FOUNDATION FINANCIAL ADVISORS, INC.

YOUR PERSONAL FINANCIAL PROFILE

CONFIDENTIAL

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"Securities offered through Commonwealth Financial Network, member NASD/SIPC"

Financial Profile

DATE: _____

FAMILY INFORMATION:

*Ownership/Borrower: Specify "Client", "Second Client", "Joint"

	Client	Second Client
Name	_____	_____
Address	_____	_____
	City_____ State_____ Zip_____	City _____ State _____ Zip _____
Phone Number	_____	_____
Social Security Number	_____	_____
Date of Birth	_____	_____
Occupation	_____	_____
Employer	_____ #yrs._____	_____
Employer Address	_____	_____
	City_____ State _____ Zip _____	City _____ State _____ Zip _____
Work Number	_____	_____
E-mail Address	_____	_____

Dependents:

Name	Relationship	Date of Birth	Social Security Number

INFORMATION

	Client		Second Client	
Do you have a current will?	Yes ____	No____	Yes____	No____
Does this will leave everything to Your partner?	Yes____	No____	Yes____	No____
Desired retirement age?	_____		_____	

WHAT ARE YOUR PRIMARY FINANCIAL CONCERNS (list in order of importance)?
(e.g., preparing for retirement, college expenses, estate issues, current tax concerns, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

What kind of financial legacy do you want to leave? _____

_____

How would you improve your financial situation if you could? Why? _____

_____

PRE-INVESTMENT PLANNING QUESTIONAIRE

1. Do you have an emergency fund? (Savings of 6 months' after-tax income or more)
   - ____ No, I have no emergency fund.
   - ____ I have an emergency fund, but it is less than the amount stated above.
   - ____ Yes, I have an adequate emergency fund.

2. Do you have a separate savings plan for possible major expenses? (Home down payment, home repairs, college tuition)
   - ____ Yes, I have a separate savings plan.
   - ____ I do not expect any such major expenses.
   - ____ I do not have a separate savings plan.

3. Over the next 5 years, which ONE on the following best describes your earning expectations? (Assume 4% inflation)
   - ____ I expect my increases in earnings to significantly outpace inflation. (Based on new job, promotion, etc.)
   - ____ I expect my increases in earnings to marginally outpace inflation.
   - ____ I expect my increases in earnings to keep pace with inflation.
   - ____ I expect my future earnings to decrease. (Due to declines in industry, decrease in hours worked, retirement, etc.)

4. Approximately what percentage of monthly take-home income is used to pay off debt other than home mortgage?
   - ____ Less than 10%.
   - ____ Between 10% and 25%.
   - ____ Between 25% and 50%.
   - ____ More than 50%.

5. Have you ever invested in individual bonds or bond mutual funds?
   - ____ No, and I would be uncomfortable with the risk if I did.
   - ____ No, however I would be comfortable with the risk if I did.
   - ____ Yes, however I was uncomfortable with the risk.
   - ____ Yes, and I was comfortable with the risk.

6. Have you ever invested in stocks or stock mutual funds?
   - ____ No, and I would be uncomfortable with the risk if I did.
   - ____ No, however I would be comfortable with the risk if I did.
   - ____ Yes, however I was uncomfortable with the risk.
   - ____ Yes, and I was comfortable with the risk.

7. As you consider your investments, where would you place yourself on the scale below in terms of your comfort with various levels of risk/potential reward? (Place your initials under the appropriate risk level number)

1	2	3	4	5	6	7	8
____	____	____	____	____	____	____	____
Less risk/less potential return			Moderate risk with greater potential return			Maximum return potential regardless of risk	

Signatures:

_____ **Client**

_____ **Second Client**

ASSETS

*Ownership/Borrower: Specify "Client", "Second Client", "Joint"

	Description	Ownership *	Purpose	Current Value
Personal:				
Residence				$
Investment Property				$
Vehicles				$
Vehicles				$
Other Personal Assets				$
Other Personal Assets				$
Total Personal Assets				$

Liquid Assets and Investments:

	Ownership *	Bank/Institution	Rate/Yield	Current Value
Liquid Assets:				
Cash/checking Accounts				$
Savings Accounts				$
Money Market Accounts				$
Other				$

Fixed Assets:	Ownership *	Current Yield	Maturity Date	Current Value
CD's				$
				$
Bonds				$
				$
Other				$

Equity Assets:	Description (with # shares)	Acquisition Date	Purchase Price	Current Value
Stocks				$
				$
				$
Mutual Funds				$
				$
				$
Limited Partnerships				$
				$
Other				$

Other Assets:

	Annuitant	Ownership *	Annuity Company	Annuity Premium	Annuity Value
Annuities					$
					$

Retirement Accounts:

	Company	Ownership *	Maturity Date	Interest Rate	Current Value
IRAs					$
					$
SEP/Keogh					$
					$
401(k)					$
					$
Other					$
					$

Total Assets and Investments $

LIABILITIES

	Borrower *	Start Date	Original Amt	Term & Payment	Rate of Interest	Current Balance
Mortgage (P&I only)						$
2nd Mort./Home Eq.						$
Bank Loans						$
						$
Auto Loans						$
						$
Credit Cards						$
Other						$
Other						$
Total Liabilities						$

INSURANCE

Life Insurance:

Owner	Insured	Company	Type	Face Amount	Annual Premium	Current Death Benefit	Surrender Value
							$
							$
							$
							$
							$

Disability Insurance:

Owner	Company	Annual Benefit	Waiting Period	Duration	Annual Premium
					$
					$
					$
					$
					$

ANNUAL INCOME

	Client	Second Client
Salary/Wages/Bonus	$	$
Self-employment Income	$	$
Social Security Income	$	$
Taxable Pensions	$	$
Taxable Interest/Investment Income	$	$
Non-taxable Interest/Investment Income	$	$
Other Taxable Income	$	$
Other Nontaxable Income	$	$
Total Annual Income	$	$

EXPENSES

	Monthly	Annual
Housing:		
Mortgage (P & I only)	$_____	$_____
Homeowners Insurance	$_____	$_____
Real Estate Taxes	$_____	$_____
Rent	$_____	$_____
Utilities	$_____	$_____
Maintenance and Repair	$_____	$_____
Total Housing	**$**_____	**$**_____

	Monthly	Annual
Other Living Expenses:		
Food / Groceries	$_____	$_____
Clothing/Laundry	$_____	$_____
Vehicle Oil and Gas	$_____	$_____
Vehicle Loans	$_____	$_____
Vehicle Insurance Premiums	$_____	$_____
Vehicle Repairs and Maintenance	$_____	$_____
Tolls and Parking	$_____	$_____
Other	$_____	$_____
Total Other Living Expenses	**$**_____	**$**_____
Other Committed Expenses:		
Medical/Dental	$_____	$_____
Prescription Medicines	$_____	$_____
Life Insurance Premiums	$_____	$_____
Disability Insurance Premiums	$_____	$_____
Medical Insurance Premiums	$_____	$_____
Dependent/Child Care/Baby-sitting	$_____	$_____
Education	$_____	$_____
Loan Payments	$_____	$_____
Safe Deposit Box	$_____	$_____
Charge Account Payments	$_____	$_____
Child Support Payments	$_____	$_____
Federal Income Taxes	$_____	$_____
State Income Taxes	$_____	$_____
FICA Taxes	$_____	$_____
Total Committed Expenses	**$**_____	**$**_____
Discretionary Expenses:		
Charitable Contributions	$_____	$_____
Gifts	$_____	$_____
Travel/Vacation	$_____	$_____
Recreation	$_____	$_____
Cable/Video	$_____	$_____
Entertainment/Dining	$_____	$_____
Dues for Clubs	$_____	$_____
Newspaper/Magazine Subscriptions	$_____	$_____
Home Improvements	$_____	$_____
Miscellaneous Purchases	$_____	$_____
Other	$_____	$_____
Total Discretionary Expenses	**$**_____	**$**_____

Savings and Investments:	Monthly	Annual
Systematic Investments - Client	$_____	$_____
Sytematic Investments – Second Client	$_____	$_____
Contributions to IRAs - Client	$_____	$_____
Contributions to IRAs -Second Client	$_____	$_____
Contributions to Roth IRA – Client	$_____	$_____
Contributions to Roth IRA – Second Client	$_____	$_____
Contributions - Qual. Retirement Plans	$_____	$_____
Contributions - Qual. Retirement Plans (SC)	$_____	$_____
Contributions – College Savings Plan	$_____	$_____
Contributions – College Savings Plan	$_____	$_____
Other	$_____	$_____
Other	$_____	$_____
Total Savings and Investments	**$**_____	**$**_____