



Confidential Personal Planning Profile

Prepared for:

Table of Contents

Personal and Family Information	2
Residence and Real Estate Information	3
Employment and Income Information	4
Financial Information.....	5
Balance Due.....	5
Benefit Survey	6
Insurance Survey.....	7
Professional Advice	8
Personal Planning Priority:	
Survivor Cash Needs	9
Survivor Income Needs.....	11
Education Funding.....	11
Disability Income Analysis	12
Retirement Analysis.....	13
Wealth Accumulation Analysis	14
Business Ownership Information	15
Document Checklist	16
Important Information.....	17

Provided by:

Personal and Family Information

Personal Information

	Client	Spouse
Name:	_____	_____
Date of Birth:	____/____/____	____/____/____
Social Security No.:	_____	_____
Home Phone:	_____	_____
E-Mail Address:	_____	_____
Height/Weight:	____ft____inches/____lbs.	____ft____inches/____lbs.
Tobacco Use?:	Yes No _____	Yes No _____
Hazardous	Yes No _____	Yes No _____
Occupation?:	_____	_____

Dependent Information

	Name	Sex	Date of Birth	Relationship
1.	_____	____	____/____/____	_____
2.	_____	____	____/____/____	_____
3.	_____	____	____/____/____	_____
4.	_____	____	____/____/____	_____
5.	_____	____	____/____/____	_____
6.	_____	____	____/____/____	_____

Wills and Trusts

	Client	Spouse
Date of Will:	____/____/____	____/____/____
Date Last Reviewed:	____/____/____	____/____/____
Executor:	_____	_____
Provisions:	_____	_____
	_____	_____
Date of Trust:	____/____/____	____/____/____
Type:	_____	_____
Trustee:	_____	_____
Purpose:	_____	_____
	_____	_____
Who is the legal guardian for any minor children? _____		

Residence and Real Estate Information

Primary Residence

Street Address: _____

City, State, Zip: _____

Do You:

Own? ⇒ Estimated Value: Mortgage Payment: Mortgage Balance:

Rent? ⇒ Monthly Rent: Do You Have Plans to Buy a Home in the Next Three Years?

Yes? Amount Saved: _____

No

Vacation Home

Street Address: _____

City, State, Zip: _____

Estimated Value: Mortgage Payment: Mortgage Balance:

Investment Real Estate

Description	Estimated Value	Loan Payment	Loan Balance
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Employment and Income Information

Employment Information

	Client	Spouse
Occupation:	_____	_____
Employer:	_____	_____
Street Address:	_____	_____
	_____	_____
City, State, Zip:	_____	_____
Phone Number:	_____	_____
Fax Number:	_____	_____
E-Mail Address:	_____	_____

Earned Income Information

	Client		Spouse	
	<i>Monthly</i>	<i>Annual</i>	<i>Monthly</i>	<i>Annual</i>
Salary/Wages:	_____	_____	_____	_____
Bonuses:	_____	_____	_____	_____
Commissions:	_____	_____	_____	_____
Expected Salary Growth Rate:	_____ % per year		_____ % per year	

Other Income Information

	Client		Spouse	
	<i>Monthly</i>	<i>Annual</i>	<i>Monthly</i>	<i>Annual</i>
Taxable:	_____	_____	_____	_____
Non-Taxable:	_____	_____	_____	_____

Income Tax Information

	Client	Spouse
Federal Income Tax Rate:	_____ %	_____ %
State Income Tax Rate:	_____ %	_____ %
Self-Employed?:	_____	_____

Financial Information

Assets	Market Value (Client)	Market Value (Spouse)
Checking Accounts	_____	_____
Savings Accounts	_____	_____
CDs	_____	_____
U.S. Savings Bonds	_____	_____
Mutual Funds	_____	_____
Stocks/Bonds	_____	_____
Limited Partnerships	_____	_____
Residence(s)	_____	_____
Investment Real Estate	_____	_____
Life Insurance Cash Values	_____	_____
Annuities	_____	_____
IRAs	_____	_____
Qualified Retirement Plans (vested)	_____	_____
Business Interests	_____	_____
Collectibles	_____	_____
Automobiles	_____	_____
Personal Property	_____	_____
Other: _____	_____	_____
TOTAL ASSETS	_____	_____

Liabilities	Monthly Payment	Balance Due
Mortgage(s)	_____	_____
Other Real Estate Loans	_____	_____
Home Equity Loans	_____	_____
Auto Loans	_____	_____
Education Loans	_____	_____
Installment Loans	_____	_____
Charge Accounts	_____	_____
Credit Cards	_____	_____
Personal Credit Line	_____	_____
Business Debt	_____	_____
Other: _____	_____	_____
TOTAL LIABILITIES	_____	_____

Balance Sheet

Combined Total Assets	_____
Combined Total Liabilities -	_____
NET WORTH	_____

How much do you feel comfortable setting aside on a monthly basis to achieve your financial objectives?: _____

Benefit Survey

Current Employee Benefit Plan Information

Check employee benefits that apply to:	Client	Spouse
Group Life Insurance:		
Group Health Care Insurance:		
Disability Income/Salary Continuation:		
Pension Plan:		
Profit-Sharing Plan:		
401(k) Plan:		
SEP Plan:		
Tax-Deferred Annuity:		
Cafeteria Plan:		
Deferred Compensation Plan:		
Other: _____		

IRA Information

	Client	Spouse
Regular IRA:		
Annual Contribution:	_____	_____
Total Accumulation:	_____	_____
Roth IRA:		
Annual Contribution:	_____	_____
Total Accumulation:	_____	_____

Insurance Survey

Life Insurance Information

	Company	Policy Type	Policy Date	Face Amount	Annual Premium	Beneficiary
Client						
	Totals					
	Company	Policy Type	Policy Date	Face Amount	Annual Premium	Beneficiary
Spouse						
	Totals					

Disability Income and Long-Term Care Insurance Information

	Company	Annual Premium	Monthly Benefit	Waiting Period	Benefit Period	Group or Individual
Client						
	Totals					
	Company	Annual Premium	Monthly Benefit	Waiting Period	Benefit Period	Group or Individual
Spouse						
	Totals					

Critical Illness Insurance Information

	Company	Annual Premium	Amount of Coverage	Number of Illnesses	Any Waiting Period?
Client					
Spouse					

Property & Casualty Insurance Information

	Company	Annual Premium	Deductible	Benefit Amounts	Renewal Date
Auto					
Home					
Other					
Totals					

Professional Advice

Professional Advisors

Attorney: _____

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Accountant: _____

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Life Insurance Agent: _____

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

P&C Insurance Agent: _____

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Stockbroker: _____

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Financial Planner: _____

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Trust Officer: _____

Firm Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

With whom do you consult before making a financial decision? _____

Personal Planning Priority: Survivor Cash Needs

Cash Needs

	<i>At Client's Death</i>	<i>At Spouse's Death</i>
Final Expense Fund		
➤ Medical Expenses	_____	_____
➤ Funeral Expenses	_____	_____
➤ Debt Liquidation	_____	_____
➤ Estate Settlement Costs	_____	_____
➤ Federal and State Death Taxes	_____	_____
➤ Bequests	_____	_____
Housing Fund		
➤ Mortgage Liquidation; or	_____	_____
➤ Rent Payment Fund	_____ per mo.	_____ per mo.
Education Fund		
➤ Per Child Funding; or	_____ per child	_____ per child
➤ Lump Sum Funding	_____	_____
Emergency Fund		
_____	_____	_____
Personal Services Fund		
➤ Child Care	_____	_____
➤ Household Duties	_____	_____
➤ Home and Yard Maintenance	_____	_____

Sources of Cash

	At Client's Death	At Spouse's Death
Liquid Assets	_____	_____
Existing Life Insurance	_____	_____

Personal Planning Priority: Survivor Income Needs

Survivor Income Objectives

Client's Current Monthly Income:

Spouse's Current Monthly Income:

Covered by Social Security?

Yes

No

Covered by Social Security?

Yes

No

At Client's Death

Monthly Survivor Income Objective:

To Spouse with
Dependent Children

To Spouse Alone

At Spouse's Death

Monthly Survivor Income Objective:

To Client with
Dependent Children

To Client Alone

Sources of Survivor Income

At Client's Death

Monthly Survivor Income Benefit(s):

To Spouse with
Dependent Children

To Spouse Alone

At Spouse's Death

Monthly Survivor Income Benefit(s):

To Client with Dependent
Children

To Client Alone

Monthly Investment Income:

To Spouse with
Dependent Children

To Spouse Alone

Monthly Investment Income:

To Client with
Dependent Children

To Client Alone

Other Monthly Income:

To Spouse with
Dependent Children

To Spouse Alone

Other Monthly Income:

To Client with
Dependent Children

To Client Alone

Planning Assumption

Assumed Rate of Return on Invested Capital: _____%

Personal Planning Priority: Education Funding

Education Fund Objectives

Child's Name	Age Funding to Begin	Years of Funding	Assumed Annual College Costs	Any Current Per Child Savings *
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
* Alternatively, Current Family Education Fund Balance				_____

Planning Assumptions

Assumed Rate of Return on Invested Capital _____%
Assumed College Cost Inflation Rate _____%

Personal Planning Priority: Disability Income Analysis

Disability Income Objectives

	Client	Spouse
Monthly Disability Income Objective:	_____	_____
OR		
Disability Income Replacement Percentage:	_____%	_____%

Sources of Disability Income: Client

Monthly Short-Term Disability Income Benefit:	_____
Monthly Long-Term Disability Income Benefit:	_____
Waiting Period:	less than 6 months 6 months or more
Other Monthly Disability Income:	_____
Waiting Period:	in the first 6 months only after 6 months only Both

Sources of Disability Income: Spouse

Monthly Short-Term Disability Income Benefit:	_____
Monthly Long-Term Disability Income Benefit:	_____
Waiting Period:	less than 6 months 6 months or more
Other Monthly Disability Income:	_____
Waiting Period:	in the first 6 months only after 6 months only Both

Planning Assumptions

	Client		Spouse	
	Yes	No	Yes	No
Covered by Social Security?:				
Social Security Benefit to Include in Analysis?		100%	50%	0%
Assumed Rate of Return on Invested Capital:	_____%			

Personal Planning Priority: Retirement Analysis

Retirement Income Objective

Planned Retirement Age:	Client _____	Spouse _____
Annual Retirement Income Objective: _____		

Sources of Retirement Income

Annual Income from:	to Client	to Spouse
Government-Provided Sources:		
➤ Civil Service Benefits	_____	_____
➤ Veterans Benefits	_____	_____
➤ Other Benefits	_____	_____
Employer-Provided Defined Benefit Plan(s):	_____	_____
Personal Retirement Income Sources:		
➤ Investment Income	_____	_____
➤ Other Personal Sources	_____	_____

Current Retirement Savings

	Client	Spouse
All Defined Contribution Plans:		
➤ Total Present Value	_____	_____
➤ Total Planned Annual Contributions	_____	_____
Personal Retirement Savings:		
➤ Present Value	_____	_____
➤ Planned Annual Savings	_____	_____

Planning Assumptions

	Client		Spouse	
	Yes	No	Yes	No
Covered by Social Security?:				
Social Security Benefit to Include in Analysis?		100%	50%	0%
Assumed PRE -Retirement Rate of Return on Invested Capital:	_____%			
Assumed POST -Retirement Rate of Return on Invested Capital:	_____%			
Assumed Retirement Planning Inflation Rate:	_____%			

Personal Planning Priority: Wealth Accumulation Analysis

Lump Sum Wealth Accumulation Objectives

Lump Sum Objective	Amount of Lump Sum Needed	Needed in	Amount Currently Available	Assumed Rate of Return
1. _____	_____	____years	_____	____%
2. _____	_____	____years	_____	____%
3. _____	_____	____years	_____	____%
4. _____	_____	____years	_____	____%

Systematic Savings Wealth Accumulation Objectives

Systematic Savings Objective	Amount of Annual Deposit	Amount Already Saved	Value in	Assumed Rate of Return
1. _____	_____	_____	____years	____%
2. _____	_____	_____	____years	____%
3. _____	_____	_____	____years	____%
4. _____	_____	_____	____years	____%

Systematic Savings Wealth Accumulation Objectives

Which Statement Best Describes the Client's Tolerance for Investment Risk?
Willing to accept reduced growth potential in return for preservation of principal (<i>low risk tolerance</i>).
Willing to accept some risk of loss of principal in return for moderate growth potential (<i>moderate risk tolerance</i>).
Willing to accept higher risk of loss of principal in return for higher growth potential (<i>high risk tolerance</i>).

Business Ownership Information

(To Be Completed by Business Owners Only)

Business Information

Name of Business:	_____
Street Address:	_____

City, State, Zip:	_____
Business Phone Number:	_____
Business Fax Number:	_____
Business E-Mail Address:	_____

Ownership Information

Type of Business:	Sole Proprietorship	
	Partnership	
	Corporation	
	S-Corporation	
	Professional Corporation	
	Limited Liability Company	
Percent of Ownership:	_____%	
Estimated Value:	_____	
Is there a business continuation agreement in effect?	Yes	No
Are there other business planning needs?	Yes	No

Document Checklist

Legal Documents

	Client	Spouse
Will		
Trust		
Other: _____		
Other: _____		

Employee Benefit Booklets

	Client	Spouse
Pension and/or Profit-Sharing Plan		
401(k) Plan		
Group Insurance		
Disability Insurance		
Other: _____		
Other: _____		

Insurance Policies

Client		Spouse	
Company	Policy Number	Company	Policy Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Received by: _____ Date: _____

Important Information

This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

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