

Client Profile

Understanding Your Planning Needs

Thank you for your interest in pursuing comprehensive planning with Allegheny.

The financial planning process begins with clarifying your financial goals, organizing the resources you have to reach those goals, and understanding your current financial situation.

The information you provide to us will help to develop sound strategies and actionable objectives for your financial situation.

Please understand that all of the information you provide is strictly confidential and will be handled with the utmost care.



List of Requested Documents and Information

- Last two Pay Stubs
- Last two Federal and State Tax Returns
- Most recent statements of all current financial assets (bank statements, cash accounts, CDs, mutual funds, stocks, bonds, annuities, etc.)
- Most recent statements of all current financial liabilities (mortgages, home equity, auto loans, consumer loans, credit cards, etc.)
- Most recent statements of all retirement plans (IRAs 401k, Pension, Profit-sharing, etc.)
- All current personal insurance policies for all members of your family and most recent statements (life, disability / long term care, health, auto, homeowner, personal excess liability / umbrella, etc.)
- Employer Benefits Booklet and Benefit Summary (for: Retirement Savings plan, Pension plan, Group Insurances, etc.)
- Most recent Social Security Benefits Estimate
- A copy of current Wills, Power(s) of Attorney, durable Power(s) of Attorney
- A copy of current Trust Agreements
- A copy of any prenuptial or postnuptial agreement
- Other: _____
- Other: _____
- Other: _____

Personal Information

Personal Data

Name	Nickname	Date of Birth	Sex	SSN	Marital Status
Client A	_____	_____	_____	_____	_____
Client B	_____	_____	_____	_____	_____

Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Home Fax: _____
Client A Cell Phone: _____ Client B Cell Phone: _____
Client A personal E-mail: _____ Client B personal E-Mail: _____

Occupation

Job Title	Employer	Phone	Fax	E-mail
Client A	_____	_____	_____	_____
Client B	_____	_____	_____	_____

Dependents

Name	Birth Date	Sex	Relationship	SSN	Dependent of A / B
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Advisors

Name	Type	Firm Name	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Optional Additional Information

Personal Information

Goals and Objectives

Please list the financial goals and objectives that you'd like to accomplish in the following time periods.

Within the current calendar year:

Within the next 1 to 5 years:

Within the next 5-10 years:

Before retirement:

During my/our lifetime:

Values and Attitudes

Please take the time to consider your answer for each question below. This will allow us to better understand your situation, what is important to you, and how we may help.

What is your biggest financial concern currently? Why is it a concern?

What would you say is your most important financial goal?

Do you save on a systematic basis?

Investment Attitudes

Rate the following statements where 1 = Strongly Disagree and 5 = Strongly Agree

rating

I am willing to hold my investments in my portfolio for at least five years.

It is important that I am able to convert my investments into cash on short notice.

I am concerned that inflation may erode the value of my investments.

I am comfortable holding onto an investment during market fluctuations in order to achieve long-term objectives.

I am comfortable with the possibility that my portfolio may lose value.

It is important that my portfolio earns the highest overall rate of return possible.

I do not need current income from my investments.

It is important that my portfolio generates the maximum amount of income possible.

I am most comfortable when my portfolio contains many different investments.

Tax-advantaged investments are very important to me.

Liabilities & Insurance Summary

Liabilities

	Amount Owed	Terms (length of loan, Interest Rate, Min. Payment per month)	Additional Information
Mortgage #1			
Mortgage #2 / Home Equity			
Automobile #1			
Automobile #2			
Credit Cards #1			
Credit Cards #2			
Other			
Other			
Other			
Total			

Life / Disability / Long-Term Care Insurance

Policy Type: T=Term, WL=Whole Life, UL=Universal Life, VUL=Variable Universal Life, GT=Group Term, STD=Short-Term Disability, LTD=Long Term Disability, GSTD=Group Short-Term Disability, GLTD=Group Long-Term Disability, LTC=Long-Term Care

Policy Type	Policy Number	Company	Owner	Insured	Death Benefit	Cash Value	Primary Beneficiary	Secondary Beneficiary

Homeowners / Auto / Liability Insurance

Policy Type: H=Homeowners, A=Automobile, U=Personal Excess Liability / Umbrella

Policy Type	Policy Number	Company	Policy Benefit	Deductible

Household Cashflow Statement

	Monthly	Annual		Monthly	Annual
Inflows			Outflows - Other Discretionary		
Gross Salary & Wages – Client A	_____	_____	Travel / Vacation	_____	_____
Gross Salary & Wages – Client B	_____	_____	Entertainment / Dining Out	_____	_____
Pension – Client A	_____	_____	Gifts / Holidays	_____	_____
Pension – Client B	_____	_____	Clothing	_____	_____
Social Security – Client A	_____	_____	Dry Cleaning	_____	_____
Social Security – Client B	_____	_____	Personal Care	_____	_____
Interest and Dividends	_____	_____	Furnishings	_____	_____
Rental Income (net)	_____	_____	Other	_____	_____
Self-Employment (net)	_____	_____	Other	_____	_____
Other Income	_____	_____	Other	_____	_____
Total Income	_____	_____	Total Other Discretionary	_____	_____
Outflows - Housing			Outflows - Insurances		
Mortgage (P+I) / Rent	_____	_____	Homeowner	_____	_____
Gas	_____	_____	Auto	_____	_____
Electric	_____	_____	Disability / Long Term Care	_____	_____
Cable / Internet	_____	_____	Life	_____	_____
Home Phone	_____	_____	Medical & Dental	_____	_____
Cell Phones	_____	_____	General Liability	_____	_____
Water	_____	_____	Other	_____	_____
Sewage	_____	_____	Total Insurances	_____	_____
Garbage	_____	_____	Outflows - Taxes		
Lawn Maintenance	_____	_____	Federal	_____	_____
Home Improvement / Maintenance	_____	_____	State	_____	_____
Groceries	_____	_____	Local	_____	_____
Other	_____	_____	OASDI*	_____	_____
Other	_____	_____	Medicare	_____	_____
Other	_____	_____	Occupation	_____	_____
Total Housing	_____	_____	Self-employment	_____	_____
Outflows – Auto/Transportation			Property	_____	_____
Auto 1 (loan/lease)	_____	_____	Other	_____	_____
Auto 2 (loan/lease)	_____	_____	Total Taxes	_____	_____
Gas	_____	_____	Outflows – Savings/Investments		
Maintenance	_____	_____	Retirement	_____	_____
Other (e.g. Parking/Tolls)	_____	_____	Education	_____	_____
Total Auto/Transportation	_____	_____	Cash Reserve / Emergency Fund	_____	_____
Outflows – Other Committed			Reinvested Interest / Dividends	_____	_____
Child Care	_____	_____	Other	_____	_____
Medical / Dental / Prescriptions	_____	_____	Other	_____	_____
Charitable Giving	_____	_____	Total Savings / Investment	_____	_____
Education	_____	_____	<i>*OASDI – Old Age, Survivor, and Disability Insurance. May also appear as Social Security and FICA.</i>		
Dues / Fees / Licenses	_____	_____	Total Inflows	_____	_____
Extra Curricular	_____	_____	Total Outflows	_____	_____
Other	_____	_____	Surplus / Shortage	_____	_____
Other	_____	_____			
Total Other Committed	_____	_____			

Estate Planning Summary

Current Estate Planning

	Client A		Client B	
Do you have a will?	Y	N	Y	N
What is the date to the last update of your will?	Y	N	Y	N
Do you have any changes that occurred since your last update?	Y	N	Y	N
Have guardians been appointed for your dependents?	Y	N	Y	N
Do you have a living trust?	Y	N	Y	N
Have assets been transferred to the living trust?	Y	N	Y	N
When was the estate plan last revised?	Y	N	Y	N
Do you currently have a living will?	Y	N	Y	N
Do you currently have a health care power of attorney?	Y	N	Y	N
Do you currently have a financial durable power of attorney?	Y	N	Y	N
Do you have a prenuptial or postnuptial agreement?	Y	N	Y	N
Additional details:				

Estate Planning Goals

Who do you wish to benefit from your estate? (Both Client and Spouse should rank individually)

	Client A	Client B
Spouse	_____	_____
Children	_____	_____
Grandchildren	_____	_____
Charity	_____	_____
Other Relatives	_____	_____
Other (describe)	_____	_____

Client A, briefly describe your goals in planning your estate. List any specific concerns.

Client B, briefly describe your goals in planning your estate. List any specific concerns.

Do you currently make annual gifts? Y N
 If yes, to how many beneficiaries and in what amount?

Are you interested in any of the following:	The effects of annual gifts	Y	N
	Charitable bequests at death	Y	N
	Using charitable trusts	Y	N