




# FINANCIAL PROFILE

Information provided as of \_\_\_\_\_  
(date)

## CLIENT INFORMATION

Primary Client Name:	Birthdate:	Social Security No.: 
Legal Address:		
Mailing Address (If different from above):		
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Primary Email Address: <input type="checkbox"/> Home <input type="checkbox"/> Work		
Occupation:	Employer:	
Business Address:		

## JOINT CLIENT INFORMATION

Joint Client Name:	Birthdate:	Social Security No.:
Legal Address (If different from above):		
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Primary Email Address: <input type="checkbox"/> Home <input type="checkbox"/> Work		
Occupation:	Employer:	
Business Address:		



**PERSONAL DATA – CHILDREN, PARENTS, OR DEPENDENTS**

Name	Birthdate	Relationship	Note (Health, Educ., Fin'l)

**ADVISORS**

Accountant's Name:	Firm Name:
Phone:	Email Address:

Estate Attorney's Name:	Firm Name:
Phone:	Email Address:

Please check all documents currently in force:

- |  |  |
|--|--|
| <input type="checkbox"/> Trust                     | <input type="checkbox"/> Healthcare Directive    |
| <input type="checkbox"/> Durable Power of Attorney | <input type="checkbox"/> Last Will and Testament |

Name of Trust:	Date of Trust:
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**INSURANCE**

Please check all policy types currently in force:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Health (H)           | <input type="checkbox"/> Disability (D) | <input type="checkbox"/> Liability (LB) |
| <input type="checkbox"/> Long Term Care (LTC) | <input type="checkbox"/> Life (LF)      | <input type="checkbox"/> Umbrella (U)   |

Insured	Carrier	Type	Premium	Benefit



**SOURCES OF INCOME**

**Earned Income**

Annually

Salary/Business Income (Primary Client) ..... \_\_\_\_\_  
 Salary/Business Income (Joint Client) ..... \_\_\_\_\_  
 Social Security (Primary Client)..... \_\_\_\_\_  
 Social Security (Joint Client) ..... \_\_\_\_\_  
 Other: \_\_\_\_\_

**Income from Retirement/Investment**

Annually

Investment Income ..... \_\_\_\_\_  
 Rental/Investment Property ..... \_\_\_\_\_  
 Pensions (current) ..... \_\_\_\_\_  
 IRA Distributions ..... \_\_\_\_\_  
 Other: \_\_\_\_\_

**TOTAL INCOME:**

**EXPENSES**

Estimated Annual Expenses (excluding taxes) ... \_\_\_\_\_  
 Special/One Time Expenses ..... \_\_\_\_\_

**TAXES**

**Income Taxes**

Annually

Federal Income Tax ..... \_\_\_\_\_  
 State Income Tax ..... \_\_\_\_\_

**TOTAL TAXES:**

**Tax Filing Status**

- Single
- Married (Filing Jointly)
- Married (Filing Separately)
- Head of Household

**Tax Details**

Total Itemized Deductions ..... \_\_\_\_\_  
 Capital Loss Carry – Forward (if applicable) ..... \_\_\_\_\_  
 Other Income Adjustments (+) or Loss (-) ..... \_\_\_\_\_



**BALANCE SHEET**

**Pension**

Are you vested in a Pension?  Yes  No

If yes, what is your Estimated Benefit? \_\_\_\_\_

**Cash & Cash Equivalents**

Market Value

# of Accounts

Checking/Savings \_\_\_\_\_

Other: \_\_\_\_\_

**Investments**

Market Value

# of Accounts

Retirement Accounts (IRA, 401K, etc.) \_\_\_\_\_

Non-Retirement Accounts (Trust, Individual, etc.) \_\_\_\_\_

Stock Options \_\_\_\_\_

Stocks/Bonds held in Certificate Form \_\_\_\_\_

Other: \_\_\_\_\_

**Insurance Cash Values & Annuities**

Market Value

# of Accounts

Life Insurance Cash Value (excluding Term) \_\_\_\_\_

Annuities \_\_\_\_\_

**Real Estate & Other Property**

Market Value

Liabilities

Residence \_\_\_\_\_

Rental Property \_\_\_\_\_

Automobiles/ Recreational Property \_\_\_\_\_

Other: \_\_\_\_\_

**Unsecured Loans**

Liabilities

Credit Cards \_\_\_\_\_

Other: \_\_\_\_\_

**Less Common Assets**

Market Value

Notes and Mortgages Receivable \_\_\_\_\_

Business Interest \_\_\_\_\_

Other: \_\_\_\_\_

**TOTAL NET WORTH:**



Disclosure:

This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge forms. This information is based on assumptions provided by you (the client). If any assumptions are incorrect you should notify your financial advisor.