



Confidential Personal Planning Profile

Prepared for:

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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? _____		

Trusted Contact Information

A **trusted contact** who you designate can be a friend, relative...anyone you trust. Designating someone as your trusted contact does **not** give that person authority to access or control your account. Instead, it gives your financial advisor someone to contact in the event of possible financial exploitation or suspected health issues.

Trusted Contact Name:	_____
Relationship:	_____
Phone:	_____ E-Mail: _____

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? \$ 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	At Spouse's Death
Monthly Survivor Income Objective: To Spouse with Dependent Children _____	Monthly Survivor Income Objective: To Client with Dependent Children _____
To Spouse Alone _____	To Client Alone _____

Sources of Survivor Income

At Client's Death	At Spouse's Death
<i>Monthly Survivor Income Benefit(s):</i> To Spouse with Dependent Children _____ To Spouse Alone _____	<i>Monthly Survivor Income Benefit(s):</i> To Client with Dependent Children _____ To Client Alone _____
<i>Monthly Investment Income:</i> To Spouse with Dependent Children _____ To Spouse Alone _____	<i>Monthly Investment Income:</i> To Client with Dependent Children _____ To Client Alone _____
<i>Other Monthly Income:</i> To Spouse with Dependent Children _____ To Spouse Alone _____	<i>Other Monthly Income:</i> 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	
Covered by Social Security?:	Yes	No	Yes	No
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.

The information, general principles and conclusions presented in this report are subject to local, state and federal laws and regulations, court cases and any revisions of same. While every care has been taken in the preparation of this report, VSA, L.P. is not engaged in providing legal, accounting, financial or other professional services. This report should not be used as a substitute for the professional advice of an attorney, accountant, or other qualified professional.

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- How can I help you?

- Are you currently working with an advisor?

- What made you respond to the survey?

- When was the last time your account/portfolio was reviewed?

- What are your top three concerns?

- How are you managing your savings and investments now?

- How do you and your spouse make financial decisions?

- Are you concerned about healthcare in retirement?

- Do you want to leave a legacy to your children or charity?
- What would you do if you ran out of money in retirement?
- What keeps you up at night?
- What does ideal service look like to you?
- How much do you want to have?
- How much do you need?
- What is your philosophy on Insurance (Life Insurance- LTC- DI)
- How important are guarantees to you?