Date: ________________________

Pegasus Financial Group

"Your Dreams, Our Wings"

Financial Planning Profile

Client Contact Information

Client #1: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other

Name:____ Birth Date: __________________

Address: ______________________________City/State/Zip: _________________________

Phone: H: ___________________ W: ___________________ C: ____________________

E-Mail: ____ Fax #: _________________

Social Security #: _____________________ Driver's License #: _______________________

Issue Date: ________________ State: _______________ Exp Date: ___________________

Employer: __________________________________ Position/Title: _________________

Employer's Address: ____

Client #2: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other

Name:____ Birth Date: __________________

Address: ____

Phone: H: ___________________ W: ___________________ C: ____________________

E-Mail: ____ Fax #: _________________

Social Security #: ________________________ Driver's License #: ____________________

Issue Date ___________________ State: _________________ Exp Date: ______________

Employer: __________________________________ Position/Title: _________________

Employer's Address: ____

Current Financial Situation

Current Annual Income

	Client #1	Client #2
Salary/Pension/Self Employment	____________________	__________________
Bonus/Annuity/Other	____________________	__________________
Total Annual Income	____________________	__________________

Current Monthly Expenses

Credit Card	____________________	Childcare	__________________
Mortgage/Rent	____________________	Utilities/Cable/Internet	_________________
Phones	____________________	Car Pmt. & Expenses	__________________
Groceries/Meals Out	____________________	Medical/Dental	__________________
Other expenses	____________________	**Total Expenses**	__________________

Current Combined Assets

Enter the current $ amount for each category:

Checking Accounts	____________________	Saving Accounts	__________________
Money Markets	____________________	US Savings Bonds	__________________
CDs	____________________	Taxable Mutual Funds	_________________
Stocks & Bonds	__________________	401k/TSP/SEP	__________________
Traditional IRAs	____________________	Roth IRAs	__________________
Primary Residence	____________________	Other Real Estate	__________________
Other Assets	____________________	**Total Assets**	__________________

Current Liabilities

Enter the current $ amount for each category:

Primary Mortgage	____________________	Home Equity Loan	__________________
Auto Loan(s)	____________________	Education Loan(s)	__________________
Credit Card Balances	____________________	**Total Liabilities**	__________________

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Advisory services offered through Pegasus Financial Group ♦ Pegasus Financial Group and United Planners are not affiliated

Children and Other Dependents

Name	Date of Birth	Age	Social Security Number
______________________	______________	____	____________________
______________________	______________	____	____________________
______________________	______________	____	____________________
______________________	______________	____	____________________

Number of Grandchildren _______ Ages ______________________________

Goal and Priorities

What are your four most important financial goals and concerns?

Goals	Concerns
1. ________________________	1. ____________________________
2. ________________________	2. ____________________________
3. ________________________	3. ____________________________
4. ________________________	4. ____________________________

Have you ever been married before? Client #1 ☐ Yes ☐ No Client #2 ☐ Yes ☐ No

Do you plan to pay for a college education for your children or grandchildren? ☐ Yes ☐ No

At what age do you wish to retire? Client #1 ________ Client #2 ________

Do you plan to work (full or part-time) in retirement? Client #1 ☐ Yes ☐ No
Client #2 ☐ Yes ☐ No

Do you plan to continue living in your current home in retirement? ☐ Yes ☐ No

Insurance Information

Enter the amount if you have:	**Client #1**	**Client #2**
Employer sponsored group life insurance	____________	____________
Individual term life insurance	____________	____________
Whole life insurance	____________	____________
Variable life insurance	____________	____________
Do you have health insurance for your family?	☐ Yes ☐ No	☐ Yes ☐ No
Will your health insurance continue in retirement?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have long term disability insurance?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have long term care (LTC) insurance?	☐ Yes ☐ No	☐ Yes ☐ No
If you have LTC insurance provide: daily amount	____________	____________
length of coverage (2 year, 5 year, lifetime, etc.)	____________	____________

Estate Planning

	Client #1	Client #2
Do you have a recent will?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a trust?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have an Advanced Medical Directive?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a Durable Power of Attorney?	☐ Yes ☐ No	☐ Yes ☐ No
Do you wish to leave a legacy to your heirs?	☐ Yes ☐ No	☐ Yes ☐ No
Have you considered gifting?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have favorite charities you wish to support?	☐ Yes ☐ No	☐ Yes ☐ No

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