

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					
Your Name					
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			
Your Spouse's Name					
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			
Your Employer			
Title		Address	
Work Phone		Work Email	
Spouse's Employer			
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		Total Monthly Expenses:	

PROPERTY

This section includes both real estate (primary residence, rental property, etc.) and personal property (boats, cars, valuable collections, etc.)

<i>REAL ESTATE/ PERSONAL</i>	<i>CURRENT VALUE</i>	<i>TAX BASIS</i>	<i>OWNER</i>	<i>DESCRIPTION</i>

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.

<i>ACCOUNT TYPE</i>	<i>YOU/SPOUSE/ BOTH?</i>	<i>COST BASIS</i>	<i>CURRENT VALUE</i>	<i>MONTHLY CONTRIBUTION</i>

LIABILITIES

<i>MORTGAGES/LOANS/ CREDIT CARD BALANCES</i>	<i>OWNER</i>	<i>INTEREST RATE</i>	<i>CURRENT BALANCE</i>	<i>MONTHLY PAYMENT</i>

BUSINESS OWNERSHIP

Please list all businesses owned by you and/or your spouse,
including the structure (i.e. LLC, C or S Corp, etc.)

<i>BUSINESS NAME</i>	<i>BASE VALUE</i>	<i>TAX-BASIS</i>	<i>OWNER</i>	<i>% OWNERSHIP</i>

INSURANCE

Please list all insurance policies you and your spouse have,
including life, disability, long-term care and umbrella.

<i>TYPE OF INSURANCE</i>	<i>COMPANY</i>	<i>YOU/ SPOUSE</i>	<i>FACE AMOUNT</i>	<i>ANNUAL PREMIUM</i>	<i>CASH VALUE</i>	<i>LOANS</i>

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

YOU

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?	

SPOUSE

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?	

COMBINED

In today's dollars, from all sources, how much monthly income will you need to retire?	
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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?			%							
<i>PLEASE CIRCLE THE LEVEL OF IMPORTANCE OF THE FOLLOWING TO YOU IN REGARDS TO YOUR INVESTMENTS:</i>										
	<i>NOT IMPORTANT</i>				<i>VERY IMPORTANT</i>					
	1	2	3	4	5	6	7	8	9	10
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?	<i>LOW RISK</i>				<i>HIGH RISK</i>					
	1	2	3	4	5	6	7	8	9	10

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 (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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