

# Your FINANCIAL Profile



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*In addition to this form information, please provide any or all of these types of documents to give us further insight into your finances:*

- Copies of all wills and trusts
- Previous year's tax return(s)
- Copies of recent statements from:
  - Bank Accounts
  - Investment Accounts
  - Insurance Policies
  - Annuities
- Copy of recent pay stub(s)
- Business financial statements
- Copies of employer benefit programs
  - Group Life
  - Health Insurance
  - Disability
  - Pension/Retirement Plans

# THE FACTS

*This section provides us with a snapshot of your current situation, telling us where you are financially right now.*

PERSONAL INFORMATION					
<b>Your Name</b>					
Birthdate		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Residential Address					
Phone		Email			
Mailing Address (if different)					
Social Security Number					
Drivers License #		State of Issue		Expiration	
Do you have a will?		Dated			
Do you have a trust?		Dated			
<b>Your Spouse's Name</b>					
Birthdate		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Phone		Email			
Social Security Number					
Drivers License #		State of Issue		Expiration	
Does your spouse have a will?		Dated			
Does your spouse have a trust?		Dated			

DEPENDENTS				
RELATION	NAME	BIRTHDATE	SEX	ADDRESS IF NOT AT HOME

EMPLOYMENT			
<b>Your Employer</b>			
Title		Address	
Work Phone		Work Email	
<b>Spouse's Employer</b>			
Title		Address	
Work Phone		Work Email	

INCOME					
	<i>ANNUAL AMOUNT</i>	<i>YOU/SPOUSE?</i>	<i>GUARANTEED</i>	<i>STARTS</i>	<i>ENDS</i>
Salary/Bonus			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary/Bonus			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

PROPERTY				
This section includes both real estate (primary residence, rental property, etc.) and personal property (boats, cars, valuable collections, etc.)				
REAL ESTATE/ PERSONAL	CURRENT VALUE	TAX BASIS	OWNER	DESCRIPTION

INVESTMENTS & SAVINGS				
Please list all investment (IRA, 401(k), brokerage, etc.) and bank (checking, savings, CDs, etc.) accounts or simply provide your most recent account statements.				
ACCOUNT TYPE	YOU/SPOUSE/ BOTH?	COST BASIS	CURRENT VALUE	MONTHLY CONTRIBUTION

LIABILITIES				
MORTGAGES/LOANS/ CREDIT CARD BALANCES	OWNER	INTEREST RATE	CURRENT BALANCE	MONTHLY PAYMENT

BUSINESS OWNERSHIP				
Please list all businesses owned by you and/or your spouse including the structure (i.e. LLC, C or S Corp, etc.)				
BUSINESS NAME	BASE VALUE	TAX-BASIS	OWNER	% OWNERSHIP

INSURANCE						
Please list all insurance policies you and your spouse have including life, disability, long-term care and umbrella.						
TYPE OF INSURANCE	COMPANY	YOU/ SPOUSE	FACE AMOUNT	ANNUAL PREMIUM	CASH VALUE	LOANS

EMPLOYEE BENEFITS					
<i>YOU</i>					
Medical Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			Monthly Cost	
Group Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount		Monthly Cost	
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount		Monthly Cost	
Long Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount		Monthly Cost	
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly/Lump Sum at Age:			
Profit Sharing/401(k) (%, dollars per month, etc.)			Employer Matching %		
Other					
<i>SPOUSE</i>					
Medical Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			Monthly Cost	
Group Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount		Monthly Cost	
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount		Monthly Cost	
Long Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount		Monthly Cost	
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly/Lump Sum at Age:			
Profit Sharing/401(k) (%, dollars per month, etc.)			Employer Matching %		
Other					

ADVISORS					
Do you have durable power of attorney (health and/or financial decisions)?					
Attorney Name		Email		Phone	
Address					
Accountant Name		Email		Phone	
Address					
Does anyone else advise you on financial matters ( <i>financial advisor, a relative, friend or colleague</i> )?					

# THE FUTURE

*In this section, please tell us where you want to go:  
What are your dreams, your financial goals, and what are you hoping we can help you achieve?*

In what areas do you feel we can help you?

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RETIREMENT			
<i>YOU</i>			
At what age would you like to retire?		Are you eligible for retirement social security?	
Do you plan on working part-time or full-time in retirement?			
If yes, how much do you anticipate earning?		To age?	
<i>SPOUSE</i>			
At what age would you like to retire?		Are you eligible for retirement social security?	
Do you plan on working part-time or full-time in retirement?			
If yes, how much do you anticipate earning?		To age?	
<i>COMBINED</i>			
In today's dollars, from all sources, how much monthly income will you need to retire?			

FAMILY			
Is it important to provide your children with the opportunity to go to college?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, in today's dollars, how much do you anticipate college will cost?			
What type of college are you considering?	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Both		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a family member (or other) health care advocate been named who can speak on you/your spouse's behalf?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you/your spouse anticipate a substantial inheritance at some point?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, from whom?		Approximate Amount?	

INVESTMENTS											
For planning purposes, what is a reasonable, long-term rate of return on your investments?											
Before retirement				%	After retirement				%		
What is a reasonable long-term inflation rate assumption?											
PLEASE CIRCLE THE LEVEL OF IMPORTANCE OF THE FOLLOWING TO YOU IN REGARDS TO YOUR INVESTMENTS:											
	<div> <div>NOT IMPORTANT</div> <div>1 2 3 4 5 6 7 8 9 10</div> <div>VERY IMPORTANT</div> </div>										
Capital preservation?	1 2 3 4 5 6 7 8 9 10										
Growth?	1 2 3 4 5 6 7 8 9 10										
Low volatility?	1 2 3 4 5 6 7 8 9 10										
Inflation protection?	1 2 3 4 5 6 7 8 9 10										
Income/Cash flow?	1 2 3 4 5 6 7 8 9 10										
How much risk are you willing to take to pursue a higher return?	<div> <div>LOW RISK</div> <div>1 2 3 4 5 6 7 8 9 10</div> <div>HIGH RISK</div> </div>										

DISCUSSION TOPICS	
Some information requires more than simply filling out a form. Please check the box next to any of the topics below that you would like to discuss as a part of your work with me.	
<input type="checkbox"/>	Proper handling of diminished mental capacity (i.e. What are your expectations of your loved ones and/or advisors should that occur?)
<input type="checkbox"/>	Your financial legacy (i.e. 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