

Date: _____

Financial Profile Form

Your personal data is kept confidential



Step 1: Complete and verify the following information to receive a complete analysis of your current financial standing.

Step 2: Please return completed and signed forms to Allgen before your next appointment. Phone: (407) 210-3888

Email: planning@allgenfinancial.com or Fax: (407) 210-3887 or Mail: 100 W Lucerne Circle, Suite 200, Orlando, FL 32801

1. Basic Personal Information (Please Print)

Full Name		Date of Birth	Email Address
Work Phone Number	Home Phone Number	Mobile Phone Number	Fax Number
Home Address			Occupation
Employer		Years With Employer	Gross Annual Income
Marital Status:			
<input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Previous Marriages?			
Country of Citizenship		Best Time to Contact You: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	

2. Spouses/Partner Information

Full Name		Date of Birth	Email Address
Work Phone Number	Home Phone Number	Mobile Phone Number	Fax Number
Home Address			Occupation
Employer		Years With Employer	Gross Annual Income

3. Children/Dependents

Number of Children/Dependents (including non-dependent children):
 0
 1
 2
 3
 4
 5

Name	Date of Birth	Special Needs?	% of college tuition you would like to contribute	Monthly Savings

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4. Retirement Information

Are you currently contributing to a retirement plan? Yes No

At what age do you see yourself retiring? _____ Your spouse? _____

If you were to retire today, how much monthly or annual income would you need? \$ _____

How well have you planned for retirement?

Not well at all Some Can't Complain Well Very Well

Retirement/Education Savings

	Total Value		Monthly Savings	
	Person 1	Person 2	Person 1	Person 2
401K/403(b)	\$ _____	\$ _____	\$ _____	\$ _____
Simple IRA/SEP IRA	\$ _____	\$ _____	\$ _____	\$ _____
IRA	\$ _____	\$ _____	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____	\$ _____	\$ _____
Other Retirement Plans	\$ _____	\$ _____	\$ _____	\$ _____
Employer Match (% or \$)				

Social Security Income

(Projected or Actual)

At Age 62

At FRAge 66/67

At Age 70

Person 1's Monthly Benefit

Person 2's Monthly Benefit

5. Insurance Information – Risk Management

How important is it that you leave your family with the ability to continue living your current lifestyle?

Very Unimportant Somewhat Important Important Pretty Important Very Important

Do you believe you have a need for life insurance? Yes No

Do you currently have life insurance? If so, how much? \$ _____ Spouse \$ _____

Do you have a disability policy? If so, how much? \$ _____ Spouse \$ _____

Do you have medical insurance? Yes No _____

Do you have long term care insurance? Yes No _____

6. Priorities & Other Factors

Please rank your financial priorities from 1 – 5 with 1 being the highest priority:

_____ Retirement Funding _____ Cash Management (i.e. budgeting)

_____ Insurance Coverage _____ Education Funding

_____ Investing (real estate, stocks, etc.)

Is debt an issue/concern for you? Yes No

What do you feel is your greatest need in the area of finances? _____

Have you ever worked with a financial advisor? Yes No

If yes, how would you rate that experience? (5 being the best experience) 1 2 3 4 5

What type of investor are you? Conservative Moderate Aggressive

Do you have any short-term savings goals? 2nd Home Another Vehicle Other: _____

Do you expect an inheritance or other income? Yes No Maybe Do you have a will or trust? Yes No

Net Worth Statement



Financial Freedom for All Generations

Assets Value of what you OWN	Liabilities Value of what you OWE
Cash	
Cash/Checking _____	Mortgage _____
Savings, CDs, T-bills _____	Line of credit _____
Life Insurance Cash value _____	Auto loan 1 _____
	Auto loan 2 _____
Retirement	Credit card(s) Total _____
Employer Plan - Self _____	Consumer Loans/ Installments Loan _____
Employer Plan- Spouse _____	on Life Ins. _____
IRA/Roth IRA - Self _____	Business _____
IRA/Roth IRA - Spouse _____	Student Loans _____
Other _____	
Other _____	Other _____
	Other _____
Investments	Other _____
Securities (stocks, bonds, mutual funds) _____	Other _____
Annuities _____	Other _____
Educational fund _____	TOTAL LIABILITIES _____
Other Investments _____	
Property	TOTAL ASSETS _____
Primary Residence* _____	TOTAL LIABILITIES _____
Investment Real Estate _____	
Automobile 1** _____	
Automobile 2 ** _____	
* Jewelry, Art and Collectibles _____	NET WORTH _____
Other property _____	=Total Assets-Total Liabilities _____
Business	
Value of Business _____	
TOTAL ASSETS _____	
For FMV, use www.zillow.com	
**For FMV, use www.kbb.com	

While most Americans focus on their credit score, which tracks your debt, we focus on your Net Worth, which tracks your wealth. By understanding your Net Worth, you will be able to track your financial well being and watch it grow!

SPENDING PLAN



Financial Freedom for All Generations

Net Income Per Month (Take Home)

Salary 1	_____
Salary 2	_____
Interest/Dividends	_____
Social Security	_____
Pension	_____
Rental property	_____
Other _____	_____
Total INCOME	=====

Charitable Giving _____

Savings & Investments

Savings	_____
Educational Savings	_____
Retirement (IRA, Roth)	_____
Total	=====

Housing

Mortgage/Rent	_____
Line of credit	_____
Taxes	_____
Utilities (Power, water)	_____
Cable/Internet	_____
Telephone	_____
Maintenance	_____
Lawn	_____
Other _____	_____
Total	=====

Automobile

Car Payment(s)	_____
Maintenance	_____
Gas	_____
Tolls	_____
Total	=====

Food

Grocery	_____
Dining out	_____
Total	=====

Insurance Premiums

Homeowners	_____
Auto	_____
Medical	_____
Life	_____
Dental	_____
Vision	_____
Total	=====

Medical Expenses

Co-Payment(s)	_____
Dental	_____
Prescription	_____
Other _____	_____
Total	=====

Clothing _____

School/Child Care

Tuition	_____
Children's activities	_____
Babysitting	_____
Other _____	_____
Total	=====

Debts

Credit Card(s)	_____
Student Loans	_____
Other _____	_____
Other _____	_____
Total	=====

Entertainment

Activities (movies, games, concerts)	_____
Vacations	_____
Total	=====

Miscellaneous

Personal (hair, makeup)	_____
Dry Cleaning	_____
Furnishings/Home Décor	_____
Subscriptions	_____
Gifts (incl. Christmas)	_____
Gym	_____
Pets	_____
Cash	_____
Other _____	_____
Total	=====

Total INCOME =====

Total EXPENSES =====

NET INCOME