please be prepared to discuss the following (if applicable):

- **Annual Savings and Budget Analysis**
- **Current and Long-Term Liabilities**
- **Age at Which you Wish to Stop Working**
- **Income at Retirement Coupled with Social Security**
- **Current and Future Estate and Legal Needs**
- **Risk Management**

Completing the Financial Profile:

On the following pages, we request that you complete the data to the best of your ability. If you would like our help or guidance, we would be happy to assist you during the data gathering process.

Please know that all personal and financial data discussed and collected is treated with strict confidentiality whether or not you become a client. By completing this form, we will assume that the information provided is both complete and accurate to the best of your ability.

Thank you for your interest in A.J. Amato Wealth Management. We welcome you to drop by or contact our office at (518) 479-4600 with any questions you may have.

Client Information

Client Name:	DOB:	SSN:
Spouse Name:	DOB:	SSN:
Home Address:		
City, State, Zip:		
Home Phone:		
Client Cell:	Email:	
Spouse Cell:	Email:	
Fax:		

Employment Information

Client Employer:	Spouse Employer:
Position:	Position:
Work Address:	Work Address:
Work Phone:	Work Phone:
Annual Salary:	Annual Salary:

Children

Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

Objectives & Concerns

General:

- Are you anticipating any major lifestyle changes? Yes No Uncertain
- If yes, what changes are you expecting? _____
- Are you comfortable with your current cash flow? Yes No Uncertain

Retirement Planning:

- What minimum after-tax income will you need at retirement? \$ _____
- If you plan on working after retirement, estimate your expected income: \$ _____
- Are you covered by any employer retirement plans? Yes No Uncertain
- Are you contributing to an IRA? Yes No Uncertain
- Are you contributing to a Roth IRA? Yes No Uncertain
- Type of plan, value, and annual contribution? _____

Protection:

- Do you have adequate disability coverage? \$ _____ Yes No Uncertain
- Do you have adequate personal liability coverage? \$ _____ Yes No Uncertain
- Do you have enough life insurance? \$ _____ Yes No Uncertain
- Do you have long-term care insurance for home health care? \$ _____ Yes No Uncertain
- Do you have long-term care insurance for assisted living? \$ _____ Yes No Uncertain
- Is employer-provided health insurance available in retirement? \$ _____ Yes No Uncertain

Estate Planning:

- When were your current wills/trusts signed? _____
- Have you established any trusts? Yes No Uncertain
- Are you the beneficiary of any trusts? Yes No Uncertain
- Have you adequately planned for estate taxes? Yes No Uncertain
- Have you provided adequate estate liquidity for your heirs? Yes No Uncertain
- Have you planned your legacy? Yes No Uncertain

Concerns:

Please list your current concerns, financial or otherwise: _____

Financial Goals

Please List two of your financial goals for the following time-frames:

1-2 Years:

3-10 Years:

10+ Years:

Financial and Personal Planning Questions:

What goals do you have for yourself now?

What worries you about your current financial situation?

If you are not on track, what are you willing to change to get back on track? (saving/spending)

What traits (personal & professional) are you looking for in your planner?

What are your expectations of A.J. Amato Wealth Management, this process, and this experience?

What is the most important thing our firm can do for you?

What is something you enjoy doing outside work?

Please use the remaining space to note any questions or concerns you may have for our firm:

Other Professional Advisors You Work With

CPA/Accountant

Name:

Phone:

Company:

E-mail:

Address:

Lawyer

Name:

Phone:

Company:

E-mail:

Address:

Insurance Agent

Name:

Phone:

Company:

E-mail:

Address:

Other Advisor

Name:

Phone:

Company:

E-mail:

Address:

Other Advisor

Name:

Phone:

Company:

E-mail:

Address:

Current and Future Income

Client Employment Income (After Tax) :	\$
Annual Bonus:	\$
Spouse Employment Income (After-Tax):	\$
Annual Bonus:	\$
Other Income (Annual):	\$
Total Annual Income:	\$

Pensions (Future Estimate or Current if Retired)

Client Pension:	
Annual Gross Pension:	\$
Start Year:	
Cost of Living Adjustment:	
Joint and Survivor or Single Life:	

Spouse Pension:	
Annual Gross Pension:	\$
Start Year:	
Cost of Living Adjustment:	
Joint and Survivor or Single Life:	

Other Pensions:	
Annual Gross Pension:	\$
Start Year:	
Cost of Living Adjustment:	
Joint and Survivor or Single Life:	

Social Security (Expected or Current if Retired)

Client Annual Gross Income:	\$
Monthly Income (Pre-Tax):	
Spouse Annual Gross Income:	\$
Monthly Income (Pre-Tax):	

Assets (please fill in approximate values of applicable investments)

Cash

	Client	Spouse	Joint
Checking and Savings			
Money Market Funds			
CDs			
US Savings Bond			

Taxable Investments

	Client	Spouse	Joint
Investment Account 1			
Investment Account 2			
Investment Account 3			
Investment Real Estate			

Retirement (Tax-deferred) Investments

	Client	Spouse	Joint
IRA			
Roth IRA			
Employer Plans - 401(k), 403(b), 457			
Pension Plan			

Other Investments

	Client	Spouse	Joint

Personal Property

	Client	Spouse	Joint
Primary Residence			
Vacation Property			
Vehicles/Boats			
Jewelry/Art/Antiques			
Other Property			

*Please provide copies of recent statement for all applicable assets.

Debt/Liabilities (please fill in approximate values of applicable loans)

Debt/Liabilities

	Client	Spouse	Joint
Personal Residence Mortgage			
Second Mortgage			
Education Loans			
Auto Loans			
401(k) or Retirement Plan Loans			
Other			

Details of Debts

	Creditor	Original Amount	Current Balance	Interest Rate	Term of Loan	Monthly Payment
1						
2						
3						
4						
5						
6						
7						

Term Life Insurance		
	Client	Spouse
Institution Name		
Purchase Date		
Policy Type		
People Insured		
Owner		
Beneficiary		
Death Benefit		
Annual Premium		
Expiration		

Other Life Insurance (Variable & Universal)		
Type of Insurance		
Institution Name		
Purchase Date		
Insured		
Benefit Amount		
Owner		
Annual Premium		
Cash value		

Disability Insurance		
Institution Name		
Purchase Date		
Insured		
Benefit Amount		
Owner		
Annual Premium		

Long-Term Care Insurance		
Institution Name		
Purchase Date		
Insured		
Benefit Amount		
Owner		
Annual Premium		