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### **CONFIDENTIAL PROFILE**

This comprehensive, personal financial planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing a sensible financial plan for your future. Once you have completed the following information, please return this packet in the enclosed, postage-paid envelope.

	Your Name	Nick Name	Nick Name		Social S	Security # (Optional)
	Spouse's Name	Nick Name		DOB	Social	Security # (Optional)
NO!	Children's Names & Ages:					
MAT	1)	3)			_ 5)	
FAMILY INFORMATION	2)	4)			6)	
MILY	Residence Address		City		State	Zip Code
FA	Business Address		City		State	Zip Code
	Home Phone	Cell	Fa	ıx	E-mail	
	Referred By	Client Name		_ □	Brochure $\Box$	Web
Z						
OCCUPATION	Your Job Title	# of Years		Work Phone	Retirement Date	
occu	Spouse's Job Title	Employer (last, if retired)	# of Years		Work Phone	Retirement Date
					_	
		or a commitment to this advisor?		☐ No	Firm:	
RS	Attorney's Name:				Firm:	
/ISO	Do you have a preference	or a commitment to this advisor?	☐ Yes 〔	<b>□</b> No		
ADΛ					Firm:	
PERSONAL	Do you have a preference	or a commitment to this advisor?	☐ Yes	<b>□</b> No		
SOI					Firm:	
PER		or a commitment to this advisor?		<b>⊸</b> No		
		or a commitment to this advisor?		□ No	Firm:	
	,			-		

# What is important about money to you?

# **OBJECTIVES & CONCERNS**

G	eneral:										
	Are you anticipating any major lifestyle changes? (i.e., marriage, divorce, retirement, moving, college, etc.)	☐ Yes	☐ No	☐ Uncertain							
	If so, what changes are you expecting?										
	Are you comfortable with your current cash flow?	☐ Yes	☐ No	☐ Uncertain							
Re	etirement Planning:										
	What minimum income will you need at retirement (in today's dollar	ars)?									
	If you plan on working after retirement, estimate your expected income: \$										
	Are you contributing to an IRA?	☐ Yes	☐ No								
	Are you covered by any company retirement plans?	☐ Yes	☐ No								
	Type of company pension or profit sharing plan?										
Pr	otection:										
	Do you have adequate disability coverage?	☐ Yes	☐ No	☐ Uncertain							
	Do you have adequate personal liability coverage?  Amount? \$	☐ Yes	☐ No	☐ Uncertain							
	Do you have enough life insurance?	☐ Yes	☐ No	☐ Uncertain							
	Do you have long-term care insurance for nursing home expenses?	☐ Yes	☐ No	☐ Uncertain							
Es	state Planning:										
	Do you have current wills?	☐ Yes	☐ No	☐ Uncertain							
	Have you established any trusts?	☐ Yes	☐ No	☐ Uncertain							
	Are you the beneficiary of any trusts?	☐ Yes	☐ No								
	Have you adequately considered estate taxes?	☐ Yes	☐ No	☐ Uncertain							
	Have you provided adequate estate liquidity for your heirs?	☐ Yes	☐ No	☐ Uncertain							
Co	oncerns:										
	Please list your current concerns:										

### RISK PROFILE

Please check the appropriate response for each question. 1. What is your investment experience with stocks or stock mutual funds? ☐ A fair amount ■ None □ A little ☐ A great deal ☐ Some 2. What is your investment experience with bonds or bond mutual funds? ■ None □ A fair amount □ A little ■ A great deal ☐ Some 3. What is your investment goal? ☐ Retirement ☐ Saving for major purchase ■ More current income ☐ Other \_\_\_\_\_ 4. How many years do you have until retirement? ■ Already retired □ 5 to 10 ☐ Less than 5 years ☐ More than 10 years 5. What do you expect to be your next major expenditure? ■ Buying a house ☐ Providing for retirement ■ Paying for a college education Other \_\_\_\_\_ ☐ Capitalizing a new business 6. How many years until this expense is incurred? ☐ Less than 5 years ☐ More than 10 years ☐ 5 to 10 years 7. What are your major objectives for your investments? ☐ Current and future income ■ Keeping ahead of inflation □ Preserving capital ☐ Increasing returns ■ Building wealth for heirs 8. When do you expect to use the bulk of the money you are accumulating in your investments? At any time now in the coming months. Liquidity is highly important. ☐ In 1 to 5 years ☐ In 6 to 10 years ☐ In 11 to 20 years

	ature		Print			-	Date			
	J	U /0 - O /0	_	10% - 129	70	J	More than 14%			
		4% - 6% 6% - 8%		8% - 10%			12% - 14%			
15.	By what percentage do you expect your portfolio to grow annually over the long term, 10+ years?									
	□ 50% decline or greater (portfolio value is \$50,000 or less)									
		3 (1								
	□ 10% decline (portfolio value is \$90,000)									
14.		ge of a temporary decline i rategy, assuming you start		•	ou willing to accept b	efore	e changing your invest			
		A 50% chance of winning	\$50,000		A 5% chance of wir		•			
		Take the money and run			A 20% chance of w	innin	g \$75,000			
13.		ve just reached the \$10,000 to \$10,000 in hand or betting pose?								
		Moderately accurate			Not accurate at all					
	_	Very accurate			Slightly accurate					
12.	Some people need their investment portfolio to generate current income to meet on-going needs. This typically tilts the investment portfolio toward bonds and dividend paying stocks. How accurately does this describe your objectives?									
		Buy more at the new lower	er price							
		<ul><li>Hold it and wait for it to climb back up then sell</li><li>Hold it</li></ul>								
	Sell the investment									
11.	Due to a general market correction, if one of your investments loses 25% of its value a short time after you it; what do you do?									
		0 to 5 years 5 to 10 years			10 to 15 years More than 15 years	3				
10.		pecting an inheritance of a	pproximate							
		Grow substantially								
		Stay about the same Grow moderately			Decrease moderate Decrease substanti	•				
		Stay about the came								

# FAMILY BALANCE SHEET

ASSETS	LIABILITIES
Investments (Non-Retirement):	Short Term:
Cash \$	Credit Cards, Notes \$
Stocks \$	
Bonds \$	<u>Long Term:</u>
Mutual Funds \$	Llares 0
Other \$	Home \$
Investments (Retirement):	Business \$
IRA \$	Additional Property \$
401(k) \$	Other:
403(b) \$	
Profit Sharing \$	
Other \$	
Business: \$	
Real Estate: \$	
Other:	

# FAMILY INCOME STATEMENT

### **Annual Income:**

Earned Income	\$_	
Investment Income	\$ _	
Social Security	\$ .	
Other	\$ _	
Total	\$ _	

### **Annual Expenses:**

Fixed	\$ 
Variable	\$
Total	\$

## PERSONAL GOAL PLANNING

How can we help you? On a scale of 1 to 1	0 (1 beir	ig low	and 10	) beir	ng high	n) plea	se rate	e the f	ollowi	ng:	
Increase my net worth by	r my chil nent e event or e and es ssets to	dren f my (o tate ta	axes	pous	e's) dea	ath					
If you could change three things about your (1)			al situat	ion, v	vhat wo	ould yo	ou cha	nge?			
2)											
3)											
Investment Goals				Pr	iority L	_evel					
Return should exceed inflation rate	None	)	Low		Medi	ium	Hi	gh	Urg	gent	
Principal should be safe	None	•	Low		Med	ium	Hi	High U		gent	
Investments should be liquid (immediately accessible)	None	9	Low		Medi	ium	Hi	High		Urgent	
Diversification is important	None	None		Low		Medium		High		Urgent	
Professional asset management	None	None		Low		Medium		High		Urgent	
Reduce my taxable income	None	None		Low		Medium		High		Urgent	
Build tax-free income	None	None		Low		Medium		High		Urgent	
Long-term growth		None		Low		Medium		High			
UrgentShort-term profits		)	Low		Med	ium	Hi	gh	Urg	gent	
Risk Tolerance	Low								ŀ	High	
Rate your risk tolerance level on a scale of 1 to 10	1	2	3	4	5	6	7	8	9	10	

Thank you for taking the time to complete this profile!