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## PRELIMINARY FINANCIAL PROFILE

The information you provide on this form is confidential. If you prefer, you may attach copies of statements showing the information requested. If you do not have exact values available, please feel free to provide estimates.

### GENERAL INFORMATION

Today's date \_\_\_\_\_

**CLIENT**

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

US Citizen?  Yes  No

Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CO-CLIENT**

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

US Citizen?  Yes  No

**Phone Numbers**

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_

How often do you check for e-mail messages?  
 \_\_\_\_\_

\_\_\_\_\_

What is your preferred method of communication?

Cell Phone  Home Phone  Work Phone  Email

Cell Phone  Home Phone  Work Phone  Email

Employed  Self-Employed  Retired

Employed  Self-Employed  Retired

Occupation \_\_\_\_\_

\_\_\_\_\_

**Marital Status**

Single  Married (Date of marriage \_\_\_\_\_)

Widowed (Since \_\_\_\_\_)

Divorced (Year divorce finalized \_\_\_\_\_)

Other \_\_\_\_\_

**Children or Dependents**

| Name  | Birthdate | Biological or adoptive child of |                          |                           |
|-------|-----------|---------------------------------|--------------------------|---------------------------|
|       |           | <u>Client</u>                   | <u>Co-Client</u>         | <u>Other Relationship</u> |
| _____ | _____     | <input type="checkbox"/>        | <input type="checkbox"/> | _____                     |
| _____ | _____     | <input type="checkbox"/>        | <input type="checkbox"/> | _____                     |
| _____ | _____     | <input type="checkbox"/>        | <input type="checkbox"/> | _____                     |
| _____ | _____     | <input type="checkbox"/>        | <input type="checkbox"/> | _____                     |

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**FINANCIAL PLANNING PRIORITIES AND GOALS**

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What are your three most important financial concerns or goals?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

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**ASSET AND LIABILITY INFORMATION**

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|  |  |                                  |  |
|--|--|----------------------------------|--|
| Checking, Savings/CDs, Money Market Funds            | \$ _____   |                                  |  |
| Retirement Accounts (IRA's, 401(k)'s 403(b)'s, etc.) | \$ _____   |                                  |  |
| Stocks, Bonds  | \$ _____   | Mutual Funds                     | \$ _____   |
| Annuities  | \$ _____   | Other Assets                     | \$ _____   |
| <br>   |  |                                  |  |
| Your Home  | \$ _____   | Other Real Estate                | \$ _____   |
| First Mortgage                                       |  | Second Mortgage/Home Equity Loan |  |
| Balance  | \$ _____   | Balance                          | \$ _____   |
| Monthly Payment                                      | \$ _____   | Monthly Payment                  | \$ _____   |
| Includes escrow?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                 | Includes escrow?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| Rate   | _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable | Rate                             | _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable |
| Original or refinanced term                          | _____ years  | Original or refinanced term      | _____ years  |
| Remaining term                                       | _____ years  | Remaining term                   | _____ years  |
| <br>   |  |                                  |  |
| Other Mortgage                                       | \$ _____   | Credit Cards                     | \$ _____   |
| Installment Loans                                    | \$ _____   | Other Liabilities                | \$ _____   |

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**ANNUAL EARNED INCOME**

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|               |          |                  |          |
|---------------|----------|------------------|----------|
| <b>CLIENT</b> |          | <b>CO-CLIENT</b> |          |
| Salary        | \$ _____ |                  | \$ _____ |
| Commission    | \$ _____ |                  | \$ _____ |
| Bonus         | \$ _____ |                  | \$ _____ |
| Other Income  | \$ _____ |                  | \$ _____ |

Is income fairly uniform and reliable?  
 Yes  No

Yes  No

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**RETIREMENT/OTHER INCOME**

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**CLIENT**

Social Security \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_  
Annuity \$ \_\_\_\_\_  
Other Income \$ \_\_\_\_\_  
Source \_\_\_\_\_

**CO-CLIENT**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Source \_\_\_\_\_

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**RETIREMENT CONTRIBUTIONS**

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Are you contributing on a regular basis to a retirement plan such as 401(k), 403(b), 457, TSP, or an IRA?

Yes - Annual Amount \$ \_\_\_\_\_  No  Yes - Annual Amount \$ \_\_\_\_\_  No

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**PENSION**

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**CLIENT**

Will you have a pension?

Yes  No

If so what kind of pension?

Private  FERS  OPERS  
 STRS  SERS  Other

**CO-CLIENT**

Yes  No

Private  FERS  OPERS  
 STRS  SERS  Other

Please provide details or attach most recent pension statement.

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**LIFE INSURANCE AND ESTATE PLANNING**

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How much life insurance do you have?

**CLIENT**

Amount \$ \_\_\_\_\_  
Type \_\_\_\_\_

**CO-CLIENT**

\$ \_\_\_\_\_  
\_\_\_\_\_

Do you have:

A will?  Yes, dated \_\_\_\_\_  No  
A health care power of attorney and/or living will?  Yes, dated \_\_\_\_\_  No  
A trust?  Yes, dated \_\_\_\_\_  No

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**OTHER INFORMATION**

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Living expenses (excluding income taxes) \$ \_\_\_\_\_  per year  per month  
 Actual  Estimated  Not sure

What do you expect to earn on your investments?

4-6% \_\_\_\_\_ 6-8% \_\_\_\_\_ 8-10% \_\_\_\_\_ 10-12% \_\_\_\_\_ 12% + \_\_\_\_\_ Not sure \_\_\_\_\_

What did you do the last time the stock market went down by 5% or more?

\_\_\_\_\_  
\_\_\_\_\_

At what age do you hope/expect to retire? Client \_\_\_\_\_ Co-Client \_\_\_\_\_

Have you ever been unhappy with the recommendations of a stockbroker, insurance agent and/or financial adviser or consultant?  Yes  No If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

What else do we need to know to understand your financial situation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional documents needed for our meeting

- Tax returns for last three years
  - Federal
  - State (including school district, if applicable)
  - Local
- Most recent statements for:
  - Savings, Checking, Money Markets, CDs
  - Brokerages
  - Mutual funds
  - Retirement plans—401(k), 403(b), 457, TSP, etc.
  - IRAs—traditional and Roth

Signed \_\_\_\_\_  
Client

\_\_\_\_\_  
Co-Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Thank you!*