

CONFIDENTIAL PROFILE

CONFIDENTIAL PROFILE

This comprehensive, personal wealth planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing a sensible wealth plan for your future. Once you have completed the following information, please return this packet in the enclosed, postage-paid envelope.

FAMILY INFORMATION	_____				
	Your Name	Nick Name	Age	Birth Date	Social Security # (Optional)

	Spouse's Name	Nick Name	Age	Birth Date	Social Security # (Optional)

	Wedding Date _____				
	Children's Names & Birth Dates:				
	1. _____		3. _____		
	2. _____		4. _____		

Residence Address		City	State	Zip Code	

Mailing Address		City	State	Zip Code	

Home Phone		Cell#1	Cell #2	Fax	

Email #1		Email #2			

Referred By: _____					
Client Name					

OCCUPATION	_____					
	Your Job Title	Employer	# of Years	Work Phone		

Spouse's Job Title				Employer	# of Years	Work Phone

PERSONAL ADVISORS

Financial Advisor's Name: _____

Firm: _____

Length of Relationship: _____

Phone: _____

Are you committed to working with this advisor?

Yes No

Attorney's Name: _____

Firm: _____

Length of Relationship: _____

Phone: _____

Are you committed to working with this advisor?

Yes No

Insurance Agent's Name: _____

Firm: _____

Length of Relationship: _____

Phone: _____

Are you committed to working with this advisor?

Yes No

CONFIDENTIAL

WHAT IS IMPORTANT ABOUT MONEY TO EACH OF YOU?

1. _____
 2. _____
 3. _____
 4. _____
-

1. _____
 2. _____
 3. _____
 4. _____
-

DO YOU HAVE AN INVESTMENT POLICY?

Please share that here. _____

WEALTH PLANNING

At Califano Financial Group, we focus on holistic Wealth Planning which also encompasses non-financial objectives. A Wealth Plan is a GPS designed to effectively guide you toward your life goals.

What do you value most in life?

What do you ultimately want to achieve in your life?

OBJECTIVES & CONCERNS

General

Are you anticipating any major lifestyle changes?
(i.e., marriage, divorce, retirement, move etc.) Yes No Uncertain

If yes, what changes are you expecting and when? _____

Are you comfortable with your current cash flow? Yes No Uncertain

Retirement Planning

What minimum after-tax income will you need at retirement?
(in today's dollars?) \$ _____

If you plan on working during retirement, estimate anticipated
income: \$ _____

Are you contributing to a traditional IRA? Yes No Uncertain

Are you contributing to a Roth-IRA? Yes No Uncertain

Are you covered by any company retirement plans? Yes No Uncertain

Type of company retirement plan, value, annual contribution? _____

Protection

Do you have adequate disability coverage? Amount? \$ _____ Yes No Uncertain

Do you have adequate personal liability
coverage? Amount? \$ _____ Yes No Uncertain

Do you have enough life insurance? Amount? \$ _____ Yes No Uncertain

Do you have long-term care insurance
for home health care? Amount? \$ _____ Yes No Uncertain

Do you have long-term care insurance
for assisted living? Amount? \$ _____ Yes No Uncertain

Is employer-provided health insurance
available during retirement? Amount? \$ _____ 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: _____

RISK PROFILE

1. What is your investment experience with stocks or stock mutual funds?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> A fair amount |
| <input type="checkbox"/> A little | <input type="checkbox"/> A great deal |
| <input type="checkbox"/> Some | |

2. What is your investment experience with bonds or bond mutual funds?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> A fair amount |
| <input type="checkbox"/> A little | <input type="checkbox"/> A great deal |
| <input type="checkbox"/> Some | |

3. What is your investment goal?

- | | |
|--|--|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Saving for major purchase |
| <input type="checkbox"/> More current income | <input type="checkbox"/> Other |

4. How many years do you have until your expected retirement?

- | | |
|--|---|
| <input type="checkbox"/> Already Retired | <input type="checkbox"/> 5 to 10 years |
| <input type="checkbox"/> Less than 5 years | <input type="checkbox"/> More than 10 years |

5. What do you expect to be your next major expenditure?

- | | | |
|---|--------------|--------------|
| <input type="checkbox"/> Buying a house | Amount _____ | Timing _____ |
| <input type="checkbox"/> Paying for a college education | Amount _____ | Timing _____ |
| <input type="checkbox"/> Capitalizing a new business | Amount _____ | Timing _____ |
| <input type="checkbox"/> Providing for retirement | Amount _____ | Timing _____ |
| <input type="checkbox"/> Other _____ | | |

6. What are your major objectives for your investments, in order of importance? (Rank 1 to 5)

- _____ Current and future income
- _____ Preserving Capital
- _____ Building wealth for heirs
- _____ Keeping ahead of inflation
- _____ Increasing returns

7. When do you expect to use the bulk of the money you are accumulating in your investments?

- 0 to 1 year
- 1 to 5 years
- 5 to 10 years
- 10 to 20 years
- Over 20 years

8. Over the next several years, do you expect your household annual income to:

- Stay about the same
- Decrease moderately
- Grow moderately
- Decrease substantially
- Grow Substantially

9. I am expecting an inheritance of approximately \$ _____ in

- 0 to 5 years
- 10 to 15 years
- 5 to 10 years
- More than 15 years

10. Due to a general market correction, one of your investments loses 25% of its value a short time after you buy it. What do you do?

- Sell the investment
- Hold it and wait for it to climb back up then sell
- Hold it
- Buy more at the new lower price

11. Some people need their investment portfolio to generate current income to meet on-going needs. This typically tilts the investment portfolio toward bonds and dividend paying stocks. How accurately does this describe your objectives?

- Very accurate
- Slightly accurate
- Moderately accurate
- Not accurate at all

12. You have just reached the \$10,000 plateau on a TV game show. Now you must choose between quitting with the \$10,000 in hand or betting the entire \$10,000 on one of the three scenarios below. Which do you choose?

- Take the money and run
- A 20% chance of winning \$75,000
- A 50% chance of winning \$50,000
- A 5% chance of winning \$100,000

13. How large of a temporary decline in your portfolio are you willing to accept before changing your investment strategy, assuming you start with \$100,000?

- 10% decline (portfolio value is \$90,000)
- 15% decline (portfolio value is \$85,000)
- 20% decline (portfolio value is \$80,000)
- 25% decline or greater (portfolio value is \$75,000 or less)
- 50% decline or greater (portfolio value is \$50,000 or less)

14. By what percentage do you expect your portfolio to grow annually over the long term, 10+ years?

- 0% - 2%
- 2% - 4%
- 4% - 6%
- 6% - 8%
- More than 8%

15. How can we help you? On a scale of 1 to 10 (1 being low and 10 being high) please rate the following:

- _____ Increase my net worth by _____%
- _____ Reduce my tax burden
- _____ Pay education expenses for my children
- _____ Financial security at retirement
- _____ Purchase real estate
- _____ Plan for long-term care
- _____ Provide for my family in the event of my (or my spouse's) disability or death
- _____ Minimize the cost of probate and estate taxes
- _____ Control the distribution of assets to my heirs
- _____ Fund a charitable endeavor

16. If you could change three things about your current financial situation, what would you change?

1. _____
2. _____
3. _____

Investment Goals

Priority Level

Return should exceed inflation rate	None	Low	Medium	High	Urgent
Principal should be safe	None	Low	Medium	High	Urgent
Investments should be liquid (immediately accessible)	None	Low	Medium	High	Urgent
Diversification is important	None	Low	Medium	High	Urgent
Professional asset management	None	Low	Medium	High	Urgent
Reduce my taxable income	None	Low	Medium	High	Urgent
Build tax-free income	None	Low	Medium	High	Urgent
Long-term growth	None	Low	Medium	High	Urgent
Short-term profits	None	Low	Medium	High	Urgent

List Other Goals and Priority Levels

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Signature

Spouse's Signature

Print

Print

Date

FAMILY BALANCE SHEET

Accounts in Banks, Savings & Loans & Credit Unions (Non-IRA)

i.e., Checking, Savings, Money Market)

	Name of Institution	Type of Account	Maturity Date	Interest Rate	Approximate Balance
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____
5.	_____	_____	_____	_____	\$ _____
6.	_____	_____	_____	_____	\$ _____
7.	_____	_____	_____	_____	\$ _____

Ira Accounts and Other Retirement Accounts

(Please bring in latest reports/statements)

	Account Location (Bank, Broker, Employer)	Type (401k, Ira, Tsa, Etc.)	Approximate Market Value
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

Planned retirement date: _____ or if retired, date retired: _____

Stocks and Bonds (Where You Hold Certificates Yourself)

	Name of Stock/Bond	Number of Shares	Approximate Market Value
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Mutual Funds and/or Brokerage Accounts

(Please bring in latest reports/statements)

	Name of Brokerage Firm or Mutual Fund	Number of Shares	Approximate Market Value
1.	_____	_____	\$ _____

2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

Promissory Notes & Trust Deeds

(Where someone owes or is paying you on a note)

	Name of Debtor	Interest Rate	Approximate Balance of Note
1.	_____	_____ %	\$ _____
2.	_____	_____ %	\$ _____

Residence and Other Real Estate Owned

(Use another sheet if more space is needed)

	Property Address	Original Cost	Approx. Value	Debt	Net Cash Flow (If a Rental)
1.	_____	\$ _____	\$ _____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____	\$ _____	\$ _____

Limited or General Partnerships

	Name of Partnership	Type of Investment	Approximate Market Value or Amount Invested
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____

Other Assets

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

Life Insurance

(Please bring in policies and latest statements)

	Company	Name of Insured	Type of Insurance (Whole Life, Term)	Approx. Death Benefit	Loan Against?	Payment
1.	_____	_____	_____	\$ _____	\$ _____	\$ _____

2.	_____	_____	_____	\$ _____	\$ _____	\$ _____
3.	_____	_____	_____	\$ _____	\$ _____	\$ _____
4.	_____	_____	_____	\$ _____	\$ _____	\$ _____

Annuities

(Please bring in contracts and latest statements)

	Company Owner	Annuitant	Interest Rate	Approx. Value	Date Purchased
1.	_____	_____	_____ %	\$ _____	_____
2.	_____	_____	_____ %	\$ _____	_____
3.	_____	_____	_____ %	\$ _____	_____
4.	_____	_____	_____ %	\$ _____	_____

LOANS

# _____	Lender _____	Principal Bal _____	Int Rate _____	Payment _____
# _____	Lender _____	Principal Bal _____	Int Rate _____	Payment _____
# _____	Lender _____	Principal Bal _____	Int Rate _____	Payment _____
# _____	Lender _____	Principal Bal _____	Int Rate _____	Payment _____

CREDIT CARD DEBT:

# _____	Credit Card _____	Balance _____	Int Rate _____	Payment _____
# _____	Credit Card _____	Balance _____	Int Rate _____	Payment _____
# _____	Credit Card _____	Balance _____	Int Rate _____	Payment _____
# _____	Credit Card _____	Balance _____	Int Rate _____	Payment _____

AUTO PAYMENT/LEASE:

# _____	Payee _____	Balance _____	Int Rate _____	Payment _____
# _____	Payee _____	Balance _____	Int Rate _____	Payment _____
# _____	Payee _____	Balance _____	Int Rate _____	Payment _____

OTHER:

# _____	Payee _____	Balance _____	Int Rate _____	Payment _____
---------	-------------	---------------	----------------	---------------

_____ Payee _____ Balance _____ Int Rate _____ Payment _____
_____ Payee _____ Balance _____ Int Rate _____ Payment _____
_____ Payee _____ Balance _____ Int Rate _____ Payment _____

CONFIDENTIAL

HOUSEHOLD CASH FLOW

HUSBAND'S WAGES:	\$ _____/YR	SOURCE: _____
WIFE'S WAGES:	\$ _____/YR	SOURCE: _____
OTHER INCOME:	\$ _____/YR	SOURCE: _____
	\$ _____/YR	SOURCE: _____

CASH FLOW ANALYSIS

INCOME

GROSS

Wages, Salary and Bonus - Husband	\$ _____
Wages, Salary and Bonus - Wife	\$ _____
Dividends and Interest	\$ _____
Child Support / Alimony	\$ _____
Annuities / Pensions / Social Security / Trust	\$ _____
Rents / Royalties / Fees / Commissions	\$ _____
Other	\$ _____
TOTAL INCOME	\$ _____

ALLOCATION OF INCOME

Household Expenses:

_____ Mortgage Payment (P+I) \$ _____
_____ Property Taxes \$ _____
_____ Homeowner's Insurance \$ _____
_____ House Repairs \$ _____
_____ Gardener/Maid \$ _____
_____ Miscellaneous Supplies \$ _____

Utilities:

Heat, Gas & Electric \$ _____
Water \$ _____
Telephone \$ _____
Garbage \$ _____
Laundry / Dry Cleaning \$ _____

Income Taxes:

Federal \$ _____
State \$ _____
Social Security \$ _____
Local/SDI \$ _____

Loans:

Personal \$ _____
Credit Cards \$ _____
Furniture \$ _____
Other _____ \$ _____

Investments:

Planned Deposits to Savings \$ _____
Other _____ \$ _____

Food & Entertainment:

Eating at Home \$ _____
Eating Out \$ _____
Concerts/Sports/Theatre \$ _____
Cable T.V. \$ _____

Clothing & Shoes:

\$ _____

Transportation:

Car Payments \$ _____
Gas & Oil \$ _____
Repairs & Maintenance \$ _____
License \$ _____
Wash/Wax \$ _____
Auto Insurance \$ _____
Parking \$ _____

Medical Expense:

Medical Insurance \$ _____

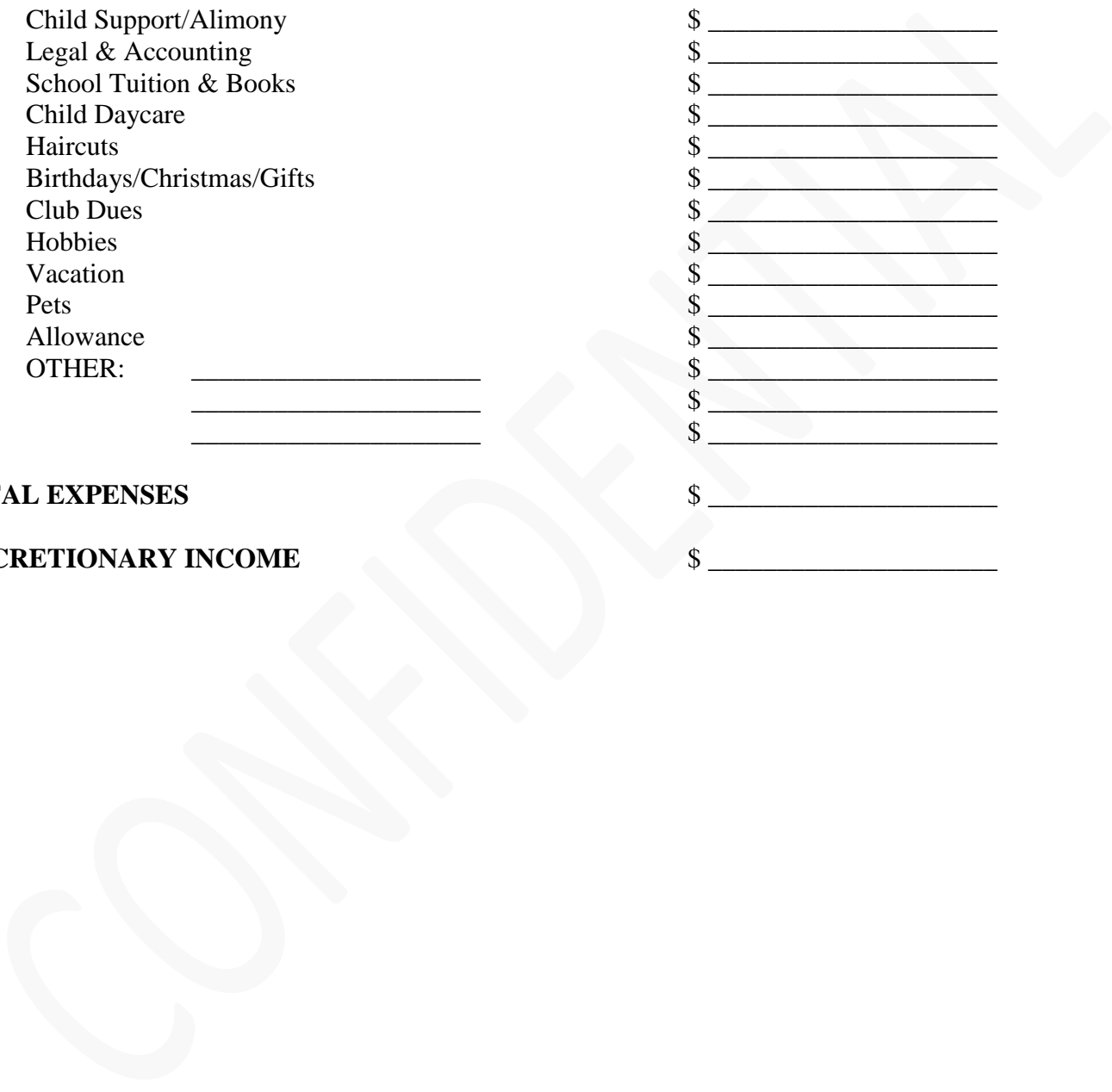
Disability Insurance	\$ _____
Doctor/Dentist	\$ _____
Prescriptions	\$ _____
Therapy/Counseling	\$ _____

Miscellaneous:

Charity Contributions	\$ _____
Life Insurance	\$ _____
Child Support/Alimony	\$ _____
Legal & Accounting	\$ _____
School Tuition & Books	\$ _____
Child Daycare	\$ _____
Haircuts	\$ _____
Birthdays/Christmas/Gifts	\$ _____
Club Dues	\$ _____
Hobbies	\$ _____
Vacation	\$ _____
Pets	\$ _____
Allowance	\$ _____
OTHER: _____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL EXPENSES \$ _____

DISCRETIONARY INCOME \$ _____



**THANK YOU FOR
TAKING THE TIME TO
COMPLETE THIS
PROFILE.**