



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:

Date:

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	
	Monthly	Annual	Monthly	Annual
Salary/Wages:	\$ _____	\$ _____	\$ _____	\$ _____
Bonuses:	\$ _____	\$ _____	\$ _____	\$ _____
Commissions:	\$ _____	\$ _____	\$ _____	\$ _____
Expected Salary Growth Rate:	_____ % per year		_____ % per year	

Other Income Information

	Client		Spouse	
	Monthly	Annual	Monthly	Annual
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
<input type="checkbox"/> Regular IRA:		
Annual Contribution:	\$ _____	\$ _____
Total Accumulation:	\$ _____	\$ _____
<input type="checkbox"/> 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	At Spouse's Death
<p><i>Monthly Survivor Income Benefit(s):</i></p> <p>To Spouse with Dependent Children \$ _____</p> <p>To Spouse Alone \$ _____</p>	<p><i>Monthly Survivor Income Benefit(s):</i></p> <p>To Client with Dependent Children \$ _____</p> <p>To Client Alone \$ _____</p>
<p><i>Monthly Investment Income:</i></p> <p>To Spouse with Dependent Children \$ _____</p> <p>To Spouse Alone \$ _____</p>	<p><i>Monthly Investment Income:</i></p> <p>To Client with Dependent Children \$ _____</p> <p>To Client Alone \$ _____</p>
<p><i>Other Monthly Income:</i></p> <p>To Spouse with Dependent Children \$ _____</p> <p>To Spouse Alone \$ _____</p>	<p><i>Other Monthly Income:</i></p> <p>To Client with Dependent Children \$ _____</p> <p>To Client Alone \$ _____</p>

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:	<input type="checkbox"/> less than 6 months <input type="checkbox"/> 6 months or more
Other Monthly Disability Income:	\$ _____
Waiting Period:	<input type="checkbox"/> in the first 6 months only <input type="checkbox"/> after 6 months only <input type="checkbox"/> Both

Sources of Disability Income: Spouse

Monthly Short-Term Disability Income Benefit:	\$ _____
Monthly Long-Term Disability Income Benefit:	\$ _____
Waiting Period:	<input type="checkbox"/> less than 6 months <input type="checkbox"/> 6 months or more
Other Monthly Disability Income:	\$ _____
Waiting Period:	<input type="checkbox"/> in the first 6 months only <input type="checkbox"/> after 6 months only <input type="checkbox"/> Both

Planning Assumptions

	Client		Spouse	
Covered by Social Security?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Benefit to Include in Analysis?	<input type="checkbox"/> 100%	<input type="checkbox"/> 50%	<input type="checkbox"/> 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?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Benefit to Include in Analysis?	<input type="checkbox"/> 100%	<input type="checkbox"/> 50%	<input type="checkbox"/> 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?
<input type="checkbox"/> Willing to accept reduced growth potential in return for preservation of principal (<i>low risk tolerance</i>).
<input type="checkbox"/> Willing to accept some risk of loss of principal in return for moderate growth potential (<i>moderate risk tolerance</i>).
<input type="checkbox"/> 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:	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Corporation
	<input type="checkbox"/> S-Corporation
	<input type="checkbox"/> Professional Corporation
	<input type="checkbox"/> Limited Liability Company
Percent of Ownership:	_____ %
Estimated Value:	\$ _____
Is there a business continuation agreement in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other business planning needs?	<input type="checkbox"/> Yes <input type="checkbox"/> 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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