

FINANCIAL PROFILE

Fax To: 1-502-589-1716

This form is designed to get a general assesment of your financial picture. Please complete the following information, using estimates when necessary. Feel free to attach copies of any financial statements you may have (benefits packages, broker's statements, etc.).

Social Security No. _____	Date _____
CLIENT Name _____	SPOUSE Name _____
Birthplace _____ Birthdate _____	Birthplace _____ Birthdate _____
Home Address _____	Home Address _____
Occupation _____	Occupation _____
Company _____	Company _____
Business Phone _____	Business Phone _____
Home Phone _____	Home Phone _____
Hospitalization Plan _____	Hospitalization Plan _____
Health concerns _____	Health concerns _____
Company Pension Plan and/or Profit Sharing _____	Company Pension Plan and/or Profit Sharing _____

Children (list names, birthdates, and ages) _____

Estimated monthly household expenses _____

Attorney's name/firm _____

Accountant's name/firm _____

Insurance agent _____

Investment advisor _____

	Salary	Bonus	Net Invest. Inc.	Other Income	TOTAL
CLIENT	_____	_____	_____	_____	_____
SPOUSE	_____	_____	_____	_____	_____

Do you have a will? _____ Trust? _____

Do you have a regular savings plan? _____

List your short term financial objectives _____

List your long term financial objectives _____

Explain what you are looking for from the financial planning process

How did you hear about Financial Architects? _____

BALANCE SHEET

ASSETS	H,W, Jt	Fair Mkt. Value	LIABILITIES	
Checking			Notes payable, unsecured	
Savings/Cr. Union			Notes payable, secured	
Money mkt. fund				
Listed securities			Home mortgage	
Bus. int. (FMV)			Second mortgage	
Residence			Real estate mortgage	
Real estate			Loans, autos	
Notes: accs. rec.			Unpaid income tax	
Autos			Charge accounts/bills	
Personal property			Credit cards	
Cash values/ Life insurance				
Pension/Pr. sharing				
Keogh			Other debts	
IRA				
401 (k)				
Other assets (FMV)				
Total Assets			Total Liabilities	
			NET WORTH	

Life Insurance

Insured	Company	Amount	Type

Individual Disability Insurance

Insured	Company	Mo. Benefit	Benefit Period