

Date Completed: _____

Templeton Financial Planning

Confidential Preliminary Planning Profile

CLIENT NAME (1): _____

CLIENT NAME (2): _____

Home Address: _____

Home Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Birth date: _____

Birth date: _____

Primary Contact Person during business hours? _____

FAMILY MEMBERS (Please list children and other dependents.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides? (City & State)</u>
_____	_____	__ / __ / __	Y N	_____
_____	_____	__ / __ / __	Y N	_____
_____	_____	__ / __ / __	Y N	_____
_____	_____	__ / __ / __	Y N	_____
_____	_____	__ / __ / __	Y N	_____
_____	_____	__ / __ / __	Y N	_____

EMPLOYMENT AND SALARY INFORMATION

Client Employer (1): _____

Client Employer (2): _____

Title/Job: _____

Title/Job: _____

Years with current employer? _____

Years with current employer? _____

Anticipated employment changes? _____

Anticipated employment changes? _____

Salary: _____

Salary: _____

Self-Employment Income: _____

Self-Employment Income: _____

Bonus/Commissions: _____

Bonus/Commissions: _____

Other Earned Income: _____

Other Earned Income: _____

TOTAL (Current Yr) = _____

TOTAL (Current Yr) = _____

PLANNING GOALS AND OBJECTIVES

1. Personal Objectives

Please indicate the relative importance of each of the following personal objectives for both of you.

<u>Objective</u>	<u>Client 1</u>		<u>Client 2</u>	
	<u>Very Important</u>	<u>Not Important</u>	<u>Very Important</u>	<u>Not Important</u>
I would rather work longer than reduce my standard of living in retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I/we can reduce our current living expenses to save more for the future if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a major purchase (e.g., second home, car)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking a dream vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing personal income taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing or revising your investment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing for a comfortable retirement income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for your children/grandchildren's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making gifts to charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determining how your estate assets will be distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for your family in the event of your or your spouse's death or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing or modifying career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Investment Objectives

Please indicate the relative importance of each of the following investment objectives.

<u>Objective</u>	<u>Client 1</u>		<u>Client 2</u>	
	<u>Very Important</u>	<u>Not Important</u>	<u>Very Important</u>	<u>Not Important</u>
I am more concerned about protecting my assets than about growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current income: Dividends or interest to spend and/or reinvest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidity: Ability to quickly convert the investment into cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital appreciation: Possibility of original investment gaining in value over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety: Little or no danger of losing the investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax shelter: Current and/or longer-term tax advantages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any significant investments planned in the near future (e.g., stock, direct real estate ownership, real estate limited partnerships, etc.):

What do you expect to earn on your investments?

Client One 3 to 6% / 7 to 9% / 10 to 12% / 13 to 15% / Greater than 15%

Client Two 3 to 6% / 7 to 9% / 10 to 12% / 13 to 15% / Greater than 15%

If retirement were one of your goals, at what age would you like to retire or be financially independent?

Client One _____

Client Two _____

Rate your working relationships with each of the following advisors that apply:

Adviser	Dissatisfied		Satisfied		Very Satisfied	Not applicable
Financial Planner	1	2	3	4	5	X
Broker One	1	2	3	4	5	X
Broker Two	1	2	3	4	5	X
Tax Accountant	1	2	3	4	5	X
Accountant (if different)	1	2	3	4	5	X
Attorney	1	2	3	4	5	X
Insurance Agent (life)	1	2	3	4	5	X
Insurance Agent (car/home)	1	2	3	4	5	X

TAX AND PLANNING INFORMATION

Who prepares your tax return? Tax returns extension?

- Self
- Paid Tax Accountant

INSURANCE

Life Insurance

	<u>Client 1</u>	<u>Client 2</u>
Employer sponsored	\$ _____	\$ _____
Personally owned	\$ _____	\$ _____

General Insurance

Are you covered by the following insurance?	<u>Check appropriate boxes</u>			
	<u>Client 1</u>		<u>Client 2</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Hospitalization, Major Medical, HMO -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-Term Personal Disability -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Personal Disability -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Umbrella Liability -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director's Liability -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner's or Renter's -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Personal Property (for valuables) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSETS (If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation.)

Cash Accounts

Present Balance for Each of the Following:

<u>Type of Account</u>	<u>Client 1</u>	<u>Client 2</u>	<u>Joint</u>
Checking/Savings Accounts	_____	_____	_____
Money Market's	_____	_____	_____
CDs/Treasuries	_____	_____	_____
Individual Stocks	_____	_____	_____
401K's/IRA's	_____	_____	_____
Employer plans	_____	_____	_____
US Savings Bond	_____	_____	_____
Brokerage Accounts	_____	_____	_____
TOTAL	_____	_____	_____

Estimated Value of your Home _____

Estimated Value of other real estate _____

Stocks/Bonds/Mutual Funds
(Or attach copies of statements)

<u>Description</u>	<u>Ownership</u>	<u>Number of Shares</u>	<u>Current Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Stock Plans

	Client 1		Client 2	
	Yes	No	Yes	No
Do you participate in a Company stock option plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you participate in a Company stock Purchase plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Assets:

How were your current investment assets selected? (Who devised where they were going to go and why):

LIABILITIES

<u>Credit Cards</u>	<u>Interest Rate*</u>	<u>Average</u> <u>Monthly Payment</u>	<u>Current Balance</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

**If not paid in full each month*

<u>Debts (Residence, Auto, Business, School)</u>	<u>Interest Rate</u>	<u>Current Balance</u>	<u>Monthly Payment</u>
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____

Have you received a copy of your credit report recently? Yes No

ESTATE PLANNING

	<u>Client 1</u>		<u>Client 2</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Wills				
Do you have a will?	í	í	í	í
If yes, has it been reviewed in the last 3 years?	í	í	í	í
Trusts				
Do you have a revocable trust?	í	í	í	í
If yes, is it funded?	í	í	í	í
Has it been reviewed in the last 3 years?	í	í	í	í
Do you have an irrevocable trust?	í	í	í	í
Has it been reviewed in the last 3 years?	í	í	í	í
Do you have a Durable Power of Attorney?	í	í	í	í
Do you have a Health Care Proxy?				
Do you have a guardian for your children?	í	í	í	í

Do you anticipate any inheritance in the future? If so, how much? _____

