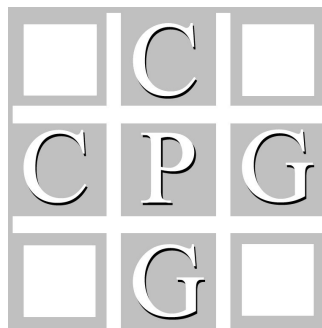


CONFIDENTIAL  
PERSONAL & FINANCIAL  
PROFILE

*Superior Financial Consulting Services*



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# CONFIDENTIAL PERSONAL PROFILE

This comprehensive, personal financial planning summary is designed to help you take inventory and assign realistic values to your personal assets and liabilities. It is the essential first step in organizing a sensible financial plan for your future. Once you have completed the following information, please return this packet in the enclosed, postage-paid envelope.

## FAMILY INFORMATION:

Your Name - Client A	Nick Name	Age	Birthdate	Social Security #
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Spouse's Name - Client B	Nick Name	Age	Birthdate	Social Security #
--------------------------	-----------	-----	-----------	-------------------

Residence Address	City	State	Zip Code
-------------------	------	-------	----------

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

Home Phone #	Mobile Phone #	Fax #	E-mail Address
--------------	----------------	-------	----------------

Children's Names & DOB

1.) _____	3.) _____	5.) _____
-----------	-----------	-----------

2.) _____	4.) _____	6.) _____
-----------	-----------	-----------

Referred By: \_\_\_\_\_  
Client Name

## OCCUPATION:

Your Job Title	Employer (last, if retired)	# of Years	Work Phone #	Retirement Date
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Spouse's Job Title	Employer (last, if retired)	# of Years	Work Phone #	Retirement Date
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## ADVISORS:

Financial Advisor's Name	Firm Name	City/State
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Attorney's Name	Firm Name	City State
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Accountant's Name	Firm Name	City/State
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Do you have a preference or commitment to this advisor?

Yes     No

Yes     No

Yes     No



# CONCERNS & OBJECTIVES

## GENERAL

Are you anticipating any major lifestyle changes?  Yes  No  Uncertain

(i.e., marriage, divorce, retirement, moving, etc.)

If so, what changes are you expecting? \_\_\_\_\_

Are you comfortable with your current cash flow?  Yes  No  Uncertain

Do you anticipate any significant changes in your cash flow?  Yes  No  Uncertain

Do you anticipate any major expenditures in the near future?  Yes  No  Uncertain

If so, what expenditures are you expecting? \_\_\_\_\_

## RETIREMENT PLANNING

At what age do you expect to retire? \_\_\_\_\_

At what age would you like to be able to retire? \_\_\_\_\_

What minimum income will you need (in today's dollars after tax)? \_\_\_\_\_

If you plan on working after retirement, estimate your expected income: \_\_\_\_\_

Are you contributing to an IRA?  Yes  No

Are you covered by any company retirement plans?  Yes  No

Type of company pension plan ? \_\_\_\_\_

## PROTECTION

Do you have any potential health problems?  Yes  No  Uncertain

Do you have adequate medical coverage?  Yes  No  Uncertain

Do you have adequate disability coverage?  Yes  No  Uncertain

Do you have adequate personal liability coverage?  Yes  No  Uncertain

Amount? \_\_\_\_\_

Do you have enough life insurance?  Yes  No  Uncertain

Do you have an emergency reserve fund  Yes  No  Uncertain

(3-6 months income in savings)?

## ESTATE PLANNING

Do you have updated/adequate wills?  Yes  No  Uncertain

Have you established any trusts?  Yes  No  Uncertain

Are you the beneficiary of any trusts?  Yes  No  Uncertain

Will you be receiving a significant inheritance?  Yes  No  Uncertain

Have you adequately considered estate taxes?  Yes  No  Uncertain

Have you provided adequate estate liquidity for your heirs?  Yes  No  Uncertain

Is proper titling a concern?  Yes  No  Uncertain

Do you have long term health care coverage?  Yes  No  Uncertain

## CONCERNS

Please list any concerns you may have: \_\_\_\_\_

\_\_\_\_\_

# RISK PROFILE

If separate accounts are used, please use supplemental profile.

Please check the appropriate response for each question.

1. What is your age? \_\_\_\_\_ Your spouse's age? \_\_\_\_\_
2. How much investing experience do you have with stocks or stock mutual funds?
  - None
  - A little
  - Some
  - A fair amount
  - A great deal
3. How much investing experience do you have with bonds or bond mutual funds?
  - None
  - A little
  - Some
  - A fair amount
  - A great deal
4. What is your investment goal?
  - Retirement
  - More current income
  - Saving for major purchase
  - Other \_\_\_\_\_
5. How many years to you have until retirement?
  - Already retired
  - 5 years or less
  - 5 to 10
  - More than 10 years
6. What do you expect to be your next major expenditure?
  - Buying a house
  - Paying for a college education
  - Capitalizing a new business
  - Providing for retirement
  - Other
7. How many years until this expense is incurred?
  - 5 years or less
  - 5 to 10 years
  - More than 10 years
8. What are your major objectives for your investments?
  - Current and future income
  - Preserving capital
  - Building wealth for heirs
  - Keeping ahead of inflation
  - Increasing returns

9. When do you expect to use the bulk of the money you are accumulating in your investments?

- At any time now
- In 1-5 years
- In 6-10 years
- In 11-20 years
- In 20 + years from now

10. Over the next several years, do you expect your household annual income to:

- Stay about the same
- Grow moderately
- Grow substantially
- Decrease moderately
- Decrease substantially

11. I am expecting an inheritance of approximately \$\_\_\_\_\_ in

- 0 to 5 years
- 5 to 10 years
- 10 to 15 years
- More than 15 years

12. Due to a general market correction, one of your investments loses 25% of its value a short time after you buy it. What do you do?

- Sell the investment so you won't have to worry if it will continue to decline
- Hold on to it and wait for it to climb back up then sell it.
- Hold on to it
- Buy more of the same investment at the new low price

13. Some people need their investment program to generate current income to meet on-going needs. This typically tilts the investment program toward bonds and dividend paying stocks. How accurately does this describe your objective?

- Very accurate
- Moderately accurate
- Slightly accurate

14. You have just reached the \$10,000 plateau on a TV game show. Now you must choose between quitting with the \$10,000 in hand or betting the \$10,000 on one of the three scenarios below. Which do you choose?

- Take the money and run
- A 50% chance of winning \$50,000
- A 20 % chance of winning \$75,000
- A 5% chance of winning \$100,000
- Not accurate at all

15. How large of a temporary decline in your portfolio are you willing to accept before changing your investment strategy, assuming you start with \$100,000?

- 10% decline (portfolio value is \$90,000)
- 15% decline (portfolio value is \$85,000)
- 20% decline (portfolio value is \$80,000)
- 25% decline or greater (portfolio value is \$75,000)
- 50% decline or greater (portfolio value is \$50,000)

16. By what percentage do you expect your portfolio to grow annually over the long term, 10+ years?

- 4% - 6%
- 6% - 8%
- 8% - 10%
- 10%-12%
- 12% - 14%

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Signature

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Signature

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Print Name

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Print Name

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Date

# FAMILY ASSETS

## INVESTMENTS (NON -RETIREMENT)

- \$100,000 - \$250,000
- \$250,001 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 +

Name/ Description	Owner	Value	Annual Additions
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Please include a copy of your most recent statement from all investment accounts.**

## RETIREMENT PLAN (IRA, 401-k)

- \$100,000 - \$250,000
- \$250,001 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 +

Name/ Description	Owner	Value	Annual Additions
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Please include a copy of your most recent statement from all retirement accounts.**

## BUSINESS INTERESTS

- \$100,000 - \$250,000
- \$250,001 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 +

Name/Description	Owner	Value	Cost Basis
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**REAL ESTATE**

Description/Address	Type*	Owner	Purchase Price	Market Value	Mortgage Balance	Interest Rate
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____

\* **Type:** Enter an abbreviation for the **property type:** **P** – Primary, **S**-Secondary, **R**- Recreational, **I**-Investment, **RNT**-Rental

**INSURANCE**

**LIFE**

Company	Insured	Type*	Death Benefit	Cash Value	Premium/ Mode	Beneficiary
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____

\* **Type:** Enter the abbreviation that applies to the **type of insurance:** **GT**-Group Term, **T**-Term, **UL**-Universal, **VUL** -Variable Universal, **W**-Whole Life

**DISABILITY**

Company	Insured	Benefit	Annual Increase	Elimination Period	Max. Benefit Period	Premium/ Mode
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____

**LTC**

1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____

**ESTATE**

**Estate Planning Information**

	<b>Client A</b>	<b>Client B</b>	<b>Joint</b>
Simple Will .....	_/_/_	_/_/_	
Durable Power of Attorney .....	_/_/_	_/_/_	
Health Care Power of Attorney .....	_/_/_	_/_/_	
Asset Management Trust .....	_/_/_	_/_/_	
Lifetime Gifts .....	\$ _____	\$ _____	\$ _____

Desired Monthly, After-Tax Survivor Income \$\_\_\_\_\_. To use current budget, check here   
 If you have varying survivor income objectives based upon family circumstances, enter details here:

Beginning Year	How Long	Explanation*	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Enter any additional information which may help is determining appropriate survivor income needs including person's name, specific ages, or events (include year).

**ESTATE DISTRIBUTION**

**Desired Estate Distribution**

What provisions have you made for distributing your estate?

	<b>Client A</b>	<b>Client B</b>
<i>Enter Values in the following fields as either dollar amounts or percentages</i>		
Spouse .....	_____	_____
Qualified Terminable Interest Property .....	_____	_____
Credit Shelter or Bypass Trust .....	_____	_____
Generation Skipping Trust .....	_____	_____

Does your will make any direct bequests?

To Family Members .....	_____	_____
To Other (non family) .....	_____	_____
To Church/Charity .....	_____	_____

Does your will make any additional bequests at the last death

<i>Enter In the following fields as \$ amounts</i>		
To Non-family (other) .....	_____	_____
To Charity .....	_____	_____

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# FAMILY INCOME STATEMENT

## INCOME

Earned Income \_\_\_\_\_

Investment Income \_\_\_\_\_

Social Security \_\_\_\_\_

Pension \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_

## EXPENSES

Fixed \_\_\_\_\_

Variable \_\_\_\_\_

**Total** \_\_\_\_\_

## ANTICIPATED FUTURE INCOME

Description	Amount	Rate of Increase	Taxable	Tax Basis	Lump or Annual	Owner*	Start Year	End Year	Spend %	Invest %
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

\* **Owner:** Enter the abbreviation that applies to the **money owed you:** **A-Client A, B-Client B, J-Joint Tenants**

## MONEY OWED YOU

Description	Owner	Original Amount	Original Date	First Payment	Current Balance	Int. Rate	Payment Amount	Term
_____	_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	_____	____/____/____	____/____/____	_____	_____	_____	_____	_____
_____	_____	____/____/____	____/____/____	_____	_____	_____	_____	_____

# FAMILY LIABILITIES

## SHORT TERM LIABILITIES

Credit Cards, Notes \_\_\_\_\_  
Automobile \_\_\_\_\_

## LONG TERM

Home(s) \_\_\_\_\_  
Business \_\_\_\_\_

## OTHER

\_\_\_\_\_  
\_\_\_\_\_

# PERSONAL GOALS STATEMENT

Which Items would you like help with?

- \_\_\_\_\_ Increase my standard of living
- \_\_\_\_\_ Financial security at retirement
- \_\_\_\_\_ Increase my net worth by \_\_\_\_\_%
- \_\_\_\_\_ Reduce my tax burden
- \_\_\_\_\_ Pay for college education for my children
- \_\_\_\_\_ Provide for my family in the event of my (or my spouse's) death
- \_\_\_\_\_ Minimize the cost of probate and estate taxes
- \_\_\_\_\_ Control the distribution of assets to my heirs
- \_\_\_\_\_ Plan for long term or nursing home care

Other goals:

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If you could change two things about your current financial situation, what would you change?

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_

INVESTMENT GOALS	LOW PRIORITY					HIGH PRIORITY				
Return should exceed inflation rate	1	2	3	4	5	6	7	8	9	10
Principle should be safe	1	2	3	4	5	6	7	8	9	10
Investments should be liquid (immediately accessible)	1	2	3	4	5	6	7	8	9	10
Diversification is important	1	2	3	4	5	6	7	8	9	10
I'd like professional asset management	1	2	3	4	5	6	7	8	9	10
I want to reduce my taxable income	1	2	3	4	5	6	7	8	9	10
I want to build tax free income	1	2	3	4	5	6	7	8	9	10
I am interested in long-term growth	1	2	3	4	5	6	7	8	9	10
I am interested in short-term profits	1	2	3	4	5	6	7	8	9	10

LOW RISK TOLERANCE	HIGH RISK TOLERANCE
-----------------------	------------------------

Rate your risk tolerance level

On a scale of 1 to 10

1    2    3    4    5    6    7    8    9    10







## MISSION TO DELIVER

*“We will provide objective financial counsel, unparalleled service and dependable advice as we help our clients achieve all of their financial potential safely and on time.”*

