

# Financial Profiles Data Form

## To Fill out this form:

Click your cursor in the form area you wish to type in. Type your information into the form fields provided on each page. When the form is completed, print the form and mail to:

1415 S. Honeysuckle Ct., Gilbert, AZ 85296

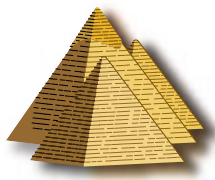


## 1. Personal Data

Client (A) Name	Sex	Birthdate
Client (B) Name	Sex	Birthdate
Street Address		
City	State	Zip Code
Client (A) E-Mail	Client (B) E-Mail	
Home Phone	Client (A) Work Phone	Client (B) Work Phone

## 2. Occupation

Client (A) Job Title	Employment Start Date		
Employer	Phone	Fax	
Street Address	City	State	Zip Code
Client (B) Job Title	Employment Start Date		
Employer	Phone	Fax	
Street Address	City	State	Zip Code



### 3. Concerns

Rank the following Concerns 1 (very low) through 9 (very high). Avoid duplicating the same ranking in any of the six concerns. We are concerned principally with "surplus" money that you have saved or invested, or will save or invest in the future, and of course inherited money. It is growth, protection and eventual use of this capital that we are asking you to think about as each of the six key financial concerns is ranked.

**Inflation Hedge:** Having your savings and investments keep pace with inflation?

1            2            3            4            5            6            7            8            9

**Tax Advantage:** Obtaining all of the tax benefits to which you are legally entitled and which are suitable for you?

1            2            3            4            5            6            7            8            9

**Safety:** Being sure you do not lose your original investment (High score indicates a desire for safe investments.)

1            2            3            4            5            6            7            8            9

**Liquidity:** Being able to quickly convert your investments to cash at current market value?

1            2            3            4            5            6            7            8            9

**Current Income:** Withdrawing maximum income from your savings and investments this year?

1            2            3            4            5            6            7            8            9

**Family Benefit:** Keeping your investment program from not being overly complex or difficult for your family to manage in the event of your death?

1            2            3            4            5            6            7            8            9

### 4. Education Goal

\$ Cost per year	# of yrs	Current Savings	Monthly Additions
\$			
\$			
\$			
\$			
\$			

### 5. Income

Nontaxable annual portion, example: cafeteria plan, health, child care, etc.

Salary  
Self Employment  
Interest & Dividends  
Pensions & Annuities  
Social Security  
Alimony  
Rental Property (Net)  
Other  
Total Income

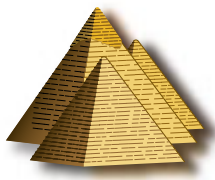
	Received Monthly/Annually	
	Client (A)	Client (B)
Salary	\$	\$
Self Employment	\$	\$
Interest & Dividends	\$	\$
Pensions & Annuities	\$	\$
Social Security	\$	\$
Alimony	\$	\$
Rental Property (Net)	\$	\$
Other	\$	\$
Total Income	\$	\$

Annual Increase in Earnings

% \_\_\_\_\_ % \_\_\_\_\_

### 6. Dependents (Children & Other)

Name	SS#	Birthdate
1		
2		
3		
4		



## 7. Cash Flow

Do not include Life and Health Insurance Premiums or your monthly savings.

Housing Total (mortgage, utilities, insurance, taxes)

Child Care

Transportation Total (loan/lease, fuel, insurance, service)

Food and Beverages

Clothing

Furnishings

Personal Care and Cash

Medical Total (medical, dental, drugs, insurance)

Education

Debt/Installment Payments

Entertainment

Vacations and Holidays

Charitable Contributions

Reinvested Interest & Dividends

Other \_\_\_\_\_

Other \_\_\_\_\_

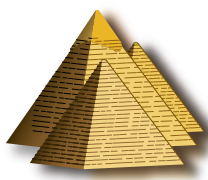
Total Expenses

Additional Monthly Savings Goal

	Monthly	Annual
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$

## 8. Income Taxes

	Withheld/Estimated Payments	
	Monthly	Annual
<b>Client (A)</b>		
Federal	\$	\$
State & Local	\$	\$
Self Employment	\$	\$
OASDI (Social Security)	\$	\$
Medicare	\$	\$
<b>Client (B)</b>		
Federal	\$	\$
State & Local	\$	\$
Self-Employment	\$	\$
OASDI (Social Security)	\$	\$
Medicare	\$	\$
<b>Total Taxes</b>	\$	\$



## 9. Assets

Record asset allocation class for asset.

C = Cash (checking, savings, money market, CD's, etc.) B = Bonds S = Stocks M = Mutual funds

Owner Code: A = Client (A) B = Client (B) J = Joint M = Community O = Other

Name	Owner Code	Asset Class	Market Value	Cost Basis	Rate of Return	Monthly Additions
1			\$		%	
2			\$		%	
3			\$		%	
4			\$		%	
5			\$		%	
6			\$		%	
7			\$		%	
8			\$		%	

## 10. Retirement Plans

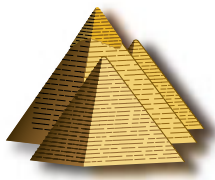
Name	Owner Code	Plan Code	Value	Rate of Return	Company Match	Monthly Addition
1			\$	%		
2			\$	%		
3			\$	%		
4			\$	%		
5			\$	%		
6			\$	%		
7			\$	%		
8			\$	%		

## 11. Liabilities

Name	Owner Code	Current Balance	Monthly Payment
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
7		\$	\$
8		\$	\$
9		\$	\$

## 12. Real Estate

	Market Value	Mortgage Balance	Monthly Payment
1	\$	\$	\$
2	\$	\$	\$



### 13. Direct Income Sources

- Source: 1 = Defined Benefit/Pension Plan  
 2 = Social Security direct input  
 3 = Other Income  
 4 = Lump Sum (FV)



Source	Client A/B	Amount	PV or FV	Annual Change	Begin @ Age	End @ Age
#	A / B	\$	PV / FV	%		
#	A / B	\$	PV / FV	%		
#	A / B	\$	PV / FV	%		
#	A / B	\$	PV / FV	%		

\* PV = Present Value FV = Future Value

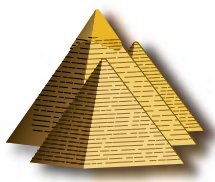
### 14. Insurance

- (1) Insured Codes A = Client (A) B = Client (B) 1 = 1st to die 2 = 2nd to die O = Other  
 (2) Owner Codes A = Client (A) B = Client (B) J = Joint G = Group T = Trust O = Other  
 (3) Beneficiary Codes S = Surviving Client D = Dependents O = Other  
 (4) Policy Types G = Group T = Term U = Universal Life V = Variable Universal Life W = Whole

Life Insurance Policy Name	Insured	Owner	Beneficiary	Policy Type	Net Death Benefit	Annual Premium	Current Cash Value
1					\$	\$	\$
2					\$	\$	\$
3					\$	\$	\$
4					\$	\$	\$
5					\$	\$	\$

Disability Policy Name	Insured	Type	Monthly Benefit	Annual Premium	Elimination Period	Benefit Period
1			\$	\$		
2			\$	\$		
3			\$	\$		
4			\$	\$		

Long-term Care Policy	Insured	Owner	Daily Benefit	Annual Premium	Elimination Days	Benefit Years
1			\$	\$		
2			\$	\$		



### 14. Insurance (Continued)

General Insurance	Policy Name	Policy Benefit	Annual Premium
Liability		\$	\$
Home Owner's		\$	\$
Medical		\$	\$
Auto		\$	\$

### 15. Financial Priorities

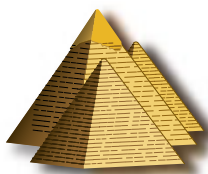
Emergency Reserves - Liquid Reserve/Contingency Fund \$ \_\_\_\_\_

Accumulation Goals	Consume or Invest	Fund to = 0 or Thru = 1	Fund at Death	\$ per yr need	Inflate Need %	Years Until needed	Number Years Needed
1	C / I	0 / 1	Y / N	\$	%		
2	C / I	0 / 1	Y / N	\$	%		
3	C / I	0 / 1	Y / N	\$	%		

### 16. Independence (Retirement)

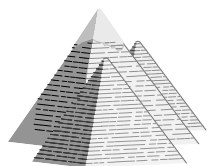
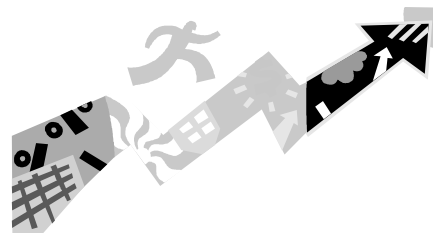
	Age of Independence (Retirement Age)	Gross Monthly Income Needed
Client (A)		\$
Client (B)		

### 17. Other Comments:



Please type a one to two page narrative addressing the following questions. Do NOT quantify them in monetary terms.

- 1) What is most important to you?
  - 2) What would you like to accomplish in your lifetime?
  - 3) What are your dreams?
  - 4) What makes you happy?
- 

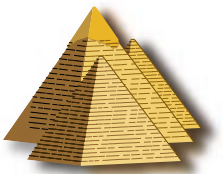


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## Narrative (cont.)

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