



Confidential Personal Financial Planning Guide

Date: _____

Please bring the following documents:

- | | | |
|---------------------------------|----------------------------|--|
| -Last Year's Tax Return | -Social Security Statement | -Bank & Credit Union Statements |
| -Brokerage Account Statement | -List of Monthly Expenses | -Life Insurance policies (Including Beneficiary Information) |
| -IRA/Retirement Acct Statements | -Will & Trust Documents | |

Please feel free to fill out as much information prior to the meeting and bring any additional information that you would like to discuss to the meeting with you.

Fax to (864) 225-1676 or mail to:
Foothills Wealth Management 510 Reed Road Anderson, SC 29621

Section I: Client Information

CLIENT NAME:

First

Middle

Last

Designation/Suffix

Preferred Name:

Social Security #:

Date of Birth:

Nickname

Tax ID #

mm/dd/yyyy

Home Address:

Street

City

State

Zip code

Email Address: (please print)

Home Phone:

Cell Phone:

Work:

Identification (Select one):

- Driver's License Passport Resident Alien Card Military ID Card Other Gov't Issued Photo ID

Identification Number:

State Issued:

Country Issued:

Date Issued:

Expiration Date:

mm/dd/yyyy

mm/dd/yyyy

Client Employer:

Occupation:

of Years:

Employer Address:

Street

City

State

Zip Code

Marital Status (circle):

S M W D

of Dependents:

Select: U.S. Citizen

Resident Alien

SPOUSE NAME:*First**Middle**Last**Designation/Suffix*

Preferred Name:

Social Security #:

Date of Birth:

*Nickname**Tax ID #**mm/dd/yyyy*

Spouse Email Address (please print):

Home Phone:

Cell Phone:

Work Phone:

Identification (Select one):
 Driver's License
 Passport
 Resident Alien Card
 Military ID Card
 Other Gov't Issued Photo ID

Identification Number:

State Issued:

Country Issued:

Date Issued:

Expiration Date:

Spouse Employer:

Occupation:

of Years:

Employer Address:

*Street**City**State**Zip Code***Section II: Family Member Information/ Beneficiary****Children:****Name:**

Date of Birth:

Social Security #:

*Full Name**mm/dd/yyyy**Tax ID #*

Address:

*Street**City**State**Zip Code***Name:**

Date of Birth:

Social Security #:

*Full Name**mm/dd/yyyy**Tax ID #*

Address:

*Street**City**State**Zip Code***Name:**

Date of Birth:

Social Security #:

*Full Name**mm/dd/yyyy**Tax ID #*

Address:

*Street**City**State**Zip Code***Name:**

Date of Birth:

Social Security #:

*Full Name**mm/dd/yyyy**Tax ID #*

Address:

*Street**City**State**Zip Code*

Section III: Financial Planning Objectives

Please rank the following according to your level of concern. (With "1" being of **least** to "5" being of **greatest**)

| | | | | | |
|---|---|---|---|---|---|
| 1. Planning for children or grandchildren | 1 | 2 | 3 | 4 | 5 |
| 2. Reducing Taxes | 1 | 2 | 3 | 4 | 5 |
| 3. Increasing Income | 1 | 2 | 3 | 4 | 5 |
| 4. Estate Planning | 1 | 2 | 3 | 4 | 5 |
| 5. Legacy Planning | 1 | 2 | 3 | 4 | 5 |
| 6. Charitable Gifting | 1 | 2 | 3 | 4 | 5 |
| 7. Caring for a loved one Physically or Financially | 1 | 2 | 3 | 4 | 5 |
| 8. Investment Risk | 1 | 2 | 3 | 4 | 5 |
| 9. Liquidity of Assets | 1 | 2 | 3 | 4 | 5 |
| 10. Retirement Planning | 1 | 2 | 3 | 4 | 5 |
| 11. Long Term Care Protection | 1 | 2 | 3 | 4 | 5 |
| 12. Health Insurance | 1 | 2 | 3 | 4 | 5 |
| 13. College Savings | 1 | 2 | 3 | 4 | 5 |
| 14. Real Estate Questions and Planning | 1 | 2 | 3 | 4 | 5 |

Do you have any of the following? Please circle all that apply.

Living Trust

Long-Term Care Insurance

Will

Accountant

Attorney

Financial Advisor

Stock Broker

Have you had any problems with previous stock brokers or financial advisers? Yes No If "Yes," please explain:

Section IV: Income and Objectives

Income (Current and Retirement)

| Income Sources | Amount Per Year | Amount Per Month | Average Annual Bonus |
|---------------------------------------|-----------------|------------------|----------------------|
| Employment – Client | | | |
| Employment - Spouse/Joint Client | | | |
| Social Security – Client | | | NA |
| Social Security - Spouse/Joint Client | | | NA |
| Pension Plan – Client | | | NA |
| Pension Plan - Spouse/Joint Client | | | NA |
| 401K – Client | | | NA |
| 401K - Spouse/Joint Client | | | NA |
| Real Estate | | | NA |
| Alimony/Child Support | | | NA |
| Other Income _____ | | | NA |

Section V: Assets and Liabilities

Balance in Banks, Savings & Loans & Credit Unions (Non-IRA/Retirement)

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

| Name of Institution | Type of Account | Maturity Date | Interest Rate | Approximate Balance |
|---------------------|-----------------|---------------|---------------|---------------------|
| | | | % | \$ |
| | | | % | \$ |
| | | | % | \$ |
| | | | % | \$ |
| | | | % | \$ |
| | | | % | \$ |

IRA Accounts and Other Retirement Accounts

(Please bring in your latest statements)

| Account Type and Location (i.e., Bank, Broker, Employer, etc.) | Type (401k, IRA, TSA, etc.) | Approximate Market Value |
|---|-----------------------------------|-----------------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Mutual Funds and/or Brokerage Accounts

(Please bring in your latest statements)

| Name of Brokerage Firm/Mutual Fund | Approximate Market Value |
|------------------------------------|-----------------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Stocks and Bonds*(Where you hold certificates yourself)*

| Name of Stock/Bond | # of Shares | Approximate Market Value |
|--------------------|-------------|--------------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Annuities*(Please bring in your latest statements)*

| Company | Annuitant/Owner | Interest Rate | Date Purchased | Approximate Value |
|---------|-----------------|---------------|----------------|-------------------|
| | | % | | \$ |
| | | % | | \$ |
| | | % | | \$ |
| | | % | | \$ |

Auto/Boat

| Make | Model | Purchase Date | Original Cost | Insured? | Market Value |
|------|-------|---------------|---------------|----------|--------------|
| | | | \$ | Yes No | \$ |
| | | | \$ | Yes No | \$ |
| | | | \$ | Yes No | \$ |

Jewelry, Collectibles (Coins, Stamps, Etc.), and Miscellaneous

| Description | Purchase Date | Original Cost | Insured? | Market Value |
|-------------|---------------|---------------|----------|--------------|
| | | \$ | Yes No | \$ |
| | | \$ | Yes No | \$ |
| | | \$ | Yes No | \$ |

Life Insurance

(Please bring in policies and latest statements)

| Company | Name of Insured | Type of Insurance (Whole, Term) | Approximate Death Benefit | Loan Against | Cash Value (Whole Life) |
|---------|-----------------|---------------------------------|---------------------------|--------------|-------------------------|
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |

Mortgages and Loans

| Description (i.e. House/Auto, Equity line) | Date of Loan | Name of Creditor | Original Loan Value | Remaining Loan Amount | Years Remaining on the Loan | Interest Rate | Monthly Payment |
|--|--------------|------------------|---------------------|-----------------------|-----------------------------|--|-----------------|
| | | | \$ | \$ | | <input type="checkbox"/> _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> APR | \$ |
| | | | \$ | \$ | | <input type="checkbox"/> _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> APR | \$ |
| | | | \$ | \$ | | <input type="checkbox"/> _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> APR | \$ |
| | | | \$ | \$ | | <input type="checkbox"/> _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> APR | \$ |

Credit/Charge Card Debt

| Name of Creditor | Amount Due | Interest Rate | Monthly Payment |
|------------------|------------|--|-----------------|
| | | <input type="checkbox"/> Fixed _____ % <input type="checkbox"/> APR | \$ |
| | | <input type="checkbox"/> Fixed _____ % <input type="checkbox"/> APR | \$ |
| | | <input type="checkbox"/> Fixed _____ % <input type="checkbox"/> APR | \$ |

Taxes and Insurance (Property)

| Name of Creditor | Amount Due | Interest Rate | Monthly Payment |
|------------------|------------|---|-----------------|
| | | <input type="checkbox"/> Fixed _____% <input type="checkbox"/> APR | \$ |
| | | <input type="checkbox"/> Fixed _____% <input type="checkbox"/> APR | \$ |
| | | <input type="checkbox"/> Fixed _____% <input type="checkbox"/> APR | \$ |

Other Liabilities

| Name of Creditor | Amount Due | Interest Rate | Monthly Payment |
|------------------|------------|---|-----------------|
| | | <input type="checkbox"/> Fixed _____% <input type="checkbox"/> APR | \$ |
| | | <input type="checkbox"/> Fixed _____% <input type="checkbox"/> APR | \$ |
| | | <input type="checkbox"/> Fixed _____% <input type="checkbox"/> APR | \$ |

| Future Major Purchases (Cars, vacations, Second home, remodel, wedding, etc.) | | | |
|---|------------|------------|--------|
| Description | Start Year | # of Years | Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Expenses

| Expenses | | | | | |
|------------------------------|---------|--------|------------------------------|---------|--------|
| <u>Housing</u> | Monthly | Yearly | <u>Household</u> | Monthly | Yearly |
| Mortgage/Condo fees | \$ | \$ | Groceries | \$ | \$ |
| Taxes/Insurance | \$ | \$ | Clothing/Personal Care | \$ | \$ |
| Electric/Gas/Water | \$ | \$ | Medical/Dental/Prescriptions | \$ | \$ |
| Phone/Cable/Internet | \$ | \$ | Pet(s) | \$ | \$ |
| Maintenance | \$ | \$ | Entertainment | \$ | \$ |
| Other _____ | \$ | \$ | Gifts | \$ | \$ |
| Other _____ | \$ | \$ | Travel/Vacation | \$ | \$ |
| | | | Charitable Contributions | \$ | \$ |
| <u>Transportation</u> | Monthly | Yearly | Other _____ | \$ | \$ |
| Loan/Lease(s) | \$ | \$ | Other _____ | \$ | \$ |
| Gas/Maintenance | \$ | \$ | | | |
| Insurance/Plates | \$ | \$ | <u>Miscellaneous</u> | Monthly | Yearly |
| | | | Child Support/Alimony | \$ | \$ |
| <u>Medical/Dental/Vision</u> | Monthly | Yearly | CPA/Advisor/Professional | \$ | \$ |
| Premium | \$ | \$ | Other _____ | \$ | \$ |
| Co-pays | \$ | \$ | Other _____ | \$ | \$ |
| Prescriptions | \$ | \$ | | | |
| Other _____ | \$ | \$ | | | |
| Other _____ | \$ | \$ | | | |

Section VI: Investment Objectives and Goals

| Investment Experience (# of years) | |
|---------------------------------------|-------------------|
| <u>Description</u> | <u># of Years</u> |
| Stocks | |
| Bonds | |
| Options | |
| Commodities | |
| Real Estate | |
| Mutual Funds | |
| Insurance/Annuities | |
| REITs/DPPs/LPs | |

| Time Horizon (Expected time prior to satisfying needs from investments) |
|--|
| <input type="checkbox"/> 1-3 years |
| <input type="checkbox"/> 3-5 years |
| <input type="checkbox"/> 5-10 years |
| <input type="checkbox"/> More than 10 years |

Are you able to save money each month? Yes No

Do you expect a significant change in your income during the next two years?

How might your spending in retirement change? (travel, downsize, health care)

What is most important to you in preparing for retirement?

Additional questions, comments, and/or additional family/beneficiary information:

Securities offered through Registered Representatives of Cambridge Investment Research, Inc., a broker-dealer, member FINRA/SIPC. Advisory services offered through Cambridge Investment Research Advisors Inc., a Registered Investment Adviser. Foothills Wealth Management and Cambridge are not affiliated.

Client Name _____

Date _____

Please fax this completed confidential personal financial profile to our office at (864) 225-1676 or mail to the address below prior to your initial/next meeting. If you have any questions please do not hesitate to call us.

Foothills Wealth Management
510 Reed Road Anderson, SC 29621
Phone (864) 224-6312 Fax (864) 225-1676
www.foothillswm.com

This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge forms. This information is provided by you (the client). If any of the information is incorrect, you should notify your financial advisor. The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.

Instructions to Print Social Security Reports

- 1) **Log onto www.ssa.gov**
- 2) Click on Create an Account
- 3) Click on Create an Account
- 4) Click on Create an Account (New Users)
- 5) Check the box "I agree to the terms of service"
- 6) Click next
- 7) Enter your personal information
 - a) Name
 - b) Social Security #
 - c) Address
 - d) Phone
 - e) Email
- 8) For extra security choose "NO Maybe later"
- 9) Click Next
- 10) Answer 4 security questions (May be none of the above)
- 11) Click Next
- 12) If you answered correctly you will be asked to
 - a) Create a user name and password
 - b) Enter email address and confirm it
 - c) Create 3 personal security questions and answers
- 13) Click Next
- 14) If successful click Next
- 15) Check the box to "agree to the terms of service"
- 16) Print your Full Statement