



Financial Planning for Generations

Retirement Planning • Estate Planning • Tax Planning • Investment Management • Insurance

CLIENT PROFILE

Name: _____

Headquarters

500 North Broadway, Suite 260

Jericho, NY 11753

phone (516) 932-5130

fax (516) 932-7706

toll free (866) 932-5130

Website

www.americaninvestmentplanners.com

Email

info@americaninvestmentplanners.com

Locations

Boca Raton, FL

La Vernia, TX

YOU AND YOUR FAMILY

Client Name (1) _____ Spouse Name (2) _____

Legal Address _____ Alternate Address (summer/winter home) _____

Home Phone (1) _____ Alt. Phone (2) _____

Cell Phone (1) _____ Cell Phone (2) _____

Email Address (1) _____ Email Address (2) _____

SS# (1) _____ SS# (2) _____

DOB (1) _____ DOB (2) _____

Driver's License ID (1) _____ Driver's License ID (2) _____

_____ State Issued _____ State Issued _____

Date Issued _____ Date Expired _____ Date Issued _____ Date Expired _____

Emergency Contact Information: (close friend or relative, in the event we are unable to reach you):

Name _____ Relationship _____

Phone number _____

CHILDREN/BENEFICIARIES

(Please use an additional sheet if necessary)

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

City _____ City _____ City _____

State _____ Zip _____ State _____ Zip _____ State _____ Zip _____

Phone _____ Phone _____ Phone _____

DOB _____ DOB _____ DOB _____

SS# _____ SS# _____ SS# _____

Gender _____ Gender _____ Gender _____

Previous Marriage __ Yes __ No Previous Marriage __ Yes __ No Previous Marriage __ Yes __ No

Special Needs __ Yes __ No Special Needs __ Yes __ No Special Needs __ Yes __ No

Marital Status _____ Marital Status _____ Marital Status _____

YOU AND YOUR FAMILY

GRANDCHILDREN/BENEFICIARIES

(Please use an additional sheet if necessary)

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

DOB _____

SS# _____

Gender _____

Previous Marriage__ Yes ___ No

Special Needs __ Yes ___ No

Marital Status _____

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

DOB _____

SS# _____

Gender _____

Previous Marriage__ Yes ___ No

Special Needs __ Yes ___ No

Marital Status _____

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

DOB _____

SS# _____

Gender _____

Previous Marriage__ Yes ___ No

Special Needs __ Yes ___ No

Marital Status _____

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

DOB _____

SS# _____

Gender _____

Previous Marriage__ Yes ___ No

Special Needs __ Yes ___ No

Marital Status _____

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

DOB _____

SS# _____

Gender _____

Previous Marriage__ Yes ___ No

Special Needs __ Yes ___ No

Marital Status _____

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

DOB _____

SS# _____

Gender _____

Previous Marriage__ Yes ___ No

Special Needs __ Yes ___ No

Marital Status _____

ADDITIONAL FAMILY INFORMATION

EMPLOYMENT

Employer Name (Client 1) _____

Address _____

City _____ State _____ Zip _____

Title/Position _____ Years employed there _____

Phone _____ Email _____ Fax _____

Full time or part time _____ Type of work you do _____

Do you own this company? Yes No Are you self employed? Yes No

Filing Status (single, married filing separately, married filing jointly or head of household) _____

Employer Name (Client 2) _____

Address _____

City _____ State _____ Zip _____

Title/Position _____ Years employed there _____

Phone _____ Email _____ Fax _____

Full time or part time _____ Type of work you do _____

Do you own this company? Yes No Are you self employed? Yes No

Filing Status (single, married filing separately, married filing jointly or head of household) _____

INCOME

Salary/Bonuses	Client 1				Client 2			
Annual Amount								
Stock Options								
Restricted Stock								

Social Security	Client 1				Client 2			
Benefit Begins at Age	62	66	67	70	62	66	67	70
Estimated Monthly								

Other Income (Pension/Settlement/Inheritance)	Client 1				Client 2			
Other Income Name								
Type								
Tax Treatment (Excluded from income tax)								
Annual Amount								

EXPENSES

Monthly Expenses

	Current	In Retirement		Current	In Retirement
Disability Insurance			Cable TV/Internet		
Home Ins./Umbrella			Condo Fees		
Life Insurance			Household Maintenance		
Medical/Dental Insurance			Lawn Care		
			Oil/Gas		
Air/Vacation/Travel			Property Tax		
Dining Out			Rent		
Entertainment			Telephone (Cell)		
Hobbies			Telephone (Landline)		
Movies/Theater			Utilities		
Recreation			Waste Disposal		
Social/Country Clubs			Water and Sewage		
Sporting Events					
Summer Camp			Adult/Dependent Care		
			Child Care		
Auto Insurance			Clothing		
Auto Leasing/Loans			Clubs/Organizations		
Auto Maint. & Repair			Deductible Contributions		
Commuting			Domestic Help		
Gasoline			Dry Cleaning		
			Education		
Credit Cards			Extracurricular Activities		
Other Debts			Fitness		
Other (please describe)			Groceries		
			Non-deductible Gifts		
			Personal Care/Haircuts		
			Pet Care		
			Prescriptions/Pharmacy		
			Subscriptions		
Subtotal			Subtotal		
			Total Monthly Expenses		

INVESTMENT EXPERIENCE

Enter investment experience for each investment category: (1) None (2) Occasional (3) Frequent (4) Extensive

Stocks___ Bonds___ Mutual Funds___ Options___ Annuities___ Insurance___ REITs/DDPs/LPs___

How much investment experience do you have? Please check box which best applies.

None___ Limited (1-3 years)___ Fair (3-5 years)___ Extensive (5+ years)___

Do you have current income needs from your investments? Yes___ No___ Amount \$_____

YOUR INVESTMENT PHILOSOPHY

Do you feel you will achieve financial security through retirement? ___ Yes ___ No

Do you need to make any special financial provisions for any member of your family? ___ Yes ___ No

Are you willing to invest effort/money if a financial plan reduces/eliminates tax? ___ Yes ___ No

What is your largest obstacle in achieving your financial goals? _____

OBJECTIVES (Please rate the importance of each item)

Retirement/Investment

Low Med High

Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle			
Having all of your portfolios consolidated and analyzed to make sure your plan is on track			
Generating a guaranteed retirement income stream			
Reviewing your investment performance against your plan			
Reviewing alternative retirement methods			
Minimizing the taxes on your investment accounts			
Asset protection in the result of serious illness			
Protecting assets in the event that you require long term care in the future			
Receiving adequate income in the event of disability during your working years			
Planning for income for your spouse in the event of your premature death			
Planning for income for your children in the event of your premature death			
Liquidity needs			

OBJECTIVES (Please rate the importance of each item)

Estate Planning

Low Med High

	Low	Med	High
Writing or updating your will or trust			
Reviewing different methods of meeting your estate tax liabilities			
Minimizing estate taxes			
Charitable planning to your estate's planning			
Contributing annually to charity			
Gifting to your children while you are alive if it doesn't interfere with your financial independence			
Planning for your grandchildren's education/support			

PROPERTY

Real Estate Holdings

	PRIMARY RESIDENCE	SECONDARY RESIDENCE	INVESTMENT PROPERTY
Property Name			
Purchase Year			
Purchase Amount			
Market Value			
Owner(s)			

Mortgage(s)

Loan Type (Mortgage, Home Equity Loan)			
Original Loan Amount			
Date of Loan			
Current Balance			
Interest Rate			
Loan Term (Years)			

INSURANCE: Life/Long Term Care/DI

(please provide a copy of your most recent statements)

Carrier Name	Policy Owner and Insured	Policy Type Whole Life/Term/LTC/DI	Face Amount	Effective Date	Annual Premium	Loan Amount

ANNUITIES

(please provide a copy of your most recent statements)

Owner	Beneficiary	Carrier Name	Market Value	Cost Basis	Death Benefit

COMMENTS

What changes, if any, would you like to see with your current investments?

ATTORNEY/CPA

Do you have Power of Attorney? ___ No ___ Yes, Name: _____ Phone: _____

Do you have a Living Will and Health Care Proxy? ___ Yes ___ No

Do you have an Estate Planning Attorney? ___ Yes ___ No

Is your Attorney a key decision maker for you? ___ Yes ___ No

Do you have a CPA/Accountant? ___ Yes ___ No

Is your CPA/Accountant a key decision maker for you? ___ Yes ___ No

Advisors:

Attorney	CPA/Accountant
Name	Name
Firm	Firm
Address	Address
Phone	Phone
Fax	Fax
E-mail	E-mail

May we contact your Advisors listed above? ___ Yes ___ No

EDUCATIONAL SEMINARS (Please indicate which topics are of interest to you):

- Investing During Retirement
- Taking Retirement Plan or Pension Distributions
- Preserving My Estate for My Heirs
- Benefiting from Social Security and Medicare
- Reducing My Tax Liability
- Protecting My Assets
- Giving and Gifting Strategies
- Other

NOTES/COMMENTS

FOLLOW UP

Next Meeting:

Date: _____ Time: _____ Advisor Name: _____

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____

PERSONAL AND CONFIDENTIAL: American Investment Planners LLC, a registered investment advisor, respects the privacy of any nonpublic, personal information that clients provide in order for us to open and service their accounts. We are committed to safeguarding that information by holding it in the strictest confidence. We gather only information that is necessary for us to effect, administer, or enforce a transaction that a client authorizes or requests. It will not be used for any other purpose than to assess a client's financial goals.

Any projections provided by the advisor are based on assumptions and do not represent guarantees. Actual results will vary, perhaps to a significant degree. The projected reports are hypothetical in nature and for illustrative purposes only. Consult your tax and/or legal advisor before implementing any tax or legal strategies.

Securities offered through Cadaret, Grant & Co., Inc., member FINRA/SIPC. Advisory services offered through American Investment Planners, LLC, an SEC Registered Investment Advisor. American Investment Planners, LLC and Cadaret, Grant & Co., Inc. are separate entities