

Financial Plan Profile Sheet

Date _____

Name: _____

Name: _____

Complete Address: _____

Male / Female

Male / Female

Date of Birth: _____

Date of Birth: _____

Marital Status: Married Single

Widow(er) Divorced Separated

State of Primary Residence: _____

Contact Information:

Home Phone #: _____

Work Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

Email Address: _____

Email Address: _____

Children, Grandchildren, Dependents:

Name: _____ Male / Female DOB: _____ Relationship: _____

Name: _____ Male / Female DOB: _____ Relationship: _____

Name: _____ Male / Female DOB: _____ Relationship: _____

Name: _____ Male / Female DOB: _____ Relationship: _____

Emergency Contact: (or circle above)

Name: _____ Male / Female Relationship: _____ Phone #: _____

Executor of Your Estate:

Name: _____ Male / Female Relationship: _____ Phone #: _____

Attorney/Estate Planner:

Name: _____ Phone #: _____ Satisfied / Dissatisfied

CPA/Accountant:

Name: _____ Phone #: _____ Satisfied / Dissatisfied

Other Advisor(s):

Name: _____ Phone#: _____ Satisfied / Dissatisfied

Employment Status:

<u>Retired</u>	<u>Employed</u>	<u>Retired</u>	<u>Employed</u>
<u>Homemaker</u>	<u>Business Owner</u>	<u>Homemaker</u>	<u>Business Owner</u>
<u>Not Currently Employed</u>		<u>Not Currently Employed</u>	

Employer/Occupation: _____

Employer/Occupation: _____

Employment Income: \$ _____

Employment Income: \$ _____

Other Income: \$ _____

Other Income: \$ _____

Real Estate:

	<u>Value</u>	<u>Sell</u>	<u>If So, When</u>	<u>Titling</u>
Primary:	\$	Y / N		
Secondary:	\$	Y / N		
Land/Investment:	\$	Y / N		
Collectibles:	\$	Y / N		
Business:	\$	Y / N		
Business Land:	\$	Y / N		
Other:	\$	Y / N		

Liabilities:

	<u>Balance</u>	<u>Fixed or Variable</u>	<u>Term</u>	<u>Rate</u>	<u>Monthly Payment</u>
Primary Mortgage:	\$			%	\$
Secondary Mortgage:	\$			%	\$
Other Mortgage:	\$			%	\$
Home Equity Loans:	\$			%	\$
Credit Card:	\$			%	\$
Auto Loan:	\$			%	\$
Other:	\$			%	\$

Income:

	<u>Monthly Amount</u>	<u>Age to Start</u>	<u># of Years Will Receive</u>	<u>Survivor Benefit</u>
Rental Income (Net):	\$			%
Social Security:	\$			%
Social Security:	\$			%
Pension:	\$			%
Annuity:	\$			%
Other:	\$			%

Investment Accounts:

	<u>Account Value</u>	<u>Allocation/ Investments</u>	<u>Annual Savings</u>
Personal:	\$		\$
Joint:	\$		\$
Trust:	\$		\$
Checking:	\$		\$
Savings:	\$		\$
IRAs:	\$		\$
Roth IRAs:	\$		\$
Annuities:	\$		\$
Education Accounts (529, UGMA, etc.):	\$		\$
Stock Certificates:	\$		\$
DRIP Programs:	\$		\$
Other:	\$		\$
Other:	\$		\$
Other:	\$		\$

Retirement Plans:

	<u>Account Value</u>	<u>Allocation / Investments</u>	<u>Annual Contribution</u>	<u>Employer Match</u>
Current 401K:	\$		%	___% up to ___%
Current 403B:	\$		%	___% up to ___%
Inactive 401K/403B:	\$			
Inactive 401K/403B:	\$			
SEP/IRA:	\$			
Deferred Comp Plan:	\$			
Other:	\$			

Stock Option Plans:

<u>Company (Stock)</u>	<u>Owner</u>	<u>Current Market Price</u>	<u>Type: ISO or NQO</u>	<u>Grants</u>	<u>Vesting Schedule</u>
		\$			
		\$			

Investment Experience:

Low Risk Some Risk Moderate Risk Moderately High Risk High Risk

Explain: _____

Insurance Policies:

	<u>Insured</u>	<u>Type of Policy</u>	<u>Death Benefit</u>	<u>Cash Value</u>	<u>Annual Premium</u>
Life Insurance:			\$	\$	\$
Life Insurance:			\$	\$	\$
Long Term Care Insurance:			\$	\$	\$

Other:			\$	\$	\$
Other:			\$	\$	\$

Estate Planning:

Do you have wills? Yes / No

Do you have a health proxy? Yes / No

When was the last time you updated your wills or estate plan? _____

Financial Goals:

Retirement:

Age to Retire: _____ Spouse: _____

After-tax Income Needed in Retirement: \$ _____

<u>Other Goals</u>	<u>Start Year</u>	<u>Annual Cost</u>	<u>Recurring Every (X) Years</u>
Buy Cars:		\$	
Travel:		\$	
New Home:		\$	
Gift or Donation:		\$	
Education Funding:		\$	
Wedding or Celebration:		\$	
Provide for Someone's Care:		\$	
Other:		\$	

Primary Financial Concerns:

Organizing Your Financial Life

Protecting Your Wealth

Minimizing Taxes

Having Sufficient Income in Retirement

Not Outliving Your Money

Transferring Wealth to Your Heirs

Paying for College

Other: _____

Other: _____

- 1) What has been your experience, if any, with working with a Financial Advisor?

- 2) How comfortable are you with alternative assets such as hedge funds, private equity, venture capital or other non-liquid assets?

- 3) Are you familiar with socially responsible (also known as ESG) investing? Would you like to consider that for a portion or all of your portfolio?

- 4) Besides your money, what else is important to you?

- 5) What are you looking to accomplish from establishing a relationship with The Davis Executive Services Group?

- 6) What regarding your investments/finances/retirement concerns you most?

- 7) Does your family make financial decisions together or is there a decision maker in the household that makes most of these decisions?