

Confidential Financial Organizer

Background Information

Your name _____ Date _____

Home address _____

Home phone _____ E-mail / Web site _____

Spouse's or Partner's name, if applicable _____

You

Your Spouse or Partner

Occupation/ title _____

Company _____

Ofc. phone & fax _____

Birthdate & Place _____

Names & Birthdates of children _____

Financial Planning Objectives and Concerns

Instructions: Please indicate below those financial planning objectives that are important to you as well as any particular concerns you might have.

Objectives	Very Important	Somewhat Important	Not Important
Improving my personal record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving more regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing income taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting family wealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluating investments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing a pension distribution, inheritance, or other lump sum: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluating insurance coverage: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a major purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting college education costs: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retiring at age(s) _____ and /or _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assuring a comfortable retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making sure my estate is properly planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Paul S. Bonapart, JD, RFC

Financial Security Planning Services, Inc.

520 Tamalpais Drive, Corte Madera, CA 94925 Ofc. 415-927-2555 Fax: 415-927-0655

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Your Name(s): _____

1. What are the best and worst investments you have ever made, and why?

Best: _____

Worst: _____

2. How much of your income are you regularly saving? 15% 10% 5% Other: _____

3. Does anyone depend on you for financial support? _____

4. Please list all medical ailments for yourself and family: _____

5. Are you engaged in any community or volunteer activities? _____

6. Have you established any wills or trusts? : _____

7. Please indicate any other questions or concerns you may have about your finances: _____

8. What do you want from a financial advisor? _____

9. What can we do to make a working relationship comfortable and satisfying for you? _____

10. How often do you want to hear from us? _____

11. Have you worked with other financial advisors? If so, what did you like about those relationships?

What would you have wanted improved? _____

Why did those relationships end? _____

12. Have you ever been involved in litigation or arbitration? _____

Ever with a financial advisor? _____

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Your Name(s): _____

Financial Summary

Instructions: Please estimate your annual income from the following sources:

<u>Sources of Income</u>	<u>You</u>	<u>Spouse/Partner</u>
Gross Salary	\$ _____	\$ _____
Bonuses/Profit sharing	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____
Alimony/Child support	\$ _____	\$ _____
Distributions from Partnerships/Businesses	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Gifts/Inheritances	\$ _____	\$ _____
Trust Distributions	\$ _____	\$ _____
Pension Payments	\$ _____	\$ _____
Social Security Payments	\$ _____	\$ _____
Total Income	\$ _____	\$ _____
Adjusted Gross Income (line 36 on Tax Form 1040):	\$ _____	\$ _____
Tax Liability (line 56 on Tax Form 1040):	\$ _____	\$ _____

INSURANCE COVERAGES	Family Member(s) Insured	Insurance Carrier	Plan Name	Amount of Coverage	Waiting Period / Deductible	Annual Premium	CASH VALUE Notes
Auto				\$	\$	\$	
Home				\$	\$	\$	
Umbrella				\$	\$	\$	
Health/Med.Suppl.				\$	\$	\$	\$
Health/Med.Suppl.				\$	\$	\$	\$
Disability/LTC				\$		\$	\$
Disability/LTC				\$		\$	\$
Life Insurance				\$	-----	\$	\$
Life Insurance				\$	-----	\$	\$
Life Insurance				\$	-----	\$	\$
Life Insurance				\$	-----	\$	\$
Other: _____				\$		\$	

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Your Name(s): _____

Instructions: Please estimate the approximate value of your assets and liabilities.

Personal Assets

Personal Liabilities

* Money market & checking accts: \$ _____

Credit card #1 balance: \$ _____

Retirement Accounts:

Interest rate: _____%

* Annual contribution total: \$ _____

Auto loan balance: \$ _____

Interest rate: _____%

* Roth account totals: \$ _____

House purchase price \$ _____

* 403(b) & 401k account totals: \$ _____

Year purchased: _____

Mortgage type: _____

* IRA/SEP/SIMPLE/Keogh accts.: \$ _____

Remaining balance: \$ _____

Payment per month \$ _____

* Annuity account totals: \$ _____

Current interest rate: _____%

Non-Retirement Accounts:

No. of years remaining: _____

* Investment account totals: \$ _____

* 529/UTMA account totals: \$ _____

Other liabilities (i.e., home equity, other credit cards):

Value of your home: \$ _____

_____ \$ _____

Interest rate: _____ %

* Cash value life insurance totals: \$ _____

_____ \$ _____

Other assets: (i.e, real estate, business)
_____ \$ _____

Interest rate: _____ %

Total Assets: \$ _____

Total Liabilities: \$ _____

* **PLEASE FURNISH CURRENT STATEMENTS FOR EACH ACCOUNT** Net Worth: \$ _____

Advisors
Instructions: Please list other advisors with whom you currently work.

	<u>Name</u>	<u>Comments</u>	<u>Location</u>
Accountant:	_____	_____	_____
Attorney:	_____	_____	_____
Auto/Home Insurance:	_____	_____	_____
Banker/Trust Officer:	_____	_____	_____
Bookkeeper:	_____	_____	_____
Mortgage Broker:	_____	_____	_____
Realtor:	_____	_____	_____
Stockbroker:	_____	_____	_____