

# TROXELL

FINANCIAL

PROVIDING COMPREHENSIVE WEALTH MANAGEMENT

## **Confidential and Personal Financial Profile**

**[www.troxellfinancial.com](http://www.troxellfinancial.com)**

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Member FINRA/SIPC. Investment advice offered through Troxell Financial, a registered investment advisor.

# CONFIDENTIAL PERSONAL PROFILE

We realize this form may be intimidating for some, but we encourage you to use it as a tool to collect information you believe relevant to your financial situation. The information you provide will assist us in providing recommendations and advice customized to your personal concerns and objectives. It is the essential first step in organizing a sensible financial plan for your future. The more information you complete, the better we can serve you.

Once you have completed the following information to the best of your ability, please return this packet in the enclosed, postage-paid envelope or you can email it back to us.

At Troxell Financial we are committed to the confidentiality of our current and prospective client's personal information. All personal information collected is considered strictly confidential and is used solely for the purpose of financial planning and investment recommendations.

*How did you hear about us?* \_\_\_\_\_

## FAMILY INFORMATION

_____ Your Name	_____ Preferred Name	_____ Date of Birth	_____ Preferred Email Address
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_____ Your Social Security Number	_____ Driver's License Number	_____ Driver's License Issue Date	_____ Driver's License Expiration Date
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_____ Your Job Title	_____ Employer (last if retired)	_____ # of Years	_____ Work Phone #	_____ Retirement Date
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_____ Residence Address	_____ City	_____ State	_____ Zip Code
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_____ Mailing Address (if different)	_____ City	_____ State	_____ Zip Code
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_____ Home Phone #	_____ Your Cell #	_____ Spouse's Cell #	_____ Fax #
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Wedding Anniversary Date (including year): \_\_\_\_\_

Single          Divorced          Widowed

_____ Spouse's Name	_____ Preferred Name	_____ Date of Birth	_____ Preferred Email Address
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_____ Spouse's Social Security Number	_____ Driver's License Number	_____ Driver's License Issue Date	_____ Driver's License Expiration Date
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_____ Spouse's Job Title	_____ Employer (last if retired)	_____ # of Years	_____ Work Phone #	_____ Retirement Date
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Preferred Contact Method:      Cell Phone      Home Phone      Work Phone      Preferred Email

Children's Name(s) and Date(s) of Birth:

_____ Name	_____ Date of Birth	_____ Social Security Number	_____ Spouse's Name, if married
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_____ Name	_____ Date of Birth	_____ Social Security Number	_____ Spouse's Name, if married
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_____ Name	_____ Date of Birth	_____ Social Security Number	_____ Spouse's Name, if married
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## ADVISORS

\_\_\_\_\_  
Tax Advisor Name

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Insurance Agent's Name

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
Firm Name

## CONCERNS & OBJECTIVES

### GENERAL

Are you anticipating any major lifestyle changes?  
(i.e., marriage, divorce, retirement, moving, etc.)

Yes

No

Uncertain

If so, what changes are you expecting? \_\_\_\_\_

Are you comfortable with your current cash flow?

Yes

No

Uncertain

Do you anticipate any significant changes in your cash flow?

Yes

No

Uncertain

Do you anticipate any major expenditures in the near future?

Yes

No

Uncertain

If so, what expenditures are you expecting? \_\_\_\_\_

### RETIREMENT PLANNING

At what age would you like to be able to retire? \_\_\_\_\_

At what age do you expect to retire? \_\_\_\_\_

At what age would your spouse like to be able to retire, if applicable? \_\_\_\_\_

What minimum AFTER-TAX income will you need (in today's dollars)? \_\_\_\_\_

If you plan on working after retirement, estimate your expected income: \_\_\_\_\_

### RISK MANAGEMENT

Do you have any current health problems?

Yes

No

Uncertain

Do you have adequate medical coverage?

Yes

No

Uncertain

Do you have a Health Savings Account (HSA)?

Yes

No

Uncertain

Do you have adequate disability coverage?

Yes

No

Uncertain

Do you have long-term care coverage?

Yes

No

Uncertain

Do you have adequate personal liability coverage?

Yes

No

Uncertain

Amount? \_\_\_\_\_

Do you have enough life insurance?

Yes

No

Uncertain

Amount? \_\_\_\_\_

Do you have an emergency fund (money set aside in savings)?

Yes

No

Uncertain

Amount? \_\_\_\_\_

### ESTATE PLANNING

Do you have updated/adequate wills?

Yes

No

Uncertain

When was your will updated?

Year \_\_\_\_\_

Uncertain

Have you established any trusts?

Yes

No

Uncertain

Are you the beneficiary of any trusts?

Yes

No

Uncertain

Will you be receiving a significant inheritance?

Yes

No

Uncertain

Have you adequately considered estate taxes?	Yes	No	Uncertain
Have you provided adequate estate liquidity for your heirs?	Yes	No	Uncertain
Is proper asset titling a concern?	Yes	No	Uncertain
Have you authorized someone to act as power of attorney?	Yes	No	Uncertain

## PERSONAL GOALS PLANNING

With which items would you like help? Check all that apply.

Financial independence at retirement	Minimize the cost of probate and estate taxes
Reduce my tax burden	Control the distribution of assets to my heirs
Wealth Accumulation	Pay for wedding for my child/grandchild
Pay for college education for my children/grandchildren	Plan for long-term or nursing home care
Provide for my family in the event of my (or my spouse's) death	Provide for my family in the event I (or my spouse) become disabled
Travel	Fund a charitable endeavor
Paying Down Debt	Other

**Other goals:** \_\_\_\_\_

## FAMILY ASSETS (May skip if most recent statements are provided)

### MARKETABLE SECURITIES / INVESTMENTS (NON-RETIREMENT)

Institution Name	Owner	Current Value

### RETIREMENT PLANS (IRA, 401(k), 403(b), Profit Sharing, Deferred Compensation, Annuities)

Institution Name	Type	Owner	Annual Contributions	Current Value

### REAL ESTATE (Personal Residence, Vacation Home, Rental Property, Land)

Real Estate/Personal	Owner	Purchase Price + Renovations	Current Value

### BUSINESS – Entity Type

Business Name	Owner(s) (%)	Base Value	Business Type (i.e. S-Corp, C-Corp, LLC, Sole Proprietor)

# FAMILY LIABILITIES

## SHORT-TERM

Credit Cards \$ \_\_\_\_\_  
 Automobiles \$ \_\_\_\_\_  
 Personal Line of Credit \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

## LONG-TERM

Residence \$ \_\_\_\_\_  
 2<sup>nd</sup> Residence/Vacation Home \$ \_\_\_\_\_  
 Home Equity Line of Credit \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

# FAMILY INCOME STATEMENT

## ANNUAL INCOME

(May skip if most recent federal and state income tax return and social security statement is provided)

Earned Income: You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 Investment Income: You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 Social Security: You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 Other: You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 Total: You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

## ANNUAL EXPENSES

Type	Estimated Amount
Life Style Expenses (Food, Clothing, Vacations, Leisure, Transportation, Housing; utilities and maintenance, etc.)	\$
What percentage of life-style expenses do you want to provide to your surviving spouse?	%
Primary Residence Mortgage (Principal & Interest)	\$
2 <sup>nd</sup> Home / Vacation Home Mortgage (Principal & Interest)	\$
Real Estate Property Taxes (Primary)	\$
Real Estate Property Taxes (2 <sup>nd</sup> /Vacation Home)	\$
Life Insurance Premiums	\$
Disability Insurance Premiums	\$
Automobile Insurance Premiums	\$
Homeowners Insurance Premiums	\$
Elderly Care Expenses	\$
Education/Childcare Expenses	\$
Other Debt Payments (Principal & Interest)	\$
Healthcare/Medical Insurance	\$

# RISK PROFILE QUESTIONNAIRE

Please check the appropriate response for each question.

1. On a scale of 1 to 10, what is your risk tolerance?

(Low) 1 2 3 4 5 6 7 8 9 10 (High)

2. How many years do you have until retirement?

Already retired 5 years or less 5 to 10 years More than 10 years

3. How many years does your spouse have until retirement, if applicable?

Already retired 5 to 10 years  
5 years or less More than 10 years

4. If your portfolio lost this much, you would be financially devastated:

20% loss 75% loss  
25% loss 95% loss  
50% loss

5. From September 2008 through November 2008, stocks lost more than 31% of their value. If I owned a stock investment that lost about 31% of its value in three months, I would?

Sell all the remaining investment  
Sell some of the remaining investment  
Hold on to the investment and sell nothing  
Buy more of the same investment

6. 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)

7. What are your major objectives for your investments?

Preserving principal and earning a moderate amount of current income  
Generating a high amount of current income  
Generating some current income and growing assets over an extended time frame  
Growing assets substantially over an extended time frame

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

- |               |                    |
|---------------|--------------------|
| Now           | 10 to 15 years     |
| 1 to 5 years  | More than 15 years |
| 5 to 10 years |                    |

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

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

10. With the income generated from your portfolio, your plan is to:

- |                            |                     |
|----------------------------|---------------------|
| Use it for living expenses | Reinvest all income |
| Use some and reinvest      |                     |

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

- |          |               |
|----------|---------------|
| 0% to 2% | 6% to 8%      |
| 2% to 4% | 8% to 10%     |
| 4% to 6% | More than 10% |

## Your Expectations

If you could improve, develop, or change anything in your current wealth plan, what would it be?

If you were to hire me and our relationship was to be successful, what three things would have to happen (i.e. communication, consolidation, dependability, ongoing monitoring, potential to reach goals, rate of return, etc.)?

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**Thank you for taking the time to complete and return this profile.**