



Personal Information

First name: _____ MI: _____ Last name: _____

Address: _____ City: _____ State: _____ Zip: _____

Marital status: ☐ Single ☐ Married Gender: ☐ Male ☐ Female Date of birth: _____ Current age: _____

Occupation: _____ Email address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Monthly income: _____ Other income: _____ Net worth: _____

Home: ☐ Own ☐ Rent Mortgage balance: _____ Payment: _____ Interest rate: _____ Years remaining: _____

Car: ☐ Own ☐ Rent Mortgage balance: _____ Payment: _____ Interest rate: _____ Years remaining: _____

Other debt: _____ Eligible for Social Security: ☐ Yes ☐ No

Pay periods per year: _____ Monthly retirement plan contribution: 403(b): _____ 457(b): _____ IRA: _____ Other: _____

Years of service: _____ Federal withholding: _____ State withholding: _____ Expected retirement age: _____

Employer: _____

Work location: _____

Spouse name: _____ Spouse monthly income: _____

Number of children: _____ Spouse occupation: _____

1. Have you had a financial advisor in the past? ☐ Yes ☐ No

a. When did you last speak with him/her? _____

b. What do you like/dislike about him/her? _____

2. What are your primary financial objectives? _____

3. Describe any concerns you have about your finances: _____

Please check all items you are interested in discussing

- ☐ Budgeting/debt reduction
- ☐ Buying a home
- ☐ College education for my children or grandchildren
- ☐ Diversification
- ☐ Eliminating my debts
- ☐ Estate planning
- ☐ Inheritance
- ☐ Life insurance needs
- ☐ Long-term health care coverage
- ☐ Planning for retirement
- ☐ Reducing my tax liability
- ☐ Student loan debt
- ☐ Systematic savings plan

Financial Needs Analysis

Please check the boxes that reflect your financial priorities.

1= High priority 2= Medium priority 3= Low priority N/A= Not applicable

	1	2	3	N/A
Planning for my retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting my family's lifestyle in the event of my death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving and investing on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing educational funds for my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting my income in the event of illness or accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing funds to pay off my mortgage and debts in the event of my death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting against the costs of long-term health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing money in tax-favored plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low risk investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investments that offer high growth potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An overall financial analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement of my spouse in our financial strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal planning profile

Please check the boxes that reflect your current financial situation.

	Yes	No	Don't Know	N/A
I know the income my family will receive from my estate assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a current Will and Testament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have reviewed my life insurance program within the last two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in a tax-favored retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the impact of inflation on my retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I maximize my annual tax-favored plan contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my current investment returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I save money at the bank on a weekly or monthly basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am covered for health care costs, including the costs of long-term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand and know my Social Security benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how my state pension works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To help you get an accurate picture of your current financial health, we will review the following (where applicable):

- | | | |
|------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Your latest pay stub | <input type="checkbox"/> Company benefit statements | <input type="checkbox"/> Mortgage documents |
| <input type="checkbox"/> All savings and investment account statements | <input type="checkbox"/> Life insurance policies | <input type="checkbox"/> Student loan and credit card statements |
| <input type="checkbox"/> Retirement plan statements | <input type="checkbox"/> Education savings statements | |



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