

CONFIDENTIAL PERSONAL FINANCIAL PROFILE

Client Name(s): _____

Date Of Birth: _____

Sex: M / F Smoking: Y / N

Health Rating: Super / Pref. / Stnd / Table _____

Married or Single: _____

Age to Begin Income: _____

Single/Combined Gross Income: _____

Net Taxable Income:\$ _____

State Tax Bracket _____% Federal _____%

Primary Residence Fair Market Value: _____

Second Residence Fair Market Value: _____

Verifiable Cost of Improvement:\$ _____

Verifiable Cost of Improvement:\$ _____

Mortgages						
	Date	Org. Amount	Term/Type	Interest Rate	Payment	Remaining Balance
1 st Mortgage						
2 nd Mortgage						
New Mortgage						
1 st Mortgage (2 nd Property)						
2 nd Mortgage (2 nd Property)						
New Mortgage						

	Amount / Balance	Type	Return / Interest Charge	Contribution / Payments	Reroute Contributions	Reposition / Pay-off
Asset						
Asset						
Asset (Qualified \$)						
Asset (Qualified \$)						
Liability						
Liability						
Liability						
Liability						
Other: L / A						
Other: L / A						
Other: L / A						

Current Insurance	Type	Company	Face	Annual Premium	Cash Value	Reroute Contributions	Reposition via 1035 Exchange

GOAL(S) TO ACCOMPLISH:

Begin roll-out of Qualified Plan at age _____ for _____ years.

Compare to various financial alternatives: MF _____%, IRA/401(k) _____%, AN _____%, CD _____%

1. _____
2. _____
3. _____
4. _____

Please fax this directly to the Home Equity Department: **(858) 408-2448**
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