
CONFIDENTIAL

Personal Financial Planning Survey for

Client Name



Premier Financial Partners®

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I. GENERAL INFORMATION

Name	Soc. Sec. No.	Date of Birth	Place of Birth
Client _____	_____	_____	_____
Spouse _____	_____	_____	_____
Children _____	_____	_____	_____
_____	_____	_____	_____
Current Address _____			Ph. No. _____ Years _____
Personal E-Mail Address _____			
Client _____	Spouse _____		
Occupation _____	Occupation _____		
Employer _____ Years _____	Employer _____ Years _____		
Employer Address _____	Employer Address _____		
Phone No. _____	Phone No. _____		
Bank _____			
Accountant _____			Ph. No. _____
Attorney _____			Ph. No. _____
When were your wills/trusts last reviewed? H _____ W _____			

II. INCOME INFORMATION (may be obtained from your most recent 1040)

Filing Status: (check one)
_____ Single (S) _____ Married filing joint (J) _____ Married filing separately (M) _____ Head of Household
Number of exemptions (dependents) you claim on your tax return? _____

INCOME

Client's Gross Earned Income.....	\$ _____	
Additional Incomes (e.g., bonuses, outside consulting, etc.).....	\$ _____	Self Employed?
Social Security Benefits (Total Amount).....	\$ _____	Yes or No
Spouse's Gross Earned Income.....	\$ _____	
Additional Incomes (e.g., bonuses, outside consulting, etc.).....	\$ _____	Self Employed?
Social Security Benefits (Total Amount).....	\$ _____	Yes or No

OTHER INCOME

Interest and Dividends.....	\$ _____
Capital Gains, from _____	\$ _____
Other Income, describe _____	\$ _____
Other Income, describe _____	\$ _____
Other Income, describe _____	\$ _____
Average Total Monthly Expenses.....	\$ _____
Credit Card Debt (enter 0 if <u>PAID</u> off monthly).....	\$ _____

III. USE ASSETS

	Present Market Value	Present Loan Balance	Monthly Payment
Residence.....	\$ _____	\$ _____	\$ _____
Automobile 1.....	\$ _____	\$ _____	\$ _____
Automobile 2.....	\$ _____	\$ _____	\$ _____
Other, describe _____	\$ _____	\$ _____	\$ _____
Other, describe _____	\$ _____	\$ _____	\$ _____
Personal Property.....	\$ _____	\$ _____	\$ _____

(* C-Client, S-Spouse, J-Joint)

1. Savings / Certificate of Deposit / Credit Union / Savings Current / Money market

[illegible]

2. IRA Accounts / SEP / Keogh

[illegible]

3. Company Plans

C/S*	Description	Date Acquired	Current Value	Type of Investment (Stock/Variable, Fixed Interest, Combination)
Client	Company Savings Plan		\$	
Spouse	Company Savings Plan		\$	
Client	401K		\$	
Spouse	401K		\$	
Client	Pension Plan		\$	
Spouse	Pension Plan		\$	
Client	Profit Sharing Plan		\$	
Spouse	Profit Sharing Plan		\$	
Client	ESOP		\$	
Spouse	ESOP		\$	
			\$	
			\$	

5. Mutual Funds / Variable Annuities / Money market Funds

[illegible]

6. Life and Disability Insurance / Single Premium Whole Life

(please bring policies with you)

C/S/J *	Company	Product (WL, Term, Unv, etc.)	Policy Number	Death Benefit or Mo. Benefit	Current Cash Value	Issue date	Premium (Mo, Qtr, SA, A)
				\$	\$		\$
				\$	\$		\$
				\$	\$		\$
				\$	\$		\$
				\$	\$		\$
				\$	\$		\$
				\$	\$		\$

7. Flexible Premium / Single Premium Deferred Annuities (Fixed/Guaranteed)

(please bring policies with you)

C/S*	Company and Product Name	Policy Number	Current Rate of Return	Current Cash Value	Issue date
			%	\$	
			%	\$	
			%	\$	
			%	\$	
			%	\$	
			%	\$	
			%	\$	
			%	\$	

8. Limited Partnership ---- Public and Private

C/S/J*	Partnership Name	No. of Units and Value of Unit	Write Off/Year (Bring Projections)	Date Acquired

VI. FINANCIAL PRIORITIES

Rate each on a scale of 0 to 5 (0 = not important ---- 5 = very important)

- Reducing income taxes

Accumulating retirement capital

Better investment diversification

Current income from assets

Adequate life insurance
- Protection from inflation
- Maximum investment growth
- Keeping funds liquid
- Minimizing estate taxes
- Reducing life insurance costs

VII. OBJECTIVES and RESOURCES

Do you expect any inheritance or other Capital Gain soon? Explain:

_____	% inflation next ten years				
_____	Monthly amount you could set aside in addition to present insurance and investments				
_____	Age you wish to retire				
_____	Annual income desired				
_____	Education cost per child				
	Client	Spouse		Client	Spouse
Are you fully covered for Social Security?	_____	_____	Have you smoked in the last 2 years?	_____	_____
Have you ever been rated or refused insurance?	_____	_____	Have you smoked in the last 15 years?	_____	_____

IX. ADDITIONAL INFORMATION

1. Any additional information that you think would be helpful for us to know.

2. What are the two most important areas where you feel we can help you?

