



Your

FINANCIAL

Profile



NORTHEAST PLANNING ASSOCIATES, INC.
A Registered Investment Adviser

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Financial Planner

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Your FINANCIAL Profile

Thank you for taking the time to complete **Your Financial Profile** as comprehensively and accurately as possible. The information you provide will allow us to evaluate your current financial situation and make appropriate recommendations to help you work towards achieving your goals. If you have any questions while completing this form, please feel free to contact us.

In addition to the form information, below is a list of the types of documentation and information that we will need in order to prepare an analysis for your review. Any additional information you may have would also be appreciated.

- Copies of all wills and trusts
- Previous year tax return and a copy of a recent pay stub
- List of bank accounts and values
- List of stocks, bonds and other securities
- List of insurance policies and annuities
- List of property, liabilities on the property, estimated market values as well as percentage of ownership
- List of all loans
- Value of businesses owned and percentage of ownership
- Financial statement
- Estimated monthly budget
- Copies of company benefit programs (i.e. group, life, health, disability as well as plans & executive perks)

PERSONAL INFORMATION	CLIENT	First Name	Middle Name	Last Name	
	Birthdate	Sex	Social Security Number		
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
	SPOUSE	First Name	Middle Name	Last Name	
	Birthdate	Sex	Social Security Number		
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
	CHILD 1	First Name	Middle Name	Last Name	
	Birthdate	Sex	Social Security Number		
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
	CHILD 2	First Name	Middle Name	Last Name	
	Birthdate	Sex	Social Security Number		
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
	CHILD 3	First Name	Middle Name	Last Name	
	Birthdate	Sex	Social Security Number		
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
CHILD 4	First Name	Middle Name	Last Name		
Birthdate	Sex	Social Security Number			
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
OTHER DEPENDENTS	First Name	Middle Name	Last Name		
Birthdate	Sex	Social Security Number			
	<input type="checkbox"/> Male <input type="checkbox"/> Female				

CONTACT INFO	<i>Residential Address</i>		<i>Own or Rent?</i>
	<i>Second Residential Address</i>		
<i>Phone</i>		<i>Email</i>	

OTHER INFORMATION	<i>Client Drivers License #</i>	<i>State of Issue</i>	<i>Issue Date</i>	<i>Expiration Date</i>
	<i>Spouse Drivers License #</i>	<i>State of Issue</i>	<i>Issue Date</i>	<i>Expiration Date</i>
	<i>Do you have a will?</i>	<i>Dated:</i>	<i>Trust?</i>	<i>Dated:</i>
<i>Does your spouse have a will?</i>	<i>Dated:</i>	<i>Trust?</i>	<i>Dated:</i>	

ADVISORS	<i>Do you have durable powers of attorney (health and/or financial decisions)?</i>			
	<i>Name of Attorney:</i>		<i>Address</i>	
	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
	<i>Name of Accountant:</i>		<i>Address</i>	
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>	

OCCUPATION	<i>Client's Employer</i>	<i>Occupation</i>	<i>No. of Years</i>	<i>Title</i>
	<i>Business Address</i>			<i>Phone</i>
	<i>Spouse's Employer</i>	<i>Occupation</i>	<i>No. of Years</i>	<i>Title</i>
<i>Business Address</i>			<i>Phone</i>	

EMPLOYEE BENEFITS	CLIENT			SPOUSE		
	Group Life Insurance Death Benefit Amount		Cost	Group Life Insurance Death Benefit Amount		Cost
			\$			\$
	Medical Insurance Cost			Medical Insurance Cost		
	Disability Income Insurance Benefit Amount		Cost	Disability Income Insurance Benefit Amount		Cost
			\$			\$
	Pension	Monthly/Lump Sum at Age:		Phone	Monthly/Lump Sum at Age:	
	Profit Sharing/401(k) (% , dollars per month, etc.)		Employer Matching %	Profit Sharing/401(k) in dollars/month		Employer Matching %
Long Term Care Insurance Benefit Amount		Cost	Long Term Care Insurance Benefit Amount		Cost	
		\$			\$	
Other/529 Plan			Other/529 Plan			

LIFE INSURANCE	Insured	Company	Amount	Type	Annual Premiums	Cash Value	Loans
			\$		\$	\$	\$
	Insured	Company	Amount	Type	Annual Premiums	Cash Value	Loans
			\$		\$	\$	\$
	Insured	Company	Amount	Type	Annual Premiums	Cash Value	Loans
		\$		\$	\$	\$	
Insured	Company	Amount	Type	Annual Premiums	Cash Value	Loans	
		\$		\$	\$	\$	

DISABILITY INSURANCE	Insured	Company	Monthly Benefit	Annual Premium	Waiting Period	Benefit Period
			\$	\$		
Insured	Company	Monthly Benefit	Annual Premium	Waiting Period	Benefit Period	
		\$	\$			

LTC INSURANCE	Insured	Company	Monthly Benefit	Annual Premium	Waiting Period	Benefit Period
			\$	\$		
Insured	Company	Monthly Benefit	Annual Premium	Waiting Period	Benefit Period	
		\$	\$			

INVENTORY OF ASSETS		CLIENT	SPOUSE	JOINT		CLIENT	SPOUSE	JOINT
	Residence	\$	\$	\$	Pension Plans (vested balance)	\$	\$	\$
	Savings Acct. & Money	\$	\$	\$	Rental Property	\$	\$	\$
	Bonds	\$	\$	\$	Real Estate or Timeshare	\$	\$	\$
	Stocks	\$	\$	\$	Automobiles, Boats, RV	\$	\$	\$
	Mutual Funds	\$	\$	\$	Business Investments	\$	\$	\$
	Roth IRA's	\$	\$	\$	Personal Property (i.e. Furnishings, Jewelry)	\$	\$	\$
	Traditional IRA's	\$	\$	\$	Other	\$	\$	\$
SEP, Annuities, 401(k)'s, 403(b), 457	\$	\$	\$	TOTAL ASSETS:	\$	\$	\$	

LIABILITIES		CLIENT	SPOUSE	JOINT		CLIENT	SPOUSE	JOINT
	Mortgage(s) & Home Equity Loans	\$	\$	\$	Business Debt	\$	\$	\$
	Auto Loan(s)	\$	\$	\$	Other	\$	\$	\$
	Student Loan(s)	\$	\$	\$	Other	\$	\$	\$
Consumer Loan(s)	\$	\$	\$	TOTAL LIABILITIES:	\$	\$	\$	

MONTHLY LIVING EXPENSES	Housing		Home Furnishings	\$
	<i>Mortgage/Rent</i>	\$	Personal Care/Cash	\$
	<i>Property Taxes</i>	\$	Dental Ins. & Medical Co-Pays	\$
	<i>Utilities</i>	\$	Prescriptions	\$
	<i>Housing Maintenance</i>	\$	Life/Med/DI Insurance	\$
	<i>Property Insurance</i>	\$	Education/Self-Improvement	\$
	Child Care/Tuition	\$	Entertainment	\$
	Automobile		Vacations	\$
	<i>Car Payments</i>	\$	Charitable Contributions	\$
	<i>Gas/Maintenance</i>	\$	Alimony/Child Support	\$
	<i>Car Insurance</i>	\$	Installment Payments	\$
	Food	\$	Miscellaneous	\$
	Clothing	\$	TOTAL MONTHLY EXPENSES:	\$

MEDICAL	<i>Medical Insurance Carrier</i>			<i>Do your dependents have coverage?</i>
	<i>Do you smoke?</i>	<i>Does your spouse smoke?</i>	<i>Health of Client</i>	<i>Health of Spouse</i>
	<i>Health of Children</i>			
	<i>Health of Your Parents</i>		<i>Health of Spouse's Parents</i>	

CURRENT MONTHLY INCOME		<i>CLIENT</i>	<i>SPOUSE</i>		<i>CLIENT</i>	<i>SPOUSE</i>
	Salary/Self Employment	\$	\$	Alimony	\$	\$
	Bonus	\$	\$	Rental Income	\$	\$
	Interest/Dividends	\$	\$	Pension	\$	\$
	Social Security	\$	\$	Other	\$	\$
TOTAL MONTHLY INCOME:				\$	\$	

CURRENT MONTHLY SAVINGS		<i>CLIENT</i>	<i>SPOUSE</i>		<i>CLIENT</i>	<i>SPOUSE</i>
	Savings/CU/Money Market	\$	\$	401(k)	\$	\$
	Bonds	\$	\$	Keogh/TSA	\$	\$
	Mutual Funds/Stocks	\$	\$	Education: 529, UTMA/UGMA	\$	\$
	Traditional/Roth/SEP/Simple IRA	\$	\$	Other	\$	\$
TOTAL MONTHLY SAVINGS:				\$	\$	

COLLEGE	<i>Is it important to provide your children with the opportunity to go to college?</i>		<i>Private</i>	<i>Public</i>
	<i>If yes, in today's dollars, how much will college cost?</i>		<i>Number of Years</i>	
	\$			
	<i>NOTES</i>			

RETIREMENT	Do you feel that you may be forced to take a reduced monthly income at retirement?		Would you be interested in options to maximize your retirement benefit?		
	At what age would you like to retire?	Your Spouse?	In today's dollars, from all sources, how much monthly income will you need to retire?		
			\$		
	Do you plan on working part-time or full-time in retirement?		If yes, how much do you anticipate earning?	To age?	
			\$		
	Does your spouse plan on working part-time or full-time in retirement?		If yes, how much do they anticipate earning?	To age?	
			\$		
Are you eligible for retirement social security?	If yes, amount?	Is your spouse eligible for retirement social security?	If yes, amount?		
	\$		\$		
Do you anticipate any other income during retirement (pension, rental, etc.)?		Does your spouse anticipate any other income during retirement?			

INVESTMENTS	For planning purposes, what is a reasonable, long-term rate of return on your investments?		What is a reasonable long-term inflation rate assumption?		
	Before retirement: %	After retirement: %	%		
	Please indicate the level of importance of the following to you in regards to your investments: Select the most appropriate answer.		NOT IMPORTANT VERY IMPORTANT		
			1 2 3 4 5 6 7 8 9 10		
	Capital preservation?				
	Growth?				
	Low volatility?				
	Inflation protection?				
	Cash flow?				
	Select the most appropriate answer.		LOW RISK HIGH RISK		
		1 2 3 4 5 6 7 8 9 10			
How much risk are you willing to take to pursue a higher return?					

DISABILITY	How would you/your spouse support yourself if you were disabled for six (6) months or longer?
	In the event of a disability, what is the minimum monthly income needed by the family?
	\$

LIFE	In the event of death, how much monthly income would your surviving family need?	Client's Death	Spouse's Death
	During child dependency period:	\$	\$
	Pre-retirement years:	\$	\$
	Retirement period:	\$	\$
	In the event of your death or that of your spouse, would you want to assure that the balance of the mortgage(s) be paid?		
As a result of the planning work we do, if we find your present assets and savings will not meet your objectives, how much more can you save on a monthly basis to assure that your financial goals will be met?			
\$			

FINANCIAL SECURITY ANALYSIS	<i>Do you provide financial help to anyone now or do you expect to in the future?</i>	<i>If yes, who?</i>	<i>Monthly Amount</i>
			\$
	<i>Do you anticipate a substantial inheritance in the near future or ever?</i>	<i>If yes, from whom?</i>	<i>Approximate Amount</i>
			\$
	<i>What do you like about your present life insurance protection? Any areas of concern?</i>		
<i>In what areas do you feel we can help you?</i>			
<i>Does anyone else advise you when making financial decisions?</i>	<i>If yes, who?</i>	<i>Relationship</i>	

HEALTH DIRECTIVES	<i>Do you have a specific family member whom you/your spouse can confide in and who could assist in the event of critical financial and/or medical matters?</i>
	<i>Has a specific health care advocate been named who can speak on you/your spouse's behalf?</i>
<i>Do you have a financial strategy or plan in place to cover the cost of long term care?</i>	

DISCUSSION TOPICS	<i>Some information requires more than simply filling out a form. Please check the box next to any of the below topics that you would like to discuss as a part of your work with me:</i>	
	<input type="checkbox"/>	Proper handling of diminished mental capacity (ie. What are your expectations of your loved ones and/or advisors should that occur?)
	<input type="checkbox"/>	Your financial legacy (ie. Is it your intention to spend your assets, pass on some or all to your heirs, or some other plan?)
	<input type="checkbox"/>	Values or principles that you would like to see continued throughout your family's generations

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